South Carolina
CDC-PS19-1906

Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

Snapshot/Summary Documents

South Carolina Department of Health and Environmental Control
December 30, 2019

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2019 EHE Community Engagement Activities

An "Ending the HIV Epidemic (EHE) Statewide Workgroup" to develop a plan towards EHE was formed in 2018. The workgroup, part of the state's overarching "Ending the Epidemics (EtE) Workgroup", works closely with the SC HIV Planning Council (SC HPC). The EHE Statewide Workgroup consists of a wide range of stakeholders, including People Living with HIV (PLWH), DHEC's Community Liaison, SC HPC members, and representatives from federally qualified health centers (FQHCs), community-based organizations (CBOs), AIDS service organizations (ASOs), and Ryan White service providers. All SC HPC members have been routinely invited to and will continue to participate in EHE Statewide Workgroup meetings to hear about and contribute to local and statewide collaborative updates. The proposed EHE Regional Planning Coordinators will also become part of the Statewide Workgroup, and lead coordination of efforts within their respective regions.

A small, more in-depth steering committee was birthed from the Statewide Workgroup. This steering committee along with the SC HPC DHEC Community Co-Chair worked with Capacity 4 Health for more than a year (February 2018 – March of 2019.) Their efforts focused on identifying ways to best work together and to successfully navigate different thoughts, opinions and ideas into successful alignment that could produce meaningful strategies to navigate a statewide work group. A two-day retreat was held to work together in-person in October 2018. A main goal of the steering committee was to set a foundation for the EHE efforts and to share this with the statewide work group for input and further direction.

At the beginning of 2019, an EHE Community Advocate was hired. Already a part of the original steering committee, the community advocate was able to expand upon already extensive EHE efforts. The steering committee continued to focus on specific EHE activities, including the vision, mission, and goals and objectives of the plan. The 12-member steering committee (see attachment) shared the foundation of South Carolina's EHE initiative during the August 6, 2019 combined SC HPC and EHE Meeting. The purpose of this meeting was to gain feedback, input, and direction on the presented vision, goals and objectives of the initiative. At that juncture, workgroup members were also given the opportunity to note, based on interest and other factors, which of the various committee(s) they would like to continuously serve on, more in-depth. The meeting of these two planning bodies was a success as attendees and participants left feeling included, that their voices were heard, that their input was important and needed, and they were motivated to continue being a part of the EHE efforts moving forward. Parity, inclusion and representation was at the forefront during the planning and implementation of this major meeting of many community stakeholders.

While progress was being made by the Steering Committee and Statewide Work Group, Mayors Steve Benjamin and John Tecklenburg both signed the Paris Declaration, declaring, respectively, Columbia and Charleston as Fast-Track Cities. Mayor Benjamin signed in February of 2019 and Mayor Tecklenburg signed in June of 2019.

EHE efforts, updates and presentations were shared on a continual basis, by the Steering Committee members and Statewide Work Group members, at several meetings held throughout

the state. Some of these meetings were with the SC HPC, the Statewide Viral Hepatitis Committee, the regional SHAPE community members' events, DHEC's STDHIV/Viral Hepatitis Division staff and the DHEC STD/HIV/VH prevention team. Presentations were also made at local and state conferences to include the "Women's Summit" (for women living with HIV in South Carolina) and the SC HIV/STD/Viral Hepatitis Conference.

In the future, regular EHE Statewide Workgroup meetings will be held quarterly. Additionally, subcommittees will meet regularly via conference calls, online meetings, and/or in-person to discuss findings, issues and to reiteratively provide and receive community participatory feedback.

Ending the HIV Epidemic

2019 Activities

Milestone/Activity	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Garner support/collaboration/partnerships and statewide work group members for the EHE efforts	+	+	+	+	+	+	+	+	+	+	+	+
EHE Community Advocate Hired	**X**											
Mayor Steve Benjamin signed the Paris Declaration, declaring Columbia a Fast-Track City		**X**										
Steering Committee continued working with Capacity 4 Health	+	+	+									
Steering Committee conference calls and in-person meetings		+	+		+	+		+		+		
Steering Committee completed foundation work of identifying vision and preliminary goals and objectives of the EHE efforts					**X**							
Mayor John Tecklenburg signed the Paris Declaration, declaring Charleston a Fast-Track City						**X**						
Combined SC HPC and EHE Meeting to present Steering Committee's foundation work, Vision and Goals and Objectives, to gain feedback								**X**				
SC HPC Meetings to include EHE Updates (and opportunities to gain feedback/support)				+		+				+		+
Richland/Lexington County S.H.A.P.E. Initiative Meetings (with an in-depth presentation and focus on the SC EHE Campaign)				+						+		
EHE Presentation at Statewide Viral Hepatitis Meeting and SC HIV/STD/Viral Hepatitis Conference		**X**								**X**		
Sharing Planning Funding update with all stakeholders										+	+	

LEGEND: + = Continuous activity x = milestone

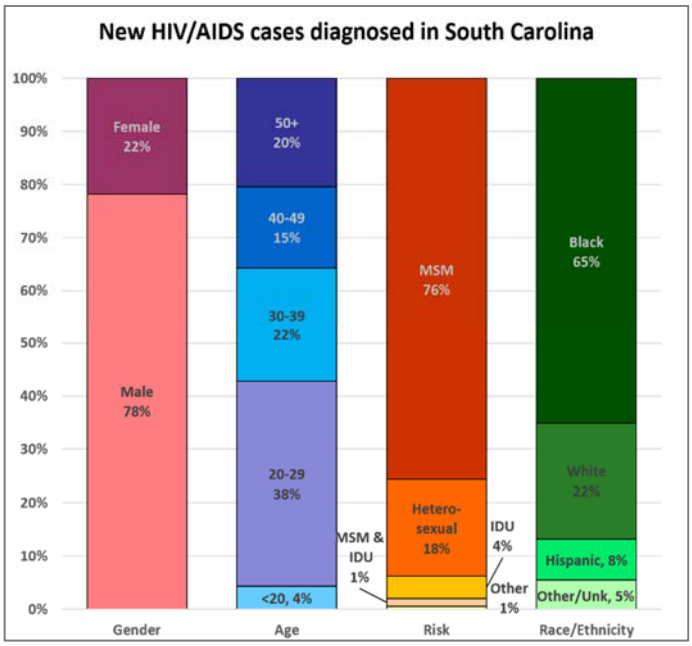
Fact Sheet

South Carolina Department of Health and Environmental Control – www.scdhec.gov

2019 HIV/AIDS summary: South Carolina

New HIV infections (including AIDS cases), 2017-2018

HIV in S.C. For the two-year period 2017-2018, 1,546 people were newly diagnosed with HIV in S.C. which is slightly higher than the 1,520 diagnosed in 2016-2017.



By gender, 77 percent of new HIV/AIDS cases occur among men; 23 percent were among women.

By age, the majority (39 percent) of new HIV/AIDS cases were among people ages 20-29, 22 percent were among people age 30-39, 18 percent were among people age 40-49, and 17 percent were age 50 and up. Four percent of new cases were under the age of 20.

By risk, among the 1,038 people with a reported risk, men who have sex with men (MSM) represent the largest proportion (77 percent) of newly diagnosed; followed by 18 percent indicating heterosexual sex (men who have sex with women / women who have sex with men) as their exposure to HIV. Thirty-one people (three percent of total with reported risk) were infected through injecting drug use (IDU). Of the people who reported a risk, one percent indicated the combined risks of MSM and IDU.

By race/ethnicity, among people newly diagnosed with HIV/AIDS in S.C., 62 percent were African-American; 23 percent were white; eight percent were Hispanic. In 2017-2018, African-Americans had a case rate 2.7 times greater than whites in S.C.

Among women recently diagnosed with HIV/AIDS in S.C., most were African-American (67 percent); 21 percent were white; six percent were Hispanic. Of the 148 women reporting risk, 92 percent indicated heterosexual sex as their exposure to HIV and seven percent reported injecting drug use.

Among men recently diagnosed in S.C., 60 percent were African-American; 23 percent were white; and nine percent were Hispanic. Of the 890 men reporting risk, 90 percent were men who have sex with men, six percent were exposed through heterosexual sex; two percent reported injecting drug use; and two percent were both men who have sex with men and injecting drug users.

Total People Living with HIV/AIDS through December 2018

As of December 2018, there were 20,166 residents of South Carolina living with a diagnosis of HIV (including AIDS). Of these, 14,402 were men and 5,764 were women. Most people (9,925) were ages 50 and over; 4,352 were ages 40-49; 3,512 were ages 30-39; 2,208 were ages 20-29; and 169 were children and teens under 20 years of age.

Similar to new infections, African-Americans are disproportionately impacted. Most of the people living with HIV in S.C. were African-American men (47 percent), 23 percent were African-American women, 20 percent were white men and five percent were white women. Five percent of people living with HIV were Hispanic/Latino (men & women).

Of the 15,912 people living with HIV who reported a risk, 55 percent reported a risk of men who have sex with men; followed by men and women exposed through heterosexual sex (30 percent); injecting drug use (nine percent); and four percent the combined risk of men who have sex with men and injecting drug use.

S.C. HIV Prevention Program Priority Populations

Care, treatment and prevention services for persons living with HIV/AIDS are a top priority for the State of South Carolina's HIV Program.

Among remaining priority populations for HIV prevention services:

S.C. HIV Prevention Program Priority Populations [1,2]	2017/2018 Diagnosed HIV/AIDS Cases by Population % of Total Cases w/Risks Identified (1,073 Total) *	People Living with HIV/AIDS, 2018 By Population % of Total Cases w/Risks Identified (16,192 Total)
2. African-American MSM	45%	32%
3. African-American WSM	8%	16%
4. African-American MSW	3%	8%
5. White MSM	18%	18%
6. IDU	3%	9%
7. ♦Hispanic/Latino [3]	11%	6%

***Caution: Due to small numbers, must interpret recent case proportions with caution.**

NOTES:

1. Populations: MSM = Men who have Sex with Men; IDU = Injecting Drug User; WSM = Women who have Sex with Men; MSW = Men who have Sex with Women.
2. Priority Populations are a subset of the Epi Profile data and are not directly comparable to incidence and prevalence counts/percentages.
3. Ethnicity, in and of itself, is not a risk factor for HIV; however, in the context of Priority Populations, Hispanic/Latino is included as a 'Risk' for reporting purposes.

Source: SCDHEC, STD/HIV Division 11/2019

For more information visit: https://www.scdhec.gov/health/infectious-diseases/hiv-aids-std-data-and-reports
or call the S.C. AIDS/STD Hotline toll free at 1-800-322-AIDS

South Carolina Situational Analysis – Snapshot Summary

In order to increase the statewide capacity to *Diagnose, Treat, Prevent and Respond* to the HIV epidemic in SC, with a view to ending it here by 2030 (as per the Plan for America, hereafter referred to as P4A), we have and plan to continue using state and federal funds to support HIV Prevention and HIV Care and Treatment efforts by health department and local partners, including community-based organizations (CBOs) and AIDS service Organizations (ASOs) through competitive processes. The overall goal is to stop new infections, identify all who are infected, link or relink and retain them in care, and achieve sustained viral suppression for at least 75% of them by 2025, and 90% by 2030. Another primary goal is the reduction of the disproportionate impact of HIV infection in racial/ethnic minority populations, and the elimination of stigma, discrimination and health disparities. These efforts use interventions that are targeted to the state's priority populations, including African American and white men who have sex with men (MSM); African American heterosexual men and women; Hispanics/Latinos; Injection drug users; and People living with HIV/AIDS, including pregnant women during their pregnancies and postpartum. Other CDC-funded services provided include Syphilis Prevention and HIV testing in nonclinical settings; routine HIV testing services in clinical settings targeted to areas with significant HIV incidence and prevalence; and "Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies" (STD AAPPS) for the purpose of strengthening STD prevention and intersectional response efforts in SC.

Some of the interventions utilized include health department-based prevention services such as HIV testing; Disease intervention and Partner (notification and cluster/outbreak response) Services; Risk reduction counseling, linkage to supportive and medical care services for persons diagnosed with HIV; molecular HIV surveillance and related response; Data to Care for the relinking of identified out-of-care PLWH back to care; and PrEP uptake and dissemination and related services for high-risk negative persons. As of 2019, 19 entities are Ryan White Part B subawardees for the care and treatment of PLWHA all over SC, covering all service areas.

Federal support of the state's HIV/AIDS care and treatment efforts include Ryan White B funding to the health department (SC DHEC) by HRSA; Housing Opportunities funding for Persons Living with AIDS (HOPWA) from HUD; and direct Ryan Parts C and D funding from HRSA to CBOs, ASOs and/or FQHCs. Some of the entities funded by SC DHEC also receive Minority AIDS Initiative (MAI) and/or Emerging Communities funds, based on HIV burdens in their respective areas of the state. The University of South Carolina, with the main campus in Columbia, SC, receives Part F-AETC funds through a subcontract with Vanderbilt University.

Other funded HIV care and treatment services include private medical services for patients with insurance (including Private Insurance, Medicaid, and Medicare); many of the services covered by Medicaid, Medicare; and private insurance are provided by Ryan White funded agencies. The Ryan White Part B ADAP program generates pharmaceutical rebates which have been used primarily to fund the provision of medication assistance to PLWH, via the AIDS Drug Assistance Program (ADAP). Additionally, the South Carolina Department of Corrections (DOC) also expends state funds for HIV and Hepatitis C testing and care and treatment services for inmates at state institutions, which now covers all inmates with HIV and/or

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Hepatitis C. Finally, State support of HIV care and prevention services continues in the form of state funding to the ADAP Direct Dispensing Program and local health department HIV testing programs.

'Meaningful' Community Engagement:

The SC Plan to End the HIV Epidemic, as part of the Plan for America, hinges primarily on meaningful community engagement, which, to us, constitutes self-perceived value for each stakeholder/stakeholder group. Guided by the principles of Parity, Inclusion and Representation, we will use this opportunity to maximize equal participation and/or representation by persons living with HIV and others affected including all interested sectors of our communities. A special emphasis will be on those previously/currently not or marginally included and/or represented. Included in this group are marginalized and hard-to-reach communities, such persons who inject drugs, minority MSM, commercial sex workers, rural residents of medically underserved areas, migrants, high risk heterosexuals, and Hispanics.

We are working with non-traditional intra- and interstate partners to partners to do things anew or differently, so to maximize our reach, engagement, identification, linking and retention of most, if not all, PLWH in our state.

In addition and in consequence to these value-laden partnerships, we are working with the University of South Carolina School of Medicine's Immunology Center, the Medical University of SC, other institutions of higher learning (with special emphasis on HBCUs), community-based organizations (with special emphasis on FQHCs and ASOs), to establish the SC Centers of Excellence for HIV, STI and Hepatitis prevention and control. The primary objective of this initiative is to serve as a clearing house of best practice and evidence strategies for the prevention and control of the aforementioned conditions and diseases. The Center will take lead on research, knowledge and skills refinement and amalgamation for easier access and informed utilization toward ending the epidemics efforts here, including and especially the HIV epidemic.

We have worked with the mayors and city governments of the two largest and most impacted cities in our state, Columbia and Charleston, and achieved Fast-Track City status for each. We have supplied baseline data to the International Association of Providers of AIDS Care (IAPAC), in Washington, DC, for Columbia's FC dashboard, which was published in December 2019. Charleston's dashboard is scheduled to be published early to mid-2020.

Also, as detailed below, we have established an EHE partnership with our northern neighboring state of North Carolina, named Carolinas United to End HIV (CUE – HIV); and a similar effort is being negotiated with our southern neighbor of Georgia.

In an extension of these meaningful engagement strategies, we plan to have an ending the epidemic coordinator in each region, who will work together with local stakeholders to ensure that the statewide plan has native saliency and localized value for residents and stakeholders in each and all communities (via equitable inclusion and/or representation.)

Thus, in addition to the plans and activities listed under the Plan for America Pillars in the attached draft plan, we plan, under respective Pillars, to be "disruptively" innovative, viz:

Pillar One: Diagnose

- Providing routine HIV testing at non-traditional sites, including but not limited to hospital emergency rooms, pharmacies located within and and/or near high -risk populations and neighborhoods, jails and detention centers, private provider clinics (especially those who serve high risk populations), etc. A contract is being developed with Walgreens Pharmacy to begin testing at selected locations around the state, a replication of a successful strategy implemented in VA and elsewhere. We are also in the final stages of an MOU with the SC Department of Corrections (DOC) for the testing and treatment off inmates, as well as a discharge program intended to ensure the linkage of released detainees to appropriate services. Incidentally, most released inmates find themselves in one particular zip code. Other arrangements we have with DOC that we plan to expand and enhance are a prison discharge program that allows for proactive arrangement of [re]engaging released inmates in preventive and/or care services, and subcontract with the USC immunology clinic to provide HIV and Hep C testing Treatment services to inmates while incarcerated, using state funds.
- Engaging and working with our neighboring states of NC and GA to foster cross-border response and activities germane to the sharing of pertinent data for partner services and the early identification and linkage of PLWH who traverse shared borders for activities ranging from risky behaviors to service seeking. We already have an established partnership with the state of NC (i.e. Carolinas United to End HIV, or CUE-HIV), which includes the NC Department of Health; the Mecklenburg County, NC, Department of Health; the University of NC, Charlotte; the University of South Carolina; the Medical University of South Carolina; and the SC Department of Health and Environmental Control.
- Engaging non-traditional partners such as barber shops, hair and nail salons and faith-based institutions in the dissemination of facts and information about burden of HIV and viable options and tools for its prevention and treatment.

Pillar Two: Treat

Most, if not all the strategies discussed and/or alluded to under Pillar One apply here and virtually under all the other Pillars, including the planned piloting of the rapid ART with a cross section of RWB subawardees via expected HRSA EHE funding, inter alia. We are also in the process of finalizing an update to our data sharing regulation, which will allow us to more freely exchange PLWH information with appropriate providers to enable timelier relinkage to care (D2C), partner services, and outbreak and cluster response. Under this Pillar, we also hope to enhance the work we do with our neighboring states to facilitate timelier and routine cross-border partners services activities, as well as the sharing of pertinent data to maximize the timely [re]linkage of affected PLWH to care. Additionally, plans are underway to make SC a U=U state, the goal of which is to reinforce the strategies of early diagnosis, rapid linkage, retention/relinkage, adherence and sustained viral suppression for 100% of PLWH in SC.

Another innovative strategy is the pilot testing of the Positive Links, which is a "clinic-centered engagement in care program that employs a tailored smartphone app with a private digital social support community to help people living with HIV reach their care goals," with one of our subawardees. Successfully implementation of the pilot, as hypothesized, will lead to statewide adoption and routine use by all subawardees.

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Pillar Three: Prevent

In addition to the strategies listed under this Pillar in the attached draft plan, we will be conducting a pilot health department TelePrEP (medicine) in the Lowcountry Region, which is headquartered by Charleston, the second most impacted city and county in the state. We are currently implementing the community PrEP model, which limits our capacity to reach the most high-risk negatives in our state. Hypothesized to be a success, implementation of the HD model would enable us to prescribe PrEP to all clients who daily visit HD clinics all over the state, which constitutes a considerable proportion of all such clients.

For the first time, the STD/HIV Division has an APRN, or Nurse Practitioner, whose job duties are primarily to help increase PrEP uptake, dissemination and sustainability in the state. She is working with both clinical and non-clinical partners to make this possible.

Additional, condom distribution is planned to be expanded to all the 'new' or non-traditional HD partners, including ERs, pharmacy locations and community hot spots.

Pillar Four: Respond

One of the primary reasons for the CUE-HIV, and the impending partnership with the GA HIV Prevention and Control program, is to facilitate proactive co-analysis molecular HIV data, and jointly plan, implement and evaluate cross-border responses. We will also benefit from the use of regular surveillance and data to care information for outbreak and other indicated responses.

Similarly, all the above-mentioned meaningful engagements are planned to be proactively applied under this Pillar, as needed. Complementary, we are strengthening our Data to care and Ryan White outreach programs with the infusion of DIS personnel to form strike teams that will be ready for sudden deployment to areas of the state that may need immediate and urgent services to respond to outbreaks, clusters and/or other emergent prevention, care and treatment needs.

In summary, our planning efforts are on track to have the most meaningful or value-laden engagement of stakeholders across and from sectors of out communities, ensuring equitable inclusion and/or representation of each and all into the planning and decision making processes to inform our resource generation, acquisition and allocation process for the prevention and control of HIV in SC, including and especially Ending the HIV Epidemic here, as an integral part of the Plan for America: Ending the HIV Epidemic.

