

CHAPTER 5: COORDINATION AND LINKAGES

Collaboration and linkages between state and local agencies and organizations are essential to successfully plan, implement, and evaluate effective and comprehensive HIV prevention and care services. Coordination of resources (programmatic, skills, fiscal, and personnel) strengthens prevention and care efforts in local areas and across the state, especially in times of increasing demand and decreasing dollars. The governmental and non-governmental programs, agencies and organizations noted in this chapter work together to deliver comprehensive HIV prevention services and/or link to prevention activities that reduce the risk of transmission of HIV and delay onset of illness in persons with HIV.

Partnerships between programs facilitate the sharing of information, materials, or client referrals. Coordination is an active process to enhance efforts toward a common goal or purpose, and in doing so:

- Integrates and maximizes resources;
- Facilitates complementary and supplementary programs; and
- Leads to a system in which the whole is greater than the sum of its parts.

The benefits of coordination are compelling and beneficial to the public and include, but are not limited to:

- Standardized and consistent prevention and early intervention messages;
- Minimized duplication of effort;
- Maximized use of available resources;
- Increased access to funding opportunities and other resources;
- Increased capacity and improved quality of services to individuals and communities because of shared knowledge and improved planning; and
- Expanded communication and technical assistance opportunities through interaction with others who provide complementary skills, knowledge, or other resources.

Some providers experience or perceive disadvantages or threats related to participation, despite the benefits coordination offers. The strongest disincentives to coordination include, but are not limited to:

- Increased competition for limited dollars or resources;
- Concern by individuals or agencies that a coordinated process might result in their loss of control over programs or resources;
- A perceived change in equity or standing within the power structure; and
- Time constraints of participants.

SC DHEC and its partners work diligently to strengthen and increase linkages and coordination through their work to decrease gaps in and barriers to effective Program Coordination and Services Integration, as well as increase the benefits to participation. For a comprehensive chart of **Partnering Programs, Agencies, and Organizations**, please see **Appendix E**.

WITHIN SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (SC DHEC)

The STD/HIV Division

The SC DHEC STD/HIV Division administers the CDC HIV and STD prevention programs, Ryan White Treatment Modernization Act Parts B (including ADAP) and D, and the statewide HOPWA program. This organizational structure ensures collaboration of state and local staff and coordination of planning and funding mechanisms.

Prevention programs are delivered primarily by eight health regions (covering 46 county health departments) and community organizations such as local alcohol and drug abuse commissions, AIDS service organizations, and minority community-based organizations. A complete listing of **Health Department-based HIV Prevention Program Models by Region** for CY 2009 is included as **Appendix F**. A complete listing of **Prevention Contractors** for CY 2009, the populations served and evidence-based interventions used, is included as **Appendix G**.

DHEC has developed a comprehensive approach to STD/HIV prevention, which includes:

- Active surveillance to track the STD/HIV epidemics;
- Cost-effective routine screening and treatment of at-risk populations;
- Consistent messages emphasizing the availability of a continuum of services from prevention to care;
- Partner services;
- Targeted health education/risk reduction interventions;
- Routine screening for HIV within funded hospital emergency departments;
- On-going training and capacity-building assistance; and
- On-going evaluation and quality management.

HIV and STD programs are fully integrated. HIV tests are routinely offered to patients being seen for STD screening/testing. A new “opt-out” policy for HIV testing was approved September 1, 2009, for all DHEC clinics. Educational messages, monitoring of data for trends, and staff training are conducted jointly. Mobile van screenings for HIV and STDs (syphilis, Chlamydia, and gonorrhea) were discontinued as of 12/31/08 due to the loss of Syphilis Elimination funding from CDC.

The toll-free S.C. AIDS/STD Hotline, operated by DHEC staff, facilitates linkages, including information about accessing counseling and testing services, and other prevention services, as well as Ryan White, HOPWA and other care services. To make referrals, the hotline staff uses the Statewide HIV/AIDS Resources and Information Network Guide (SHARING). Staff regularly review and update the listings.

The STD/HIV Division also maintains a website which is accessible to the public <<http://www.scdhec.gov/stdhiv>>. Information contained on the website includes:

- Surveillance report data for HIV/AIDS and other STDs;
- STD/HIV Prevention Information for Communities, including an overview of the SC HIV Planning Council, the SC Federal Materials Review Process, the Continuation Application, Partner Services, and Training;

- HIV Care and Support Information for Communities, including an overview of ADAP, and HOPWA;
- South Carolina Plans, including the SC HIV Prevention Plan and the SC Statewide Coordinated Statement of Need and Comprehensive HIV/AIDS Care Plan;
- Public Information Programs; and
- Information for Health Care Providers, including information on Prenatal Screening; and Additional Resources and Links.

HIV Counseling, Testing, and Referral Services (CTRS)

The primary linkages to HIV counseling and testing services in South Carolina are made through:

- Partner services;
- AIDS hotline referrals;
- HIV prevention contractors and CBOs providing health education/risk reduction;
- Outreach strategies by community organizations, Ryan White Part C and D providers,
- Routine opt-out HIV screening in STD, TB, and Family Planning clinics;
- Routine HIV screening for pregnant women;
- Hospital Emergency Departments participating in the Expanded Testing initiative;
- HIV testing in several alcohol and drug abuse facilities;
- Physicians/primary care providers; and
- Public information/media awareness activities and events.

HIV counseling, testing and referral services are available in each county health department. Almost half (48%) of the annual number of newly reported persons with HIV in the state are diagnosed through the county health departments. More than 48,000 clients received CTRS during calendar year 2008 (includes those routinely screened during other STD, TB or family planning services).

DHEC HIV tests and number of new cases detected are leveling. Increased access to effective HIV treatments as well as intense prevention services delivered by community organizations, local health departments and HIV service providers have contributed to slowing the annual rate of new HIV cases. Expanding testing services in other clinical settings such as hospital emergency departments is recommended to diagnose more HIV infected persons earlier, allowing for improved health. A growing number of persons with HIV are living longer, requiring on-going care, treatment and prevention services. At the end of 2008, more than 14,000 persons were known to be living with HIV/AIDS in the state.

All newly diagnosed persons with HIV infection in counseling and testing sites are referred to existing care services. Depending on insurance status or personal situations, clients are referred either to private providers or Ryan White Parts B, C, and/or D providers. In order to facilitate referrals, county health department counseling and testing sites offer an initial CD4 and viral load test free to newly diagnosed persons with HIV. Screening for syphilis and tuberculosis is provided for all newly identified HIV-infected clients and referrals are made for treatment within the health department if necessary. Screening for Hepatitis C is also routinely provided. Staff also makes referrals for drug treatment services, counseling, support groups, AIDS service organization services, Medicaid, and other services as appropriate.

Partner Services (PS)

Partner services utilizes public health resources to identify infected persons, notify their partners of their possible exposure, and provide infected persons and their partners a range of medical, prevention, and psychosocial services. These services can have positive results including 1) positive behavior changes and reduced infectiousness; 2) decreased STD/HIV transmission; and 3) reduced STD/HIV incidence and improved public health activities. PS activities are provided mainly by Disease Intervention Specialists (DIS) through local health departments and the activities encompass a broad array of services that are offered to persons with HIV infection, syphilis, gonorrhea and chlamydial infection and their partners, with HIV and syphilis infection being the established priority populations. It is a process in which infected persons are engaged to provide assurance of appropriate management as well as offer appropriate resources such as care, follow up therapy and/or counseling. Additionally, individuals are interviewed to elicit information about their partners and others who could benefit from risk reduction counseling, status identification or other intervention services. Each identified person is then confidentially notified of their possible exposure or potential risk. Additional critical components provided by DIS are the counseling and testing for those potentially exposed to infection as well as evaluation for other relevant STDs, including hepatitis screening and vaccination, treatment or linkage to medical care and/or other prevention services. Linkage or referral to other services (e.g., reproductive health services, prenatal care, substance abuse treatment, social support, housing assistance and mental health services) is also provided as needed.

