South Carolina
Housing Opportunities for Persons with AIDS (HOPWA) Program
FY 2014 Annual Action Plan
December 30, 2013

HOPWA Program Abstract

The STD/HIV Division of the South Carolina Department of Health and Environmental Control (DHEC) is the South Carolina applicant for the FY 2014 Housing Opportunities for Persons With AIDS (HOPWA) formula grant and proposes the following activities: 1) Short-Term Rent, Mortgage and Utility Assistance (STRMU); 2) Supportive Services; 3) Permanent Housing Placement; 4) Tenant Based Rental Assistance (TBRA); and 5) Operating Costs. During FY 2014, the South Carolina HOPWA program will fund the following counties: Chester, Lancaster, Oconee, Union, Abbeville, Greenwood, McCormick, Barnwell, Allendale, Hampton, Colleton, Jasper, Beaufort, Chesterfield, Marlboro, Darlington, Florence, Dillon, Marion, Williamsburg, Horry, Georgetown, Bamberg, Orangeburg, Lee, Sumter, Clarendon, Newberry, Anderson, Spartanburg and Cherokee. The level of funding for FY 2014 is estimated $1,406,850. The following amounts are estimated allocations to these programs:

1) Short-term Rent, Mortgage and Utility	$ 158,421
2) Supportive Services	$ 620,595
3) Permanent Housing Placement Services	$ 30,487
3) Tenant Based Rental Assistance	$ 497,973
4) Operating Costs	$ 100,000
5) Sponsor Administrative Expenses	$ 82,754
6) Grantee Administrative Expenses	$ 42,090
Total Award	$1,532,320
	(this includes $125,470, of old year money)

During FY 2014 state HOPWA funds are expected to provide approximately 230 eligible persons with STRMU assistance, and 850 eligible persons will receive supportive services either with or without associated housing assistance. Permanent Housing Placement Services are expected to be provided to 40 clients. It is estimated that over 120 persons will receive tenant based rental assistance. A supportive housing facility will be supported to provide housing and services to approximately 10 at risk clients. The focus on long-term housing is a response to the changing HIV epidemic and assessment/prioritization of permanent housing in South Carolina. Due to changes in the HIV epidemic and thus the needs of PLWHA (Persons Living With HIV/AIDS), a decrease in the number of persons served with STRMU and an increase in the number of individuals receiving TBRA has occurred. This trend is expected to continue.

PROGRAM PLAN

1. Statement of Need

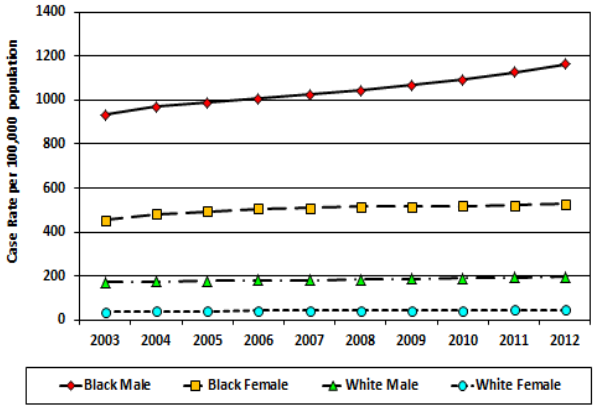
a. The HIV Epidemic

According to the SC Epidemiological Profile, during 2011, South Carolina ranked 8th among states, the District of Columbia, and U.S. dependent areas with an AIDS case rate of 13.7 per 100,000 population. The epidemic is continuing to grow in South Carolina with an average of 59 cases of HIV infection reported each month during the past year. The number of people living with HIV/AIDS at the end of each year has increased 32 percent from 2003 to 2012.

The SC Epi Profile includes only persons diagnosed in South Carolina when calculating prevalence, and therefore report approximately 15,294 persons to be living with HIV (including AIDS) who are residents of SC; while calculations using current residence estimate approximately 17,394 persons living with HIV/AIDS in SC. *Note: S.C.'s Epi Profile data used for Figures 1 – 7 analyzes HIV disease trends using the total of HIV cases including persons with AIDS.*

Figure 1 shows the number of persons living with HIV disease (including AIDS) by race and gender. The data source for the narrative summary below is S.C. eHARS , SCDHEC. All data are provisional.

