"Success Stories from the US South"

The Evolving Case of South Carolina:

Leveraging RW & Other Resources to Improve Linkage to and Retention in Care

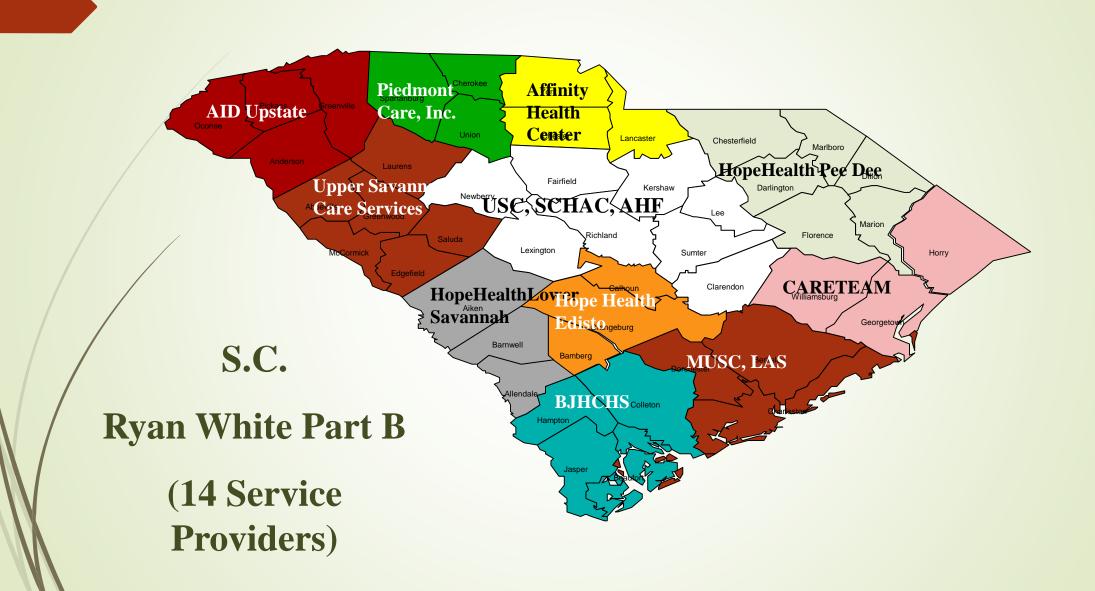
Collaborative & Coordinated Strategies

RW/ADAP

- RW & ADAP (Care, Treatment and Medications):
 - Needs Assessment, Contracts & plans
 - Insurance
 - Housing
 - Transpiration
 - Onboarding & related Technical Assistance
 - Monitoring, Data & Evaluation
 - Specialized Medical Case Management
 - Outreach
 - Continuous Quality Assurance
 - Website
 - > Other
- Data to Care

COMPLEMENTARY

- Integrated HIV planning
- HIV Testing and Linkage
- HIV Prevention Evidence Based Interventions (EBIs)
- STD and Partner Services
- Social Work
- Nursing and Clinical Support
- STD/HIV Hotline



The Backbone of the SC RW/ADAP Program

RW Part B Team

- Leigh Oden (Program Manager = 4):
 - Contracts/Fiscal, Grants
- Christal Davis (RW/ADAP Solutions and Innovations Manager)
- Tangee Thomas (Program Service Manager = 6):
 - Quality Assurance, SMCM, Outreach, monitoring & evaluation, Site visits, TA and Capacity Building Assistance, etc.

ADAP Team

- Roshan McDaniel (Program Manager = 10):
 - Program contracts and plans, coordination, enrollments, benefits management, data & evaluation, site visits and contract monitoring, TA and Capacity Building Assistance (CBA), etc.

Data, Systems Analysis, Program Support & Evaluation

Specialized Medical Case Management

Outreach

Quality Assurance

Enrollment, Benefits Management, Peer Advocacy & Support

Surveillance & Data to Care

HIV Testing & Linkage to Care, Partner Services, Social Work & Nursing/clinical Support



Outreach Workforce Summary: South Carolina (September 2017)

Funding Sources for Outreach Staff	# of Outreach Staff Funded	# of Staff Hired (excluding vacancies)
ADAP Rebates	33	28
Ryan White Part B	3	2
Minority AIDS Initiative (MAI)	4	3
Public Health Workforce (Funded by ADAP Rebates)	8	4
Total	45	37

- □ ADAP funded (formerly NHAS): This includes Outreach Specialists and Specialized Medical Case Managers.
- RW-B funded: This includes staff that were hired/in place at agencies that did not qualify for ADAP funded staff but use RW-B funds for Outreach Specialists.
- RW-B MAI funded: These Outreach staff were in place already under RW-B MAI. Their focus has shifted to the jails within their service areas, which covers 50% of jails in the state. RW-B MAI Outreach also includes the long-standing statewide Prison Discharge Planning Program (1 FTE).
- □ **Public Health Workforce**: These are newly hired health department employees who conduct outreach to PLWH who have never been linked to a RW care provider. (i.e., no RW provider will be looking for them without this workforce in place).

Above is a summary of combined workforce, including those funded from ADAP Rebates Workforce Expansion. The South Carolina **Workforce Expansion for PLWH** not in care includes: Outreach, Specialized Medical Case Management, and Data to Care.

Central Office Program and Complementary Support Personnel

laboratior Coordination **DIVISION STAFF = 50**

Communication

RWPB = **16.5**

ADAP = 10.5

Testing & Linkage (coordination) = 4

HIV Planning Council = 4

Surveillance & Tech. Support = 16

Partner Services ≈ 15

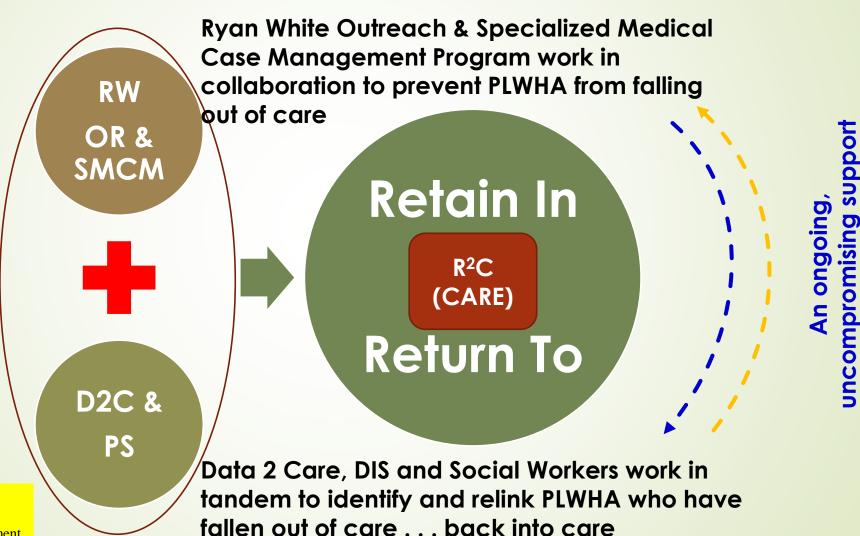
Clinical Support ≈ 12

Planning

Funded RW/ADAP Programs: 14

Funded HIV Prevention Programs: 11

A Triangulated Framework for Retention in Care



D2C = Data to Care

OR = Outreach

SMCM = Specialized Medical Case Management

PS = Partner Services

 $\mathbf{R}^2\mathbf{C}$ = Retention/Return to Care

Retention in Care Support System

- Ryan White Part B:
 - Outreach
 - Specialized Medical Case Management
- ADAP (Sustained med support, adherence, Relink!)
- Data to Care (Relink!)
- HIV Prevention (Test, Timely Linkage, EBIs)
- Hepatitis C (co-counseling and [re]referrals for [re]linkage; meds)
- STD and Partner Services (Referrals, [re]Linkage)
- Social Work ([re]referrals, [re]Linkage)
- Nursing and Clinical ([re]referrals, [re]Linkage)

- HIV Planning Council:
 - Coordinated Needs Assessment
 - Integrated SC HAS Plan
- Surveillance & Technical Support:
 - Surveillance Data
 - Molecular HIV Surveillance Data
- Data and Evaluation
 - Provide Enterprise monitoring, evaluation, analysis and reports
- CBA and TA:
 - In-house, Local, National
- QUALITY ASSURANCE, MONITORING & FEEDBACK!

<u>Leadership Support & Buy-in | Community and Patient Support & Buy-in</u>

PoV² The Cogs That Move Our Efforts

A Disparate but Interwoven SYSTEM of Interconnected and Interacting Systems!

A robust system of contracted community, Health Care Organizations,, and academic clinical partners that continually work together and with the Program to sustain quality, efficiency and effectiveness! Local **Planning SCDHEC** (Program) Planning Statewide Planning & a robust & **Sustained** Federal (HRSA) **Support System!**

A centralized RW-ADAP program, with full systematic and proactive leadership support and buy-in, with core staff that is dedicated, experienced, highly trained and motivated!

An Integrated HIV Prevention Council made up of a statewide process, with assurances for parity, inclusion & representation of the infected, affected, interested and concerned + HRSA Support!

Contact Info

Thank You!

For further information, please contact:

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