

## **HIV Prevention Community-Based Funding Overview: Updated for CY 2015**

In calendar year 2012, the Centers for Disease Control and Prevention (CDC) provided a five-year HIV prevention grant to South Carolina. DHEC received this funding and developed a Request for Applications (RFA) from the CDC grant in order to fund community-based organizations (CBOs) for targeted prevention efforts throughout South Carolina. This funding represents a new direction in HIV prevention, and is designed to achieve a higher level of impact with every federal HIV prevention dollar.

CDC's and DHEC's new approach features better population-based and geographic targeting of resources and a stronger focus on supporting the highest-impact prevention strategies. This approach embodies the commitment to [high impact HIV prevention](#) using scalable, cost-effective interventions with demonstrated potential to reduce new infections to yield a major impact on the HIV epidemic. High impact prevention is essential to achieving the HIV prevention goals of [the National HIV/AIDS Strategy](#) (NHAS) which was announced in 2010.

The purpose of the 2012 RFA was to support implementation of high impact, comprehensive HIV prevention programs to achieve maximum impact on reducing new HIV infections. The overall goals to be accomplished are reducing the number of new HIV infections, increasing access to care, improving health outcomes for people living with HIV, and promoting health equity. This will be accomplished by increasing HIV testing, linking HIV positive persons to medical care and other essential services, and increasing program monitoring and accountability. Specifically for purposes of this RFA, funds are provided in alignment with the *NHAS* to:

- A. Focus HIV prevention efforts in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing the risks of acquiring HIV.
- B. Increase targeted HIV testing in non-healthcare settings to identify undiagnosed HIV infection, with a program minimum of at least a 1.0% rate of newly identified HIV positive tests annually.
- C. Increase access to care and improve health outcomes for people living with HIV by linking them to continuous and coordinated quality care and much needed medical, prevention and social services.
- D. Expand targeted HIV prevention efforts using a combination of effective, evidence-based approaches, including delivery of integrated and coordinated behavioral and structural HIV prevention interventions.
- E. Reduce HIV-related disparities and promote health equity.

Two funding categories were offered. For "core prevention" funding, as a result of the funding awards announced in 2012 and continuing with programs funded in 2015, DHEC shifted CBOs' HIV targeted testing efforts overall to the state's priority populations as follows:

- Increased targeted testing numbers from 3,800 planned in CY2011 to 5,053 in CY2015 (a 33% increase).
- Increased testing for African American men who have sex with men (AAMSM) from 4.8% planned testing in CY2011 to 12.9% in CY2015.
- Increased testing for white MSM from 11.5% in CY2011 to 12.6% in CY2015.
- Increase testing to AAMSM and other priority populations in the areas of highest incidence and prevalence.
- Funding allocations for targeted testing account for 58% of the overall core prevention funding awards.
- Funding allocations targeted to AAMSM account for 100% of the funding for behavioral interventions to high-risk negative persons in the core prevention awards.
- Funding allocations were awarded to programs serving the 11 counties with the greatest numbers of HIV incidence and HIV prevalence cases as of CY2009-CY2010. Funding continues in 2015 to those counties which continue to have the greatest incidence and prevalence HIV/AIDS numbers.

The second funding category was for a demonstration project which provided awards totaling \$455,000 to community-based programs. They were all targeted towards prevention with positives in the framework of linkages to and retention in continuum of care programs in the seven areas of South Carolina with the greatest numbers of HIV/AIDS prevalence. Funding continues through December 2015 when the project closes.