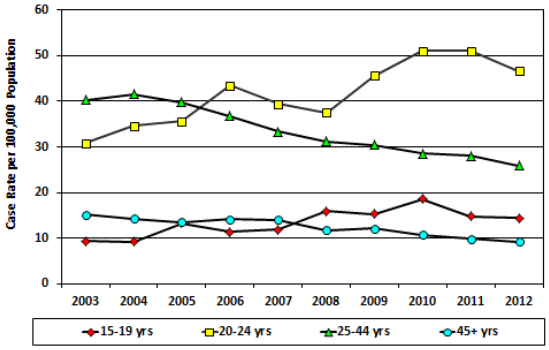
Figure 1: S.C. HIV/AIDS prevalence rates by race/gender, 2003-2012



African Americans continue to be disproportionately impacted with HIV, especially African American men. African Americans comprise 28 percent of the state's total population, yet 72 percent of the total people living with HIV are African-American. Approximately three of four persons living with HIV/AIDS and newly reported with AIDS are African American, and about 17.8% of newly reported AIDS cases are white/Caucasian. Over three percent (3.2%) of persons living with HIV are Hispanic, slightly lower than new (incident) AIDS cases (4.7%).

Figure 2, from SC Epi Profile data, compares the case rates by age and by year of diagnosis. Since 2009, the rate for people 20-24 years of age has been consistently higher than any other age group and is continuing to grow; the rate for people age 20-24 in 2012 decreased eight percent compared to 2011's rate; however, the rate for 2012 is 25 percent higher than the rate in 2008. Conversely, since 2003, the rate for those 25-44 years of age has been steadily decreasing; the rate for people age 25-44 decreased seven percent compared to 2011 and 16 percent compared to 2008. The rate for people 15-24 years of age, after a sharp increase in 2011, has dropped to below 2008's rate.

Figure 2: S.C. HIV/AIDS Incidence case rate by year of diagnosis and age, 2003-2012



Figures 3 & 4 below compare the numbers of recently diagnosed cases of HIV (including AIDS) in South Carolina during 2011 and 2012. Looking at numbers diagnosed, SC shows increases in the numbers of White men, women, and Hispanic women diagnosed with HIV/AIDS from 2011-2012. The number for African American men and women, and Hispanic men diagnosed during the same time period decreased. For the number of HIV/AIDS cases by age groups, only the 25-29 years old had an increase, all other age groups (15-19, 20-24, 30-44, and 45+) had decreases from 2011-2012.

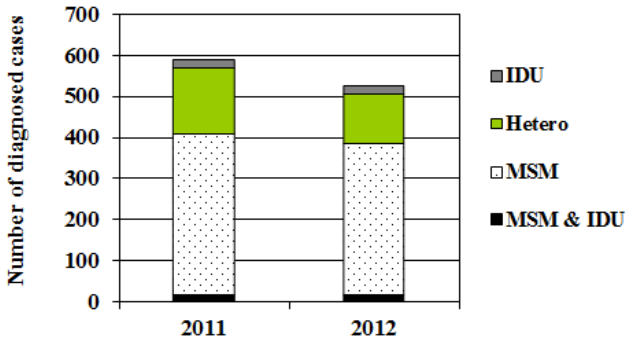
Figure 3: Number of S.C. HIV/AIDS cases by race/ethnicity/gender, diagnosed 2011-2012

Race/Ethnicity/Gender	CY 2011	CY 2012
Black men	419	379
Black women	146	121
White men	104	131
White women	28	30
Hispanic men	38	24
Hispanic women	4	7

Figure 4: Number of S.C. HIV/AIDS cases by age, diagnosed 2011-2012

Age	CY 2011	CY 2012
15-19 years	47	44
20-24 years	175	162
25-29 years	98	99
30-44 years	238	212
45+ years	191	180