During 2007, local health department staff provided partner counseling services to 710 (87% of 819) diagnosed and reported HIV-infected persons (both newly diagnosed and previous positive persons) who named 1215 sex/needle-sharing partners. Of the named partners, 984 (81.0%) were notified; of those notified 82 (6.7%) were newly diagnosed and 338 (27.8%) were found to be previously diagnosed, with both groups provided additional counseling and linkage opportunities to service.

People of Color Initiative

With the STD/HIV Division's heightened commitment to working with African American communities and other organizations and agencies to address the disproportionate numbers of cases, a coordinator was named to heighten responsiveness to the needs of people of color who are most impacted with HIV/STD. The efforts of this heightened response collectively comprise the People of Color Initiative (POCI). The coordinator serves in a continuing role as liaison to the DHEC Office of Minority Health and also serves on NASTAD's African American Advisory Committee and is Chair of the Strategic Prioritization and Partnership Building subcommittee. The POCI also led the formation and continues the work of the state's African American Men who have Sex with Men Workgroup, an advisory committee begun in 2006. The POCI also provides consultation to the Minority AIDS Council, the Center of Excellence for HIV and Cancer Research (a project of USC and Claflin University), SC State University's Brooks Health Center staff, and other MCBOs.

Adult Viral Hepatitis Prevention

The 2007 hiring of an Adult Viral Hepatitis Prevention Coordinator, partially funded by the Immunization Division, is increasing integration of Viral Hepatitis services. Activities have included the review and updates of DHEC policies/procedures on vaccines for PLWHA and high-risk HIV

negatives, the formation of a stakeholder group for development of the first SC Hepatitis Prevention Plan, and provision of Adult Hepatitis B vaccine to Ryan White Part B providers. Vaccine is also provided to the SC Department of Corrections, Part C, and other community health center providers. Targeted education is provided through a subcontract (using DAODAS funds) with the SC Hepatitis C Coalition.

Training and Capacity Building Assistance

Collaborative training and capacity building efforts are essential to maximize limited resources and address training needs of prevention providers, care and supportive services partners, and other minority- and community-based organizations. The STD/HIV Division sponsors and coordinates training on effective behavioral interventions, prevention counseling, population-specific prevention strategies, cultural competency, STD updates for clinicians and for non-clinicians, HIV 101 and 201, Red Cross HIV Starter Facts, HIV care and treatment, and capacity building topics. The Division conducts routine assessments on training needs and offers training workshops open to all prevention providers, minority CBOs, care providers, and community partners.

Key partners involved in planning and coordinating training include the CDC and its Capacity Building Assistance (CBA) providers, the SC AIDS Clinical Training Center (the state contractor of the Southeast AIDS Training and Education Center, funded via the Ryan White Treatment Modernization Act, Part F), DAODAS, the SC Association of Prevention Professionals and Advocates (SCAPPA), and others. National and regional CBA providers are invited to present training on diverse issues identified in training needs assessments. When possible, the Division hosts CDC-sponsored national or regional trainings to better enable the attendance and participation of health department staff, contractors, and community partners. The STD/HIV Division also works closely with planners of the state's annual HIV/STD Conference to ensure that up-to-date training opportunities are provided to state and regional health department staff, prevention and care contractors, CBOs, consumers, and other interested community partners and persons.

Other Health Department program areas

The **STD/HIV Surveillance Division** collects and analyzes data on HIV and STD morbidity and mortality and prepares surveillance reports. A complete description of STD/HIV Surveillance Division activities is listed in Chapter 6: Surveillance and Data-collection Activities.

The **Division of Acute Disease Epidemiology (DADE)** ensures Viral Hepatitis surveillance and manages electronic lab reporting. Staff from DADE also consults on special collaborative projects, such as the merger of Hepatitis C case data with HIV cases for first estimates of HIV-Hepatitis C co-infection.

The STD/HIV Division has a long-standing close collaborative relationship with **TB Control** for TB testing of and services to PLWHA. Through the provision of case management and Directly Observed therapy, Region TB staff ensures that TB treatment is maximized. Routine testing for HIV is provided for persons presenting with TB. Additionally, staff is cross-trained and epidemiologic data are closely monitored for trends.

The **Bureau of Public Health Laboratories** also has a long-standing relationship with the STD/HIV Division. The labs process and report confirmatory HIV, Viral Load, CD4, and STD test results.

The **Bureau of Maternal and Child Health's Division of Family Planning** also has a long-standing collaborative relationship with the STD/HIV Division. Cross-training is an important linkage between these programs. Additionally, federal Title X dollars fund four sites in the state for integrated HIV and Family Planning services. The **Perinatal Systems Division** coordinates with HIV perinatal prevention staff around educating Labor and Delivery Unit staff about the use of rapid HIV testing for women who present at Labor and Delivery with undocumented HIV status. Women who are HIV-infected are linked with care and support services for themselves and their infants.

The Office of Minority Health's (OMH) collaborative relationship with the STD/HIV Division has increased over the years as the HIV epidemic experienced significant growth in minority communities. OMH serves as principal advisor to the Agency as well as to other agencies and organizations on public health issues affecting minority populations (African Americans, Hispanic/ Latinos, American Indians and Asian/Pacific Islanders) in the state. OMH conducts training on cultural competence for health department staff and community partners upon request. Many efforts are targeted to African Americans as a priority population as they represent the largest minority group and carry a disproportionate burden of the health disparities.

The Office focuses its efforts on six priority health problems which account for the large and disproportionate number of preventable deaths and disabilities affecting minorities in the state, including HIV/AIDS. With South Carolina's increasing Hispanic/Latino population, the importance of OMH's Language Assistance Program for Limited English Proficiency (LEP) is significant. These vital services include:

- Telephone Interpreter Services: Interpretation services are provided using contracted vendors for Spanish and other languages;
- Translation Services: Through a joint partnership with DSS, DHEC utilizes HABLA (Hispanic Assistance and Bi-Lingual Access), housed at the University of South Carolina, to assist with translation of forms, educational materials and other documents and other contract services.
- Interpreter Qualification Program (IQP): This initiative is designed to ensure proficiency and accuracy when providing interpreter services to the agency's LEP customers through training, testing and qualification.

Although the funding from the Congressional Black Caucus has ended for the OMH AIDS Demonstration Project, OMH continues to support HIV/AIDS-related connections and communications with minority programs and consumers. Additionally, the OMH and the STD/HIV Division collaborate to sponsor events to promote HIV awareness in the African American community. The OMH continues its support of various initiatives within the STD/HIV Division. The coordinator of the Division's People of Color Initiatives serves as a direct liaison and meets periodically with the OMH.

The **Professional Offices of Nursing, Social Work, and Health Education** work with the STD/HIV Division's Central Office and Region staff to ensure discipline standards, guidelines, and services are consistent with national practice standards. Discipline-specific trainings are encouraged to enhance the skills of these direct service providers. STD/HIV Division consultants in these disciplines serve as the liaisons to the professional offices.

PREVENTION PARTNERS

The primary mechanism for coordination of health education/risk reduction services has been through local HIV prevention contractors. DHEC provides funding to 12 HIV prevention contractors for implementation of proven effective evidence-based interventions. Each Prevention Contractor works collaboratively with various and diverse agencies and organizations, including but not limited to local alcohol and drug abuse authorities, health departments, county teen pregnancy prevention programs, housing communities, faith-based organizations and houses of worship, youth-serving organizations, jails and corrections facilities, minority-based organizations, and homeless and domestic violence shelters. Funded prevention contractors must demonstrate community partnerships and support as well as the ability to reach priority populations with priority interventions. [See **Appendix 5.3** for the complete listing of Prevention Contractors for CY 2009, the populations served and evidence-based interventions used.]

SC HIV/AIDS Council

Project F.A.I.T.H. (Fostering AIDS Initiatives That Heal) is a statewide demonstration project of the South Carolina HIV/AIDS Council (SCHAC) designed to eliminate HIV/AIDS stigma and build the capacity of churches and other faith based entities who seek solutions related to the HIV/AIDS epidemic within their local communities. Funded with state dollars, Project F.A.I.T.H. will embark on its fourth year of funding during FY 2009-2010. SCHAC currently awards 39 faith-based organizations across the state (FY 2008-2009). HIV/AIDS stigma and educational prevention activities include the facilitation of: HIV/AIDS/STI health education/risk reduction education, skills development training, HIV testing, and behavioral risk interventions and other prevention events. Project F.A.I.T.H. funded organizations are from the following nineteen (19) counties: Aiken, Anderson, Bamberg, Beaufort, Charleston, Chesterfield, Florence, Horry, Georgetown, Greenville, Kershaw, Lancaster, Lexington, Marlboro, Marion, Orangeburg, Richland, Spartanburg, and Sumter. Project F.A.I.T.H. staff facilitate program development and capacity-building in two new innovations which include: Celebrate Recovery, a Christ-centered recovery intervention based on the 12 steps and has the capacity to address an individual's '*hurts, hang-ups, and habits*' (in Richland and Orangeburg counties), and the SATIR intervention, a therapeutic support group model used to increase coping skills among persons infected with HIV/AIDS, as well as family and other loved ones affected by this health concern (Orangeburg county).

Nurturing the Tree of Life: HIV/AIDS Prevention Initiative at HBCUs

SCHAC's Nurturing the Tree of Live Initiative utilizes college students (NTTL Peer Health Advocates) to facilitate a four-module intervention originally created by the South Carolina HIV/AIDS Council in 1995 through funding from the Centers for Disease Control and in collaboration with the former Midlands HIV/AIDS Prevention Collaboration. The intervention curriculum is incorporated into freshman orientation and/or seminar programs. The HIV/AIDS prevention intervention consists of four modules which focus on (1) knowledge, (2) attitudes and beliefs, (3) relationships, and (4) risk reduction. The Nurturing the Tree of Life Initiative includes collaboration with SCHAC to assess health risk behaviors among college students. The provision of STI testing on each college campus twice a year is part of the intervention. STI screenings include: HIV, Gonorrhea, Chlamydia, Hepatitis C and Syphilis.

SCHAC is also a Ryan White Part B Medical Case Management provider, via subcontract with the USC School of Medicine's Midlands Care Consortium. Additionally, SCHAC is a CDC directly-funded community based organization for two projects which provide community based HIV counseling and testing targeting African Americans at risk. They provide both in-house and mobile rapid HIV testing and prevention counseling to high and very high-risk clients. Partner counseling and referral services are coordinated with local and state health departments through a Memorandum of Agreement. SC DHEC staff assists by sharing resources and providing support to ensure quality assurance measures are linked with SC DHEC protocol.

USC School of Medicine Perinatal HIV Prevention Project

To achieve reductions in perinatal HIV infection, DHEC receives federal HIV perinatal prevention funds from CDC and Ryan White Part D funds from HRSA. These programs focus on ensuring that Public Health Service Guidelines for Preventing Perinatal HIV Transmission are practiced in South Carolina. These guidelines include routine HIV screening of pregnant women, rapid HIV testing during labor and delivery if indicated, access to antiretroviral treatment for HIV infected pregnant women and their children. DHEC's perinatal prevention activities focus on provider education and training, linking HIV-exposed infants to care services, monitoring perinatal transmission rates, prevention case management for HIV-infected pregnant women and education/outreach to high risk women. One example of coordination is the University Of South Carolina Department Of Medicine HIV Prevention Perinatal Case Management Program (USC PCM). HIV-infected pregnant women in the Midlands are recruited from the Department of Obstetrics at USC for PCM services; these women may also be receiving HIV care from the Part B clinic at the Department of Medicine. Intensive case management services are provided to pregnant HIV-positive women, many of whom experience complex psychosocial HIV issues that increase the difficulty of adhering to recommended antepartum or postpartum therapy and/or care plans. The women are linked to Part B providers and may also be linked to Part D consumer advocates for peer education.

SC HIV Planning Council (HPC)

In 2005, the STD/HIV Division integrated HIV prevention and care planning activities to increase Program Coordination and Services Integration (PCSI). Following a yearlong process (throughout 2004) with stakeholders from HIV prevention and care programs, a mission statement, bylaws, and policies and procedures were developed. With annual review and updates, these documents guide the efforts of the HPC. In December of 2007, the Bylaws and Policies and Procedures were amended to reflect a representative membership of thirty-one (31) voting members from CDC-funded prevention programs (both directly and indirectly funded), Ryan White Treatment Modernization Act-funded care and support services programs (Parts B, C, and D), collaborating state agencies, community-based organizations (CBOs), faith-based programs, and interested community members. Participation from consumers living with HIV/AIDS is ensured, with the bylaws mandating that six (6) of the 31 members be persons who are living with HIV. Additionally, a fifth meeting of the full HPC was added to the existing four.

Three of the HPC's committees (Prevention, Care and Support Services, and Needs Assessment) meet during a portion of the daylong HPC meeting as well as between meetings. The Consumer Advisory Committee meets on separate days prior to the HPC meetings, as its members are fully integrated into

the three working committees noted above. The Membership Committee meets as needed to review applications and recommend new members for the next term, plan and conduct membership orientations, fill vacancies, or deal with other membership issues that may arise.

Applications for membership in the HPC are sent out in the fall of each year as well as distributed at the annual SC HIV/STD Conference. The community planning principles of parity, inclusion, and representation guide the selection of HPC members. Persons selected serve a two-year term. The membership of the HPC reflects, as much as possible, the demographic characteristics of the HIV epidemic in South Carolina. The following criteria are utilized to assist in the selection of members:

- Infected or affected by HIV;
- Two years experience providing HIV prevention and/or care services;
- Expertise in the following HIV-related program service areas: HIV clinical care; case management; HIV counseling and testing services; partner services; comprehensive risk counseling and services; evidence-based health education/risk reduction programs; mental health counseling; substance use prevention and/or treatment; and housing;
- Representative of a geographical area of high incidence and prevalence; and/or
- Representative of priority populations: persons with HIV, African American Men who have Sex with Men (AAMSM); African American Women who have Sex with Men (AAWSM); African American Men who have Sex with Women (AAMSW), White Men who have Sex with Men (WMSM); Injection Drug Users (IDU); and Hispanics/Latino(a)s.

Within the two year period of 2007-2009, the HPC spearheaded the formation of several workgroups to further address specific population needs and provide recommendations to meet those needs. These workgroups include the African American MSM Workgroup, the Adolescent Sexual Health Workgroup, and the Hispanic/Latino Workgroup. Since 2008, the AAMSM Workgroup has been elevated to a program of the People of Color Initiatives.

Hepatitis C Coalition

The Hepatitis C Coalition is a group of health care professionals and concerned citizens with various backgrounds working together to address the emerging problem of Hepatitis C in South Carolina. Its mission is to increase the level of awareness, education, treatment services, and prevention activities among target groups in South Carolina, including health care workers, health care providers, patients and the public. DAODAS provides funds to DHEC which contracts with the Coalition to: increase the awareness of Hepatitis C as a major public health issue to minimize its impact on South Carolina; focus on prevention programs; serve as a clearinghouse for information, educational resources and programs and patient referral systems for Hepatitis C; and establish and enhance collaboration among Coalition partners.

CDC Directly-funded Community Based Organizations (CBOs)

In 2004, three CBOs in South Carolina were awarded direct HIV prevention grants from CDC for 2004–2009. The CBOs and their projects are:

- South Carolina HIV/AIDS Council: HIV Counseling and Testing; *Community Promise* and *VOICES/VOCES* interventions for HIV positive persons and very high risk persons in the Columbia area;

- Palmetto AIDS Life Support Services: Comprehensive Risk Counseling Services for HIV positive African Americans; Healthy Relationships (for clients in their 8-county service area). The relationship between PALSS' prevention staff and the Richland County Health Department, Sandhills Medical Foundation in Sumter and Kershaw County, and Richland Community Health Care Association has ensured referrals to CRCS and the Healthy Relationships program. This is particularly beneficial for Sumter and Kershaw counties for individuals who lack support systems in rural areas.
- HopeHealth: HIV Counseling, Testing, and Referral for High Risk Individuals; Rapid Testing in Non-Clinical Settings for High Risk Individuals; Prevention Case Management for Persons Living with HIV; Integration of Prevention Services into Medical Care for People Living with HIV; **SISTA** Project for seronegative African American women at very high risk for HIV infection; serving the six-county Pee Dee region, including Chesterfield, Darlington, Dillon, Florence, Marion, and Marlboro counties.

Palmetto AIDS Life Support Services (PALSS) also received funding from the U.S. Department of Health and Human Services (DHHS), via its Office of Minority Health, for provision of Columbia Community Promise. The Columbia Community PROMISE project has been mobilizing the African American community regarding HIV prevention since 2006. The Peer Advocates, 30 committed African American men, promote risk reduction strategies in their social networks and serve as gatekeepers in communities that often are unreachable by those who do not live in the community.

HIV CARE AND SUPPORT SERVICES PARTNERS

The CDC's *Advancing HIV Prevention (AHP)* initiative focuses on the need to reduce barriers to early diagnosis of HIV infection and increase access to quality medical care, treatment, and ongoing prevention services for those diagnosed with HIV. The basis for this initiative centers on advances in HIV treatment which have significantly improved the lives of people living with HIV/AIDS and the approaches to responding to the epidemic. AHP emphasizes the importance of secondary prevention for the number one priority population for prevention services: persons living with HIV/AIDS, through the mechanisms of care, medical case management, health education and risk reduction, the availability of HIV medications, housing, and linkage to care for inmates, new positives, and persons out of care. Managing the disease helps both to delay the onset of AIDS as well as reduce the risk of HIV transmission to others by lowering viral loads and potentially decreasing the level of one's infectiousness.

Many challenges exist for persons living with HIV, including but not limited to:

- Denial of one's HIV status;
- Stigma of HIV, particularly in rural areas;
- Awareness of and access to HIV and primary care;
- Factors related to continuation of and retention in care and support services;
- Adherence to medication and treatment regimens;
- Side effects of medications;
- Managing the high costs of care and medications;
- Diagnosis and management of co-morbidities;

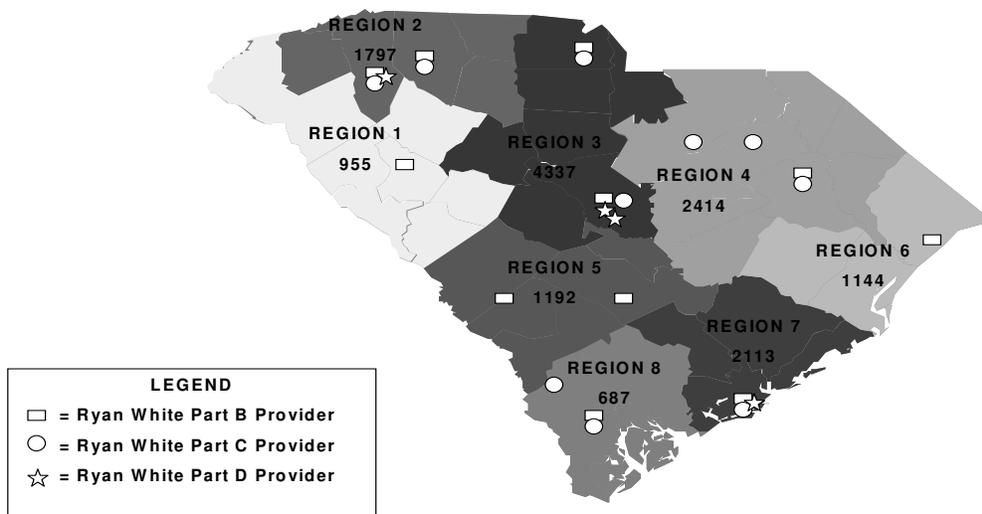
- Competing life events; and
- Depression and other psychosocial issues.

Ongoing medical management and prevention support services must be available to help persons living with HIV disease to be successful with medication adherence to prevent or delay illness, and to help them adopt and maintain healthy behaviors including steps to prevent infecting others. Supportive services that link persons to stable, long-term housing, substance use treatment, or mental health counseling may also enable persons to reduce risk behaviors associated with HIV transmission. The state’s care system has expanded and evolved over the past two decades to meet the needs of the changing epidemic. Currently there are 18 Part B service providers, 10 Part C service providers, 6 Part D service providers and an ADAP with more than 60 drugs on the formulary. Total HRSA funding in the state for PLWHA is almost \$35 million.

DHEC contracts with HIV service providers in 11 regions of the state. The model of service delivery varies by region, depending upon the number and type of community partners within each region. In two regions of the state, the Ryan White Part B providers provide medical and support services through university based medical clinics and CBO partners. In other regions of the state, the Part B providers work in synchronicity with the Part C providers so that the part B provider is primarily tasked with providing supportive services while the Part C provider focuses on medical care, effectively sharing patients between the organizations. In two regions the Part B and the Part C provider are actually the same organization, thereby making available a virtual one-stop shop for PLWHA. There is at least one region of the state where the Ryan White Part B provider provides all of the supportive services and contracts for medical care with a network of physicians. The SC HIV Services Network Provider Chart is included as **Appendix H**.

The map below indicates the location of each Ryan White provider with an overlay of the number of PLWHA in each region of the state. It should be noted that HIV services have followed the HIV epidemic in South Carolina.

Ryan White Care Providers in South Carolina and Number of People living with HIV/AIDS by Region, 2007



Specific local service provider services were identified for funding in FY 2009, based on the Needs Assessment efforts and the statewide Comprehensive Plan include (but are not limited to): Ambulatory/Outpatient Medical Care, Medications, Oral Health, Mental Health Services, Substance Abuse Services, Medical Case Management, Treatment Adherence/Compliance, Housing, Nutrition, Transportation, and Health Education/Risk Reduction. During 2008, service priorities were reviewed with each Ryan White Part B service provider to demonstrate that at a minimum of 75% of funds are being expended on core services.

The services provided in FY 2009 will address the needs of the emerging rural, impoverished, men who have sex with men (MSM) and Hispanic communities in South Carolina. Providing satellite services in the rural areas, including medical care, transportation, medical case management, outreach and education, mental health services and substance abuse services will empower these groups to enter and maintain care services.

The Ryan White Parts B, C and D service providers provide an array of services that will help clients establish and maintain medical care compliance. Treatment adherence counseling is an integral part of medical and supportive services and all Ryan White patients receive treatment adherence messages in the clinical and support services settings. Health Education/Risk Reduction services and Medical Transportation services also ensure that clients will remain engaged in HIV/AIDS primary medical care and adherence to HIV treatments.

Particular emphasis of all Ryan White Care providers is on increasing access to care and ensuring African Americans with HIV are linked to care services. Estimates of persons who are in care are based on several sources. Ryan White Part B service providers reported serving 7,929 persons during 2008. Clients served are essentially representative of the epidemic. In 2008, 74 percent of consortia clients were African American and 63% were male.

Minority AIDS Initiative (MAI) funding has allowed increased services to address racial disparities and ensure African Americans are linked to ADAP services and medical care in four high prevalence areas of the state. The focus of these programs is to encourage a smooth and timely transition into care after diagnosis, and also to bring persons who have been lost to care back into care.

Ryan White Part B Contractors

With the number one priority population for HIV prevention being persons living with HIV/AIDS, the importance of linkage to and retention in care and support services are significant. Eleven Ryan White Part B contractors serve residents living in all 46 counties in the state. Emphasis is placed primarily on the provision of core services. These 11 core services include outpatient/ambulatory medical care, medical case management services (including treatment adherence), AIDS pharmaceutical assistance (local), oral health, health insurance premium assistance, mental health treatment, substance abuse treatment, home health care, home- and community-based health services, hospice services, and medical nutrition therapy. Where funding is sufficient, support services may also be provided. These support services include non-medical case management, treatment adherence counseling, medical transportation services, child care services, emergency financial assistance, food bank/home-delivered

meals, health education/risk reduction, housing services, legal services, linguistic services, outreach services, permanency planning, psychosocial support services, rehabilitation services, and respite care,

Five Part B providers are provided with Adult Hepatitis B vaccines and it is hoped that all Part B providers will participate in the Adult Hepatitis B prevention initiative. The total funding for Ryan White Part B programs in South Carolina (including ADAP) for the 2009-2010 grant year is \$28,104,232.

Statewide AIDS Drug Assistance Program (ADAP)

South Carolina's ADAP is also funded with Part B funds. The statewide ADAP supplies medications to PLWHA who are income qualified and assists clients in paying health insurance premiums, co-pays and deductibles. The ADAP is managed through DHEC and provides medications and insurance assistance to those who are income qualified. Its formulary includes more than 60 medications and the program serves more than 3,000 clients annually. The ADAP's direct dispensing services were provided to 2,848 active clients in 2008. Sixty-nine percent (69%) of those clients were African American and 68% were male. The number of clients served by the ADAP continues to increase at a steady pace. Expenditures are also increasing, due to a larger number of patients being served and the increasing cost of new medications.

ADAP continues to manage an Insurance Assistance Program. Besides covering copayments and deductibles, the Insurance Program also pays for premiums for patients meeting eligibility requirements, thus allowing individuals to maintain insurance coverage. This program has been highly cost effective and extremely beneficial to clients. During 2008, the Insurance Assistance Program served 717 individuals.

One of the cross-cutting issues identified by HIV care providers is that people living with HIV may not be adherent to their prescribed HAART medication regimen and/or with keeping appointments for medical care. This is rooted in many causes including, but not limited to, denial about one's HIV status, not "feeling sick," concerns about confidentiality, side effects of medications, lack of funds to pay for care and treatment, mental health or drug use issues, depression, and low self-esteem. Ryan White providers face ongoing challenges associated with HIV treatment costs and problems with client adherence to the HAART drug regimens. The Ryan White Statewide Coordinated Statement of Need (SCSN) addressed the issue of HIV drug adherence as one of the priority goals for the state. Solutions include implementing education and counseling interventions for clients as well as training providers on adherence issues and how to assist clients with psychosocial and environmental support systems to facilitate adherence.

In June of 2006, the South Carolina ADAP was forced to implement a wait list due to the increased number of persons living with HIV/AIDS, increased drug costs, and decreased funding. Federal and state funding allocated for the Program were not enough to meet the demand. South Carolina received fewer state dollars per patient for ADAP and HIV Core Services in comparison with other Southern States. South Carolina averaged approximately \$39 per person in State ADAP funds, compared to \$680 and \$614 per person in Georgia and North Carolina, respectively.

As a result of the ADAP crisis, many South Carolina community partners sprang into action and spearheaded the formation of the South Carolina HIV/AIDS Care Crisis Task Force. The goal of the Task Force was to obtain adequate funding for ADAP and HIV/AIDS Core Services. The method was grassroots advocacy targeted at State representatives and local officials to influence change. The results were \$3 million recurring and \$1 million nonrecurring "one-time" funding.

Ryan White Part D Contractors

The South Carolina Ryan White Part D program is a statewide, collaborative network of providers and organizations serving HIV exposed/infected infants, children, youth, women and their affected families, including male caregivers. DHEC is the grantee for these funds, which are provided through three contracted, regional medical care facilities located across the state: the Medical University of South Carolina (MUSC) in Charleston, the University of South Carolina School of Medicine (USC) in Columbia, and the Greenville Hospital System (GHS). Of the 1,119 HIV-infected and indeterminate clients served by Part D programs in 2008, 903 or 81% were African American and 65% were youth under 12 and young adults 13-24 years. The total funding for Ryan White Part D programs in South Carolina for the 2008-2009 (fiscal year begins August 1) grant year is \$579,487.

Perinatal HIV Prevention Services

One of our greatest successes in HIV prevention is reducing mother to baby transmission. Routine screening of pregnant women and treatment for those infected continues to confine the proportion of infants born to HIV infected mothers who become infected to 2% each year from 14% in 1994. DHEC provides education and training opportunities to perinatal providers to ensure awareness of recommended screening and treatment guidelines. In 2004/2005, DHEC participated in a CDC assessment of prenatal screening practices through medical chart review in eligible birthing hospitals to determine the proportion of pregnant women/infants receiving screening for HIV, syphilis, Chlamydia, hepatitis B, Group B Streptococcus and rubella.

Services for infants born to HIV infected mothers are an essential component for perinatal HIV prevention. Expansion funding awarded in 2002 and 2003 established satellite specialty care clinics in rural areas challenged by the highest prevalence and incidence for HIV exposed/infected infants and distance to travel for specialty care: Florence (MUSC-staffed), Sumter (USC-staffed), and Spartanburg (GHS-staffed). Since 2005, a Women's Clinic at USC has been funded by Part D.

In order to maintain these successes and to achieve elimination of perinatal HIV transmission in South Carolina, increased prevention strategies are needed that focus on women who receive inadequate or no prenatal care and on HIV-infected women with complex psychosocial issues who may not adhere to recommended antepartum or postpartum therapy and/or care plans. This will require increased provider training, increased coordination and linkages with existing systems of prenatal care providers and institutions, and specialized prevention case management services for HIV-infected pregnant women.

Preventing Homelessness: Housing Opportunities for People With AIDS (HOPWA)

Many persons with HIV face increased risks of homelessness due to the impact of the disease on physical health and the high cost of care and treatment. The Housing Opportunities for People with

AIDS (HOPWA) grant from HUD provides funding to DHEC to help prevent homelessness. In addition, HUD directly funds the metropolitan statistical areas (MSAs) of Columbia, Charleston, Charlotte (includes York County), and Augusta (includes Aiken and Edgefield) to deliver HOPWA programs. Linkages to HOPWA services occur primarily through Ryan White case managers and local health department staff.

DHEC's HOPWA program continues to be a major portion of the delivery system of services to people and families living with HIV. Fourteen contractors, experienced in providing a continuum of care for persons and families living with HIV/AIDS each year who are either homeless or at risk of becoming homeless, are recipients of HOPWA funds. Ten agencies provide short-term rent, mortgage and utility payments for persons with HIV/AIDS and their families. Contractors also use HOPWA funds to provide case management and supportive services, and all are closely linked with Ryan White care providers. This assures a coordinated system of delivery to eligible persons and families with HIV/AIDS. HOPWA funds also support one Employment Assistance Program.

South Carolina has three long-term housing projects: one statewide tenant-based rental assistance project, one long term supportive housing facility and one transitional housing facility. This focus on long-term housing is a response to the changing HIV epidemic and assessment/prioritization of permanent housing in South Carolina.

Ongoing needs assessments with care and support service providers and with persons living with HIV indicate that, while there is variance around the state, there is a high demand for adequate, affordable housing. There are long waiting lists for subsidized housing, a lack of low-income, safe, and quality housing for low-income individuals, particularly single men with a history of substance abuse and incarceration. Specific types of housing needed include stable low-income housing, temporary shelters, advanced care facilities for those requiring medical assistance, and a hospice facility. None of the available shelters are prepared to provide quality assisted living for persons with HIV.