**DHEC-Funded Community-Based HIV Prevention Program Models by Organization  
CY2015 – Funded By CDC Grant PS12-1201**

<b>Organization</b>	<b>Funded Program Models**</b>
<b>ACCESS Network, Inc.</b> <i>(Beaufort*, Colleton, Hampton, Jasper)</i>	Targeted HIV Testing
<b>Acercamiento Hispano/Hispanic Outreach</b> <i>(Aiken, Kershaw, Lexington*, Newberry, Richland*, Saluda, Sumter*)</i>	Targeted HIV Testing
<b>AID Upstate, Inc.</b> <i>(Anderson, Greenville*, Greenwood, Laurens, Oconee, Pickens, Spartanburg*)</i>	Targeted HIV Testing Healthy Relationships WILLOW Many Men, Many Voices Antiretroviral Treatment and Access to Services (ARTAS) Linkages to and Retention in Care for persons living with HIV/AIDS
<b>CARETEAM, Inc.</b> <i>(Georgetown, Horry*, Williamsburg)</i>	Targeted HIV Testing Antiretroviral Treatment and Access to Services (ARTAS) Linkages to and Retention in Care for persons living with HIV/AIDS
<b>Catawba Care</b> <i>(Chester, Lancaster, York*)</i>	Targeted HIV Testing Many Men, Many Voices Antiretroviral Treatment and Access to Services (ARTAS) Linkages to and Retention in Care for persons living with HIV/AIDS
<b>HopeHealth</b> <i>(Bamberg, Calhoun, Darlington, Florence*, Marion, Marlboro, Orangeburg*)</i>	Targeted HIV Testing Healthy Relationships Antiretroviral Treatment and Access to Services (ARTAS) Linkages to and Retention in Care for persons living with HIV/AIDS
<b>Lowcountry AIDS Services</b> <i>(Berkeley, Charleston*, and Dorchester)</i>	Targeted HIV Testing Healthy Relationships WILLOW Many Men, Many Voices Antiretroviral Treatment and Access to Services (ARTAS) Linkages to and Retention in Care for persons living with HIV/AIDS
<b>PALSS</b> <i>(Fairfield, Kershaw, Lexington*, Newberry, Richland*, Sumter*)</i>	Targeted HIV Testing Healthy Relationships Antiretroviral Treatment and Access to Services (ARTAS) Linkages to and Retention in Care for persons living with HIV/AIDS
<b>SCHAC</b> <i>(Kershaw, Lee, Lexington*, Richland*, Sumter*)</i>	Targeted HIV Testing Healthy Relationships Many Men, Many Voices Antiretroviral Treatment and Access to Services (ARTAS) Linkages to and Retention in Care for persons living with HIV/AIDS
<b>USC School of Medicine</b> <i>(Midlands area*)</i>	Comprehensive Risk Counseling and Services (CRCS)

<b>Expanded HIV Testing – Clinical Grantee Program Sites</b>
<b>Care South Innovations</b> <i>(Pee Dee area*)</i>
<b>Eau Claire Cooperative</b> <i>(Midlands area*)</i>
<b>Fetter Health Care Network</b> <i>(Charleston area*)</i>
<b>Greenville Hospital System –Greenville Memorial Hospital</b> <i>(Greenville*)</i>
<b>Medical University of South Carolina (MUSC)</b> <i>(Charleston area*)</i>
<b>Sumter Family Health Center</b> <i>(Sumter*)</i>

\*Indicates counties that are among the top 11 in South Carolina for the number of recent (in CY 2012 – CY 2013), newly-identified HIV infections and the number of persons living with HIV/AIDS

\*\*All community-based, nonclinical grantees also provide targeted condom distribution programs.

**DHEC Health Department-Based HIV Prevention Program Models By Region  
CY2015 – Funded By CDC Grant PS12-1201**

<b>DHEC Region w/Counties</b>	<b>Funded Program Models</b>
<p><b>Upstate:</b></p> <p><i>Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union</i></p>	<p>Routine, Opt-Out HIV Testing Partner Services (PS) Antiretroviral Treatment and Access to Services (ARTAS) Comprehensive Risk Counseling and Services (CRCS) Prevention Counseling Condom Distribution</p>
<p><b>Midlands:</b></p> <p><i>Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York</i></p>	<p>Routine, Opt-Out HIV Testing Partner Services (PS) Antiretroviral Treatment and Access to Services (ARTAS) Comprehensive Risk Counseling and Services (CRCS) Prevention Counseling Condom Distribution</p>
<p><b>Pee Dee:</b></p> <p><i>Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg</i></p>	<p>Routine, Opt-Out HIV Testing Partner Services (PS) Antiretroviral Treatment and Access to Services (ARTAS) Comprehensive Risk Counseling and Services (CRCS) Prevention Counseling Condom Distribution</p>
<p><b>Lowcountry:</b></p> <p><i>Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg</i></p>	<p>Routine, Opt-Out HIV Testing Partner Services (PS) Antiretroviral Treatment and Access to Services (ARTAS) Comprehensive Risk Counseling and Services (CRCS) Prevention Counseling Condom Distribution</p>