Figure 5: Number of S.C. HIV/AIDS cases by exposure category, diagnosed 2011-2012



By exposure category, the HIV/AIDS epidemic in South Carolina continues to be primarily men who have sex with men representing 38.9% of prevalent and 45% of incident cases among persons with reported risk, and heterosexual risk about 25.4% of prevalent HIV (not AIDS), 30.3% of AIDS prevalence, and 24% of AIDS incident cases among persons with reported risk. Injecting drug use is not a major transmission category, comprising 5.6% AIDS incident cases. The combined risks of men who have sex men and injecting drug use comprised 2.9% of new diagnosed cases and 3.6% of persons living with HIV & AIDS. Comparing recently diagnosed HIV/AIDS cases by exposure category (Fig. 5), shows similar proportions for 2011 and 2012.

As noted in Figure 6 and 7 below, there are more cases of HIV/AIDS in urban areas compared to rural areas. There are no differences to note in the numbers of cases between 2011 and 2012. Figure 7 shows the demographic proportions for urban areas are reflective of the state, while Rural areas have a markedly higher disproportion of African-Americans at 75%. Where, as stated above, 72 percent of the total people living with HIV are African-American.

Figure 6: Number of S.C. HIV/AIDS cases by race/ethnicity and gender, by Urban/Rural diagnosed 2011-2012

	CY 2011		CY 2012	
	Urban	Rural	Urban	Rural
Black	402	163	351	149
White	104	28	122	39
Hispanic	35	7	22	9
Male	421	151	392	149
Female	130	50	110	50
Total	551	201	502	199

Figure 7: Percent of S.C. HIV/AIDS cases by race/ethnicity and gender, by Urban/Rural diagnosed 2011-2012

	CY 2011		CY 2012	
	Urban	Rural	Urban	Rural
Black	73%	81%	70%	75%
White	19%	14%	24%	20%
Hispanic	6%	3%	4%	5%
Male	76%	75%	78%	75%
Female	24%	25%	22%	25%
Total	100%	100%	100%	100%

b. HIV and its Relationship to Homelessness

The National Alliance to End Homelessness estimates that 3.4% of homeless people were HIV-positive in 2006, compared to 0.4% of adults and adolescents in the general population (Centers for Disease Control and Prevention, 2008).

HIV/AIDS and homelessness are intricately related. The costs of health care and medications for people living with HIV/AIDS (PLWHA) are often too high for people to keep up with. In addition, PLWHA are in danger of losing their jobs due to discrimination or as a result of frequent health-related absences. As a result, up to 50% of PLWHA in the United States are at risk of becoming homeless (National Alliance to End Homelessness, 2006). Based on this national estimate, South Carolina could have approximately 7,000 persons in this category.

In addition, the conditions of homelessness may increase the risk of contracting HIV. Disproportionately large numbers of homeless people suffer from substance abuse disorders. Many homeless people inject drugs intravenously, and may share or reuse needles. This practice is responsible for 10% of HIV/AIDS diagnoses in South Carolina. An additional 50% of cases are a result of male-to-male sexual contact, and 35% are due to heterosexual sex (SC Epidemiological Profile). Unfortunately, the conditions of homelessness may lead to sexual behaviors that increase the risk of contracting HIV. For example, many shelters are single sex, and most offer limited privacy, including communal sleeping and bathing. These circumstances make it difficult for shelter residents to form stable sexual relationships (University of California San Francisco Center for AIDS Prevention Studies, 2005).

Homeless people with HIV/AIDS encounter many challenges to their health. Due to factors such as poor hygiene, malnutrition, and exposure to cold and rainy weather, homeless people are already three to six times more likely than housed people to become ill (National Health Care for

the Homeless Council, 2008). Since HIV targets the immune system, PLWHA do not have the ability to fight off disease, and their risk of illness is even higher. Additionally, crowded shelters with poor ventilation can endanger people with HIV/AIDS by exposing them to infections such as hepatitis A, pneumonia, tuberculosis, and skin infections. One study shows that people who sleep in a shelter are twice as likely to have tuberculosis if they are HIV-positive (National Alliance to End Homelessness, 2006).