Ryan White Part C Programs

The Ryan White Part C Early Intervention Services (EIS) program funds comprehensive primary health care in an outpatient setting for people living with HIV/AIDS. There are currently **10 Ryan White Part C service providers** in South Carolina with only one region (Upper Savannah) lacking access to a Part C provider. The Ryan White Part C providers have formed strong partnerships with Part B providers in several regions of the state. We continue to promote effective working relationships among all the Ryan White Parts in each region of the state. As a result of these strong partnerships we have been able to maximize resources and prevent the duplication of services.

Ryan White Part F Program: AIDS Education and Training Center

The **SC HIV/AIDS Clinical Training Center's** goal is to improve the quality of care and access to care of patients living with HIV/AIDS through the provision of high quality professional education and training to health care providers in South Carolina. This program accomplishes its goal through didactic presentations, case studies, skills building workshops, clinical consultation, clinical preceptorships, and technical assistance. Its target audience is physicians, advanced practice nurses, nurses, oral health professionals, physician assistants, pharmacists, and other healthcare professionals.

The Center is located at the University of South Carolina School of Medicine, Infectious Disease Division, in Columbia. It is a Local Performance Site for the Southeast AIDS Training and Education Center (SEATEC), a six state consortium that also includes Georgia, Alabama, Kentucky, Tennessee, and North Carolina. SEATEC is part of the network of regional AIDS Education Training Centers (AETC) funded through the HIV/AIDS Bureau of the U.S. Department of Health Resources and Services Administration (HRSA).

Linkages between the Division's HIV Prevention and Care Programs

Linkages between HIV Prevention and Care programs are increased with integrated planning and training. Enhanced communication between all services and providers is considered essential for secondary prevention efforts, with linkage of newly identified positives to care and retention of existing clients in care as top priorities for Prevention with Positives. This emphasis is mirrored in the SC HIV Planning Council, which mandates the inclusion of a representative from each Ryan White-funded care program (Parts B, C, and D) and at least six consumers on the 31-member body. Consumers are also fully integrated into all committees of the HPC, not only providing valuable input for community planning through the Consumer Advisory Committee, but also for important documents such as the Ryan White Statewide Coordinated Statement of Need and Comprehensive Care Plan, and events such as a Consumer Town Hall Forum. Collaborative reviews of care data have resulted in innovative suggestions which have been implemented, including a statewide social network survey of transgender persons and their health needs, and the continued inclusion in 2008 of the specific categories of health education and risk reduction in the state's Provide Enterprise data system for Ryan White Part B service providers. Ryan White medical case management providers routinely include treatment adherence counseling and education as well as risk reduction messages to clients, improving secondary prevention efforts

GOVERNMENTAL PARTNERS

SC Department of Alcohol and Other Drug Abuse Services

Substance use treatment is primarily provided by the county alcohol and drug abuse facilities upon referral by counseling and testing staff and Ryan White care providers. State and local agencies have received significant state budget reductions in the past three years that have resulted in an even more reduced number of staff, facilities, and services throughout the state.

The SC Department of Alcohol and Other Drug Abuse Services (DAODAS) contracts with DHEC for the provision of HIV Early Intervention Services that include needed resources to clients in the statewide alcohol and drug abuse (301) system. Through establishment of this contract, the two agencies created an active referral system between county health departments and county alcohol and drug abuse agencies, training for public health staff on substance abuse risk assessment, and training for substance abuse staff on communicable disease issues. The contract is designed to provide HIV counseling and testing services statewide targeting substance users in health department, local alcohol and drug commissions, and community settings. The contract also includes funding to support Hepatitis C training and education through the SC Hepatitis C Coalition and testing for Hepatitis C in county health departments.

DAODAS funding comes from the Substance Abuse Prevention and Treatment block grant HIV Early Intervention set-aside. DAODAS also has funded designated local alcohol and drug abuse commissions that work directly with this high-risk population in need of alcohol and/or other drug services. SAMHSA-funded HIV Early Intervention Services provide risk reduction education and CTRS for admitted AOD targeted (injection drug-using) clients. The local county AOD authorities that are funded for these services, and the counties they serve, are: Anderson/Oconee Behavioral Health Services: Anderson and Oconee counties; The Phoenix Center: Greenville County; Spartanburg Alcohol and Drug Abuse Commission: Spartanburg County; The Lexington/Richland Alcohol and Drug Abuse Council, The Behavioral Health Center of the Midlands: Lexington and Richland counties; Keystone Substance Abuse Services: York County; Trinity Behavioral Health Services: Dillon, Marion, and Marlboro counties; Circle Park Behavioral Health Services: Florence County; Sumter County Commission on Alcohol and Drug Abuse: Sumter County; Aiken Center for Alcohol and Other Drug Services: Aiken County; The Dawn Center (Tri-County Commission on Alcohol and Drug Abuse): Bamberg, Calhoun, and Orangeburg counties; Shoreline Behavioral Health Services: Horry County; and The Charleston Center: Charleston County.

Additionally, a representative from DAODAS serves as a continuing voting member of the SC HIV Planning Council and also serves on the Corrections/AOD/HIV Workgroup and the SC HIV/STD Conference Planning Committee. Alternately, the STD/HIV Division's Planning Coordinator serves on the DAODAS Prevention Training Committee and on the Professional Development Committee of the SC Association of Prevention Professionals and Advocates (SCAPPA), the state's professional ATOD prevention association. Program collaboration and services integration, including cross-training for staff, receives important time and effort support from the administration of both agencies.

SC Department of Education (SCDE)

South Carolina's local school boards, with technical assistance from the SCDE, are required to provide instruction in age-appropriate reproductive health and sexuality education to students during the middle and high school years under the Comprehensive Health Education Act (revised 1988).

The SCDE Healthy Schools Program (HSP), which is a cooperative agreement with DHEC, supports these efforts by providing training, resources and technical assistance to the 86 school districts throughout the state. The HSP also employs an HIV Program Coordinator who works with local school districts to provide teacher training and to build upon and utilize linkages with community based organizations, DHEC, and other health agencies. Every district has a Comprehensive Health Education coordinator, which is the HIV Program Coordinator's contact person for providing HIV/STI professional development opportunities for schools and teachers in their district. Every district also has a 13-member health advisory committee, which has the responsibility of reviewing and approving all HIV/STI-related materials that will be used for instruction in that particular district.

HIV prevention education services, provided by the HSP, are directly funded by the CDC Division of Adolescent and School Health (DASH). DASH also separate funding to the Healthy Schools Program to conduct the Youth Risk Behavior Survey (YRBS). The YRBS is conducted bi-annually by SCDE or an identified sub-contractor. Results of the YRBS are presented at HIV Planning Council meetings and widely shared with public health and HIV/STD prevention providers for planning and evaluation.

Overall, CDC DASH funding provides for coordinated HIV/STI prevention education for school age youth in South Carolina. For 2008, the HSP was funded at the following levels:

YRBS \$49,173

Coordinated School Health & Physical Activity Nutrition & Tobacco (CSHP & PANT) \$424,645

HIV Prevention \$274,997

Additionally, the HIV Program Coordinator serves as a continuing voting member of the SC HIV Planning Council, representing the SCDE and the interests of school-aged youth. The Coordinator also serves as a member of the STD/HIV Division's Federal Materials Review Committee and on the Planning Committee of the SC HIV/STD Conference.

SC Department of Corrections (SCDC)

The SCDC currently tests all inmates upon entry into the system. All HIV-infected inmates are housed in two facilities in Richland County, one for men (Broad River Correctional) and one for women (Camille Griffith Graham Correctional). This enables the SCDC to better coordinate care and support services to infected inmates as well as reduce the spread of HIV within the prison population. These facilities provide 24-hour availability of medical services, HIV specialty care, and supportive services. All HIV-infected inmates receive Highly Active Anti-Retroviral Therapy (HAART) as standard of care. DHEC provides the SCDC with Adult Hepatitis B Vaccine. A representative from SCDC serves as a continuing voting member of the SC HIV Planning Council. The SC HIV/STD Conference also has representation on its planning committee from the SCDC.

The USC School of Medicine receives funding from the Part B Minority AIDS Initiative (MAI) for the Linkage for Ex-offenders project, which provides a Transitional Case Manager who facilitates entry into Ryan White care upon release from the SCDC. This linkage to care project provides a continuum of medical care and HAART to HIV positive inmates upon their release. State budget cuts, which resulted in the reduction in the provision of a 30-day supply of medications to five days, forced an emergency meeting of SCDC, SC DHEC, and USC SOM staff to problem-solve around the crisis. Interdisciplinary meetings on inmates are now held at least 30 days pre-release, which facilitates a smooth transition of services to inmates immediately upon release.

A Corrections/HIV/AOD workgroup, composed of representatives from DHEC, SCDC, DAODAS, and local service providers, began meeting in September 2008 to increase awareness of programs and services, enhance linkages and decrease barriers to collaboration, and to seek funding for special collaborative projects.

City and county detention centers are not under the jurisdiction of the SCDC. HIV/STD screening services are more limited for inmates in county/city jails. This is primarily due to lack of financial and/or staff resources and, in some cases, a short incarceration time that prohibits inmates who might be tested in a facility from getting results prior to discharge. HIV testing is conducted in several county jails. Syphilis testing, previously provided in conjunction with syphilis elimination efforts, was discontinued due to the loss of those funds. Partner counseling and referral staff assist in providing test results counseling and referrals to care providers upon release.

SC Budget and Control Board – Office of Research and Statistics (ORS)

The ORS is the gatekeeper for a wealth of data in South Carolina. These data include Medicaid data, including the amount of HIV Medicaid dollars spent by service category, age, and gender. Other social services, claims systems, all payer health care databases, behavioral health, health department, education, other state support agencies, and other data are potential linkage variables. The ORS works

with DHEC and other state agencies on collaborative data integration efforts. For example, ORS worked with the HIV/STD Medical Director and Division of STD/HIV Surveillance to determine where persons living with HIV had accessed health care services prior to their receiving an HIV test. The resulting data on *Missed Opportunities for Earlier Diagnosis of HIV Infection – South Carolina, 1997-2005* was published in the December 1, 2006 issue of the Morbidity and Mortality Weekly Report. Presently, the ORS is working with the State Alliance for Adolescent Sexual Health to formulate an Adolescent Sexual Health Data Cube to highlight the intersections between health, education, socioeconomic status, service utilization, providers, and other variables which may impact adolescent sexual health.

University of South Carolina

USC School of Medicine

The SC Linkage Program for Inmates (SCLPI) is a SPNS project, funded by HRSA (Year 2 of a 4-year grant). Partners collaborating on the SCLPI are: Correct Care Solutions (contract care provider), ASG, Wright State University (for evaluation), DHEC's STD/HIV Division, SCHAC (testing), LRADAC (substance abuse counseling), and the Midlands Care Consortium (MCC) Clinic. The SCLPI serves inmates in the Alvin S. Glenn (ASG) Detention Center (which serves primarily Richland County). Approximately 20,000 inmates are processed through ASG annually. Daily, the number housed is approximately 1200, with approximately 35 living with HIV. About 10% of inmates are tested for HIV. Approximately 85% are Black, and 15% are White. Roughly 90% are male and 10% are female. Per the Syphilis Elimination Project, in 2007 less than 1% were HIV positive, noting 14 positives (8 known and 6 new cases).

Both male and female inmates are tested. Testing of males is conducted three times a week in the holding dorm (Tuesday, Wednesday and Thursday) in a multi-purpose room. Testing of females is conducted once a week in the medical bay. Inmates who test positive are involved in strengths-based case management, designed to be presented in seven sessions. HIV/AIDS Education and alcohol/other drug education are also provided. The SCLPI notes both systems barriers (including space, security, privacy, and staff refusal) and individual barriers (including inmate referral, fear, stigma, denial, lack of trust, embarrassment, and fatalism) to participation in the project. Additional challenges are noted upon an inmate's release: housing, substance abuse resources, mental health resources, financial resources, partner notification, transitioning from jail to the community, and medical and medication adherence. The SCLPI project coordinator serves on the SC HIV Planning Council, and is also a member of the Corrections/AOD/HIV Workgroup and the Planning Committee for the SC HIV/STD Conference.

USC Arnold School of Public Health

Faculty, staff, and graduate students from the Arnold School of Public Health work on a variety of collaborative projects with the STD/HIV Division and its partners. From the planning, implementation, and analysis of focus groups, to personnel support for special events, to research and evaluation support for grants and special initiatives, this long-standing relationship benefits all involved.

Center of Excellence in HIV and Cancer Research (USC and Claflin University)

The Center of Excellence in HIV and Cancer Research (formerly known as Project EXPORT) is a partnership between the USC's Institute for Partnerships to Eliminate Health Disparities and Claflin University and is designed to reduce health disparities in HIV/AIDS and HPV/cervical cancer, particularly among minorities in rural areas of South Carolina, specifically in Orangeburg County. Funded by the National Institutes of Health's (NIH) National Center on Minority Health and Health Disparities (NCMHD), the Center works with the community of Orangeburg to assist with research activities and design community-led programs which educate and promote awareness about HIV/AIDS and HPV/cervical cancer. COE partners include Victory Tabernacle Church, the Minority AIDS Council, the Arnold School of Public Health, and the USC School of Medicine.

Through its Research Education and Training Core, the Center is conducting two research studies: 1) the Carolina Women's Health Study (HPV risk in female students at USC and Claflin) and 2) Acupuncture and Oral Immune Function. The Center's Community Partnership and Outreach Core and the Community Advisory Group (CAG) continues to build and maintain partnerships with a variety of community organizations for purpose of engaging the Orangeburg County Community in a variety of community-led activities aimed at preventing and reducing HIV/AIDS and HPV/Cervical Cancer, which have included educational awareness and training conferences for community organizations, community leaders, public health professionals, students, and consumers. The CAG and its community partners include the Minority AIDS Council, Victory Tabernacle Church, the Orangeburg (County) Chapters of Alpha Phi Alpha Fraternity, Inc., Delta Sigma Theta Sorority, Inc., Zeta Phi Beta Sorority, Inc., A Family Affair, HopeHealth, OCAB Community Action Agency, SC Department of Health and Environmental Control (SCDHEC), and the South Carolina Cancer Alliance.

NON-GOVERNMENTAL ORGANIZATION PARTNERS

Many Non-Governmental Organizations (NGOs), including AIDS service organizations (ASOs), Minority Community-based Organization (MCBOs), and Community-based Organizations (CBOs), also work collaboratively with the STD/HIV Division and its many partners. These include, but are not limited to: A Family Affair, the LEAD Center, the Wateree AIDS Task Force, CEASE, the SC Chapter of the Campaign to End AIDS (C2EA) and others. Additionally, collaborative efforts exist with local homeless and domestic violence shelters, teen pregnancy prevention programs, and other health initiatives. DHEC Regions and other prevention providers acknowledge the vital role of the church and other houses of worship in HIV prevention, and particularly as an important mechanism to reach African Americans. Prevention contractors, health department staff and other organizations work

collaboratively with churches and local community groups to coordinate and implement prevention activities including health and awareness fairs, observance of National Black Church Week of Prayer, National HIV Testing Day, and World AIDS Day.

Agencies such as the SC Primary Health Care Association and the SC Campaign to Prevent Teen Pregnancy provide staff for collaborative planning, programs, events and training. The SC HIV/AIDS Conference, a community-based conference since 1998, utilizes the commitment, expertise and participation of numerous agencies and organizations for its annual multi-day training for clinicians, social workers, health educators, alcohol and other drug prevention and treatment professionals, other service providers, consumers, and interested community members.

State Alliance for Adolescent Sexual Health (SAASH)

In 2007, a five member multi-disciplinary team composed of representatives from SC DHEC's STD/HIV Division and Bureau of Maternal and Child Health, and the SC Department of Education attended a state team-building summit in California that was coordinated by national partners NASTAD, State and Territorial STD Directors, the Association of Maternal and Child Health Directors, and the Society of Public Health Education. The team returned to South Carolina and began work to convene an interagency and inter-organizational alliance to address issues affecting adolescent sexual health. The SC HIV Planning Council increased the initial support for the effort by forming an Adolescent Sexual Health Workgroup. In August of 2007, after receiving special grant support from the national partners, a Call to Action Meeting was held to convene the identified statewide partners. From that meeting, three workgroups have developed: the Data Integration Workgroup, the Resource Directory Workgroup, and the Call to Action Paper Workgroup. Work is underway in these workgroups to develop an adolescent sexual health data cube, catalog existing teen pregnancy and HIV/STD prevention initiatives across the state, and develop a Call to Action Paper addressing the needs for and gaps/barriers to improving adolescent sexual health in South Carolina.

CHALLENGES IN COORDINATING PREVENTION SERVICES

In South Carolina, the primary challenges in coordinating prevention services include:

- Lack of adequate federal and state funding to address stated prevention needs;
- Lack of communication among providers due to multiple tasks limiting time or opportunities to network or interact with other providers;
- Staff turnover, especially at the local service delivery level, impeding ongoing communication and partnerships;
- Lack of resources at the state and regional level to facilitate dedicated collaborative activities among prevention providers, especially with supportive services including but not limited to transportation, mental health, and alcohol and other drug treatment; and/or,
- In some areas, increased competition for limited dollars or resources among multiple organizations creates reluctance to share information and coordinate services.

As state, local and federal resources are slashed or, at best, remain level in the face of growing HIV prevalence, collaboration and coordination among existing and new prevention providers is critical in maximizing training efforts. When possible, the STD/HIV Division utilizes trained staff from prevention contractors to train others in interventions and on population-specific topics. DHEC and other key partners will continue to explore ways to facilitate communication among prevention

providers, to create opportunities and incentives for maintaining current or forming new partnerships, to leverage resources (staff, funds, equipment, office locations, etc) among different community organizations and agencies. DHEC will continue to offer or sponsor various training and capacity building activities for prevention providers to improve staff skills in delivering prevention programs, adapting or tailoring proven effective science-based HIV prevention interventions, providing culturally competent services, evaluating impact of services, administering/managing funds, and securing additional resources.

Many persons at greatest risk for HIV or who are HIV-infected have multiple health and social service needs. Persons living with HIV may have other co-morbid diagnoses, such as substance use, hepatitis, mental illness, or tuberculosis. Needs assessments in South Carolina consistently indicate a high likelihood for depression among persons with HIV, particularly women in rural areas, creating a need for mental health and counseling services. A significant proportion of our target populations are likely to be uninsured or underinsured and have low incomes, creating needs for supportive services such as transportation, food, housing, and/or job assistance training.

Prevention and care providers must acknowledge that a holistic, culturally competent, client-centered approach is essential to increase effectiveness of both primary and secondary prevention. A recently discharged HIV-infected inmate is not likely to keep an initial appointment with the local HIV care provider when he/she has no job to obtain food or housing, or reverts to substance use once back on the streets. Similarly, a woman in a dependent relationship with a partner prone to domestic violence is not likely to be successful in negotiating safer sex until she feels empowered to confront relationship issues.

Successfully linking a person from a prevention activity such as outreach to counseling and testing, to partner services, to HIV patient care and to additional supportive services requires many elements. An effective, active referral system is a central component for effective linkages. It is important for providers to recognize that, even though essential services exist in our state, there are systems-level, provider-level and client-level barriers that may impede successful linkages.

Systems-level barriers may include:

- Services not offered at times and/or on days that are convenient for clients;
- Appointment systems or procedures which may restrict prompt access to services;
- Service locations that are not handicap accessible or are difficult for clients to reach, particularly in more rural areas;
- Insufficient staff and resources to meet the increasing demand/need for services;
- Laws and policies regarding data-sharing which prohibit or limit sharing of data, which restricts referrals, treatment and service provision updates, thus limiting collaboration ;
- Political and/or public interaction which does not reflect understanding of HIV and other STDs and the science-based programs and approaches needed to address these epidemics;
- Lengthy approval processes for forms, contracts, and other procedural realities;
- Waiting lists for services or other resources; and/or
- Inability to meet all of a client's needs.

Provider-level barriers may include:

- Insufficient skills to effectively engage clients, inhibiting the accurate assessment of psychosocial and health needs;
- Client caseloads that are too large for service providers to manage effectively;
- Lack of knowledge of new or existing services and resources, preventing active referrals;
- The need to remain up-to-date on research and information related to HIV/AIDS, including updated care and treatment guidelines, interventions, and methodologies;
- Insufficient resources for meeting clients' needs;
- Lack of cultural competence skills, impairing effective communication with clients, their significant others and families; and/or
- Lack of foreign language skills to effectively communicate with non-English speakers.

Client-level barriers may include:

- Denial of one's HIV status;
- Other competing needs and issues, such as homelessness or dual diagnoses;
- Perceptions of wellness which delay or impede seeking HIV care and treatment;
- Lack of transportation to care and other services;
- Concerns of stigma or fear of confidentiality breaches preventing follow-through with making or keeping appointments;
- Lack of knowledge that services exist and/or how to successfully access them;
- Difficulty in navigating complex care or service systems, creating despondency or frustration with providers;
- Inability to qualify for needed services;
- Discomfort with discussions of risk behaviors and risk reduction methods; and
- Inability to adhere to recommended medication or treatment therapies.

South Carolina has developed an extensive infrastructure of linkages between prevention and HIV care services. Many services in county health departments and community health centers are integrated, making it easier for persons to receive a range of prevention services such as HIV counseling and testing, STD diagnosis and treatment, TB screening, and reproductive health services. Additionally, a number of organizations in South Carolina are lead agencies for both HIV prevention and care services, allowing for a seamless transition for persons diagnosed with HIV. Integrated services can facilitate both effectiveness and efficiency of primary and secondary prevention efforts.

Key recommendations for enhancing coordination and linkages in South Carolina are included in the highlighted box below.

Key Recommendations for Enhancing Coordination and Linkages

Provide and support ongoing opportunities for state and local HIV prevention and care providers to coordinate services through joint trainings, needs assessment activities, sponsorship of events, resource-sharing, development of evaluation plans, and continued collaboration.

Increase awareness of existing services and programs by other state and local agencies. Develop and enhance collaborative marketing strategies between such agencies and organizations as SC DHEC, DAODAS, SCDE, ASOs, CBOs, MCBOs, the SC Primary Health Care Association, the SC Campaign to Prevent Teen Pregnancy, and others partners.

Recruit participation and/or membership from diverse agencies, non-governmental and community-based organizations, institutions, providers, and consumers for the SC HIV Planning Council, including mental health and substance use prevention and treatment services agencies.

Provide training and technical assistance to prevention and care providers to ensure they have culturally competent, client-centered skills to assess the range of health and social service needs of clients in order to make appropriate referrals.

Continue and enhance training and technical assistance to prevention and care staff on client-centered counseling skills and increasing the effectiveness of referrals.

Continue to obtain input and ideas from the Consumer Advisory Committee of the SC HIV Planning Council on best approaches to increase consumer awareness of prevention and care services and the skills necessary to access, navigate, and effectively utilize programs and services.

Coordination efforts should continue among prevention and care providers to identify and decrease barriers to service linkages. Efforts should also continue to integrate training and needs assessment activities and to maximize existing resources.

Providers should explore options to enhance linkages from prevention to care services by using peers or near-peers as “bridges” to services, incentives, and seamless systems of prevention and care.