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South Carolina
CDC-PS19-1906

Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

Draft Plan Summary

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South Carolina Department of Health and Environmental Control
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Pillar One: Diagnose

Goal: To diagnose all people living with HIV as early as possible
To increase the percentage of South Carolinians living with HIV who know their sero-status

Key Activities and Strategies:

1) Use available data and existing research to identify communities experiencing HIV-related health disparities within South Carolina

2) Intensify prevention efforts in communities where HIV is most prevalent
- Increase access to testing
  - Rapid HIV Testing
  - Free and/or low-cost testing
- Increase acceptability of testing
  - Education
  - Marketing

3) Increase HIV testing among clinical and nonclinical providers
- Promote and increase routine testing
  - Locations

4) Increase HIV testing among Young Men who have Sex with Men, ages 18-29, and other targeted populations

5) Intensify services inclusive of HIV testing for partners of those infected
- Reduce late testing by implementing and/or enhancing high risk partner services at Ryan White (RW) sites including HIV testing and referral of partners to high risk interventions
- Reduce late testing by implementing and/or enhancing Early Intervention Services (EIS) at RW sites
- Increase recruitment and outreach to partners by DHEC Disease Intervention Specialist (DIS) Staff

6) Develop an education and marketing campaign for the general public and medical providers

Key Partners: DHEC, community-based organizations, primary care providers, community members, clinics, priority populations, high-risk negatives, Ryan White providers, partners of People Living with HIV (PLWH), targeted populations, media professionals, hospitals, FQHCs, correctional facilities

Potential Funding Resources: CDC HIV grants, SAMHSA grants (received by DAODAS, the State's drug abuse authority), HRSA HIV Services "Outreach" funds, State appropriations

HIV Workforce: Community-based organizations, DHEC clinics, primary care providers, FQHCs, hospitals, Ryan White care and treatment services

Estimated Funding Allocation: TBD

Outcomes: To increase the percentage of South Carolinians living with HIV who know their sero-status from 84% to at least 90% by 2025.

Monitoring Data Source: Estimates provided annually by CDC for each state.

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Pillar Two: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression
To increase access to care and improve health outcomes for People Living with HIV (PLWH)

Key Activities and Strategies:

1) Establish seamless systems to link people to care immediately after HIV diagnosis
- Linkage-to-care navigation
- Rapid/Rapid Testing

2) Develop strategies to support enhanced linkage to care services

3) Promote Rapid ART adoption with providers
- Academic detailing

4) Decrease the percentage of previously diagnosed PLWH not in care
- Data-To-Care Program
  - Monitor clients from initial encounter to viral suppression
  - Increase in the percentage of clients linked/reengaged to care through Data-to-Care initiative
- Implementation of expanded Ryan White outreach services
- Expanding Medical Case Management (MCM) services
- Train providers in cultural competency, cultural humility, and cultural awareness
  - Develop a patient-centered culture
    "Patient and Family Experience" training
    Communication options
- Provide public health strategies for medication adherence
  - Increase annually the number of PLWH who receive medication adherence strategies
  - Increase opportunities for providers to be trained in medication adherence strategies

Key Partners: PLWH**,** DHEC, community-based organizations, primary care providers, Ryan White providers, clinical providers, HIV providers, hospitals, FQHCs, correctional facilities, AIDS Education and Training Centers (AETCs)

HIV Workforce: DHEC, Primary care providers, Ryan White providers, clinical providers, HIV providers, hospitals, FQHCs, community-based organizations

Potential Funding Resources: HRSA, CDC, State appropriations

Estimated Funding Allocation: TBD

Outcomes:

Increase the percentage of newly HIV diagnosed persons linked to HIV medical care within one month of their diagnosis from 86% to at least 90% by 2025.

Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care from 77.5% to at least 90% by 2025.

Increase the percentage of persons with diagnosed HIV infection who are virally suppressed from 66% to at least 75% by 2025.

Monitoring Data Source: eHARS

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Pillar Three: Prevent

Goal: Prevent new HIV transmissions by using proven interventions

Key Activities and Strategies:

1) Expand access to, and supportive services for, pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
- Increase awareness of PrEP and nPEP via a combination of capacity-building, provider training, community education and print/social media sources
- Increase the number of providers distributing PrEP and nPEP
  - Academic detailing
  - Technical assistance
  - Telehealth
- Increase the number of priority populations receiving PrEP and nPEP
  - Navigators
  - Marketing
  - Costs
  - Sex Education
- Track PrEP uptake and Impact
  - Prescription Tracking

2) Utilize and enhance surveillance resources and systems, with guidance from CDC, to monitor infection rates of target populations (YMSM, transgender persons) to direct evidence-based interventions

3) Expand and intensify efforts to prevent HIV, in communities where HIV is most prevalent, using CDC recommended effective, evidence-based interventions
- Increase annually the number of African American MSM who receive evidence-based interventions
- Increase annually the number of African American MSM who receive counseling and treatment for PrEP
- Increase annually the number of PLWH who receive evidence-based interventions
- Increase annually the number of PLWH (sero-discordant or HIV status unknown partners) who receive counseling and treatment for PrEP

4) Expand efforts to prevent HIV using structural interventions
- Increase the number of condom distribution sites within high prevalence communities
- Increase the number of condoms distributed to PLWH and those most at-risk for acquiring HIV

5) Combat Stigma
- Develop an education and marketing campaign for the general public and medical providers
  - U=U Campaign
- Inclusion of policy makers and law enforcement in addressing discrimination and criminalization of HIV
  - U=U Campaign

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- Inclusion of marginalized and vulnerable populations (women, homeless, sex workers, people who use drugs, MSM, transgender people, survivors of sexual assault and intimate partner violence) in developing and implementing strategies
- Engage/Re-engage communities of faith

Key Partners: CDC**,** DHEC, community-based organizations, primary care providers, Ryan White providers, clinical providers, HIV providers, hospitals, FQHCs, correctional facilities, AIDS Education and Training Centers (AETCs), media professionals, partners of PLWH, high-risk negatives, MSM, policy makers, law enforcement, non-traditional stakeholders, etc.

HIV Workforce: DHEC, community-based organizations, primary care providers, Ryan White providers, clinical providers, HIV providers, hospitals, FQHCs, AETCs

Potential Funding Resources: CDC, HRSA, State appropriations

Estimated Funding Allocation: TBD

Outcome: Reduce the number of new diagnoses in South Carolina by 75% by 2025.

Monitoring Data Source: eHARS; DHEC grantees' programmatic reports

Pillar Four: Respond

Goal: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Key Activities and Strategies:

1) Implement and evaluate systems to rapidly detect and respond to emerging clusters of HIV infection to further reduce new transmissions through biomedical and behavioral interventions that target the sexual and substance use networks where outbreaks are occurring

2) To improve and expand data systems to enhance services and care
- Using surveillance system to identify transmission networks
  - Use fourth generation testing to identify HIV subgroups
  - Increase targeted testing in at-risk areas using fourth generation testing after HIV sub-groups are identified
  - Expand the use of DHEC surveillance data to determine community viral loads through geocoding/mapping

3) Improve Electronic Case Reporting

Key Partners: DHEC, community-based organizations, primary care providers, Ryan White providers

HIV Workforce: All key partners noted above.

Potential Funding Resources: CDC, State appropriations

Estimated Funding Allocation: TBD

Outcomes: TBD

Monitoring Data Source: Molecular cluster analysis, testing records to review characteristics of populations tested

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South Carolina's Planned Process for Concurrence

From the start of this planning process, an overriding priority is to actively involve multiple levels of stakeholders. This includes substantial consumer input and monitoring. Therefore, guidance from the S.C. HIV Planning Council (HPC) is imperative, as approximately 50% of the HPC membership consist of persons living with HIV (PLWH.) Additionally, input from participants at the standing, Ryan White "All Parts" meetings and other meetings will be important as they include executive directors, medical case managers, peer navigators and prevention providers. The planning process will also incorporate input from other HIV federal and state-funded prevention and care partners in South Carolina. As detailed below, regional forums will be integral to engaging new "voices", beyond HPC members and Ryan White providers, into the planning process.

The HPC will have a combined meeting with the Ryan White "All Parts" providers in January 2020 to inform participants about the planning process, timeline and the pathway towards concurrence. Everyone will be encouraged to participate in future regional and state-level forums/meetings. Regional forums, to include nontraditional stakeholders, will be organized in a series. The final forum in each region will serve as a feedback meeting to share and confirm findings from the earlier forums. As needed, findings will be revised based upon the feedback in each final forum. Each region's summary findings will be integrated into the final, state plan that will incorporate regional and state-level forums' findings.

The HPC will continue to meet in the Spring of 2020 and receive updates from the forums. By mid-summer the draft plan will be released to the HPC and to the DHEC website for a "comments" period. Following this period, the feedback will be incorporated, as needed, into a revised, final plan. The HPC will meet in late August or early September 2020 to conduct the vote for concurrence. The goal throughout the entire process is that the vote for concurrence will occur smoothly and without debate based upon full opportunities for feedback throughout the year.