Psychological factors play an additional role in the progression of HIV/AIDS. Psychological distress has been shown to increase the severity of the disease (Greeson et al., 2008). People who are homeless experience a great deal of stress on a daily basis, which exacerbates the progression of HIV/AIDS. Additionally, stress, depression, and other psychosocial factors that are common in homeless people affect behaviors, which in turn affect the progression of HIV/AIDS. For example, depression decreases a person's likelihood to adhere to medication, which is necessary to treat HIV/AIDS (Gore-Felton and Koopman, 2008).

It is very difficult for homeless PLWHA to adequately treat their disease. For example, homelessness makes it more difficult to obtain and use antiretroviral treatments (ARTs), the medication for HIV/AIDS medications. ARTs have complex regimens, and adherence is very difficult for people who don't have access to stable housing, clean water, bathrooms, refrigeration, and food (National Alliance to End Homelessness, 2006). Many homeless people also do not have health insurance and cannot pay for the medications and health services that are necessary to treat HIV/AIDS.

The statewide planning process for the updated 2012 Statewide Coordinated Statement of Need (SCSN) identified the following strategies for addressing the needs of the homeless:

1. Expand the service portfolio to include housing resources (e.g., HUD), partner with local housing agencies, and outreach and engagement with the homeless population.
2. Refer homeless clients to community and social services providers for life-skills trainings related to education, employment, clothing accessibility, and other basic needs.
3. Identify shelters that are supportive places for PLWHA, and contact shelters known to not accept PLWHA to educate them about HIV issues and, when applicable, inform them of legal requirements to accept PLWHA.
4. Offer cultural competency training to providers working with the homeless population.

Even when an individual with HIV/AIDS is not homeless there are multiple risks for becoming homeless. Throughout many communities, persons living with HIV or AIDS risk losing their housing due to compounding factors, such as increased medical costs and limited incomes or reduced ability to keep working due to AIDS and related illnesses. Stable housing is the cornerstone of HIV/AIDS treatment, allowing persons with HIV/AIDS to access comprehensive healthcare and adhere to complex HIV/AIDS drug therapies. The primary objective of DHEC's HOPWA program is to keep PLWHA from becoming homeless.

c. The Urgent Housing and Supportive Needs of Eligible Persons

HOPWA project sponsors report an ongoing need for short-term rent, mortgage and utility assistance and requests for supportive services such as transportation, mental health counseling,

peer support groups, and alcohol and other drug abuse counseling/treatment. Demand is driven by various factors, including the increasing numbers of persons infected with HIV, poverty, increased outreach activities, and increased proficiency of medical case managers in understanding and referring to HOPWA services. Consistent with the needs of persons living longer and healthier lives with HIV/AIDS today, an increasing demand for long-term housing has resulted in a statewide tenant based rental assistance program and additional transitional and supportive housing.

As indicated earlier, there are about 59 new HIV diagnoses in South Carolina each month. Many of these newly diagnosed cases are receiving early intervention services through local HIV/AIDS service providers. Service providers utilize a comprehensive, standardized intake format for case managers working with persons affected by HIV, resulting in more thorough assessment of client needs and a corresponding increase in referrals to programs such as HOPWA that can help clients stay in their homes or in shelters and off the streets where they are even more susceptible to opportunistic infections.

The statewide planning process for the 2009 Statewide Coordinated Statement of Need (SCSN) identified housing needs across a continuum of housing options, including emergency housing and temporary shelter, extended care housing options, in-patient hospice, and an inventory of affordable housing. The 2012 Statewide Coordinated Statement of Need (SCSN) again identified housing as one of the issues most critically impacting HIV infected persons. Lack of transportation, inadequate housing, and unemployment has long been recognized as interrelated barriers for PLWHA who are in care. Many PLWHA struggle to meet short-term basic needs that are more pressing than keeping a clinic appointment or adhering to a medication regime. In addition to increasing numbers of persons living with HIV/AIDS needing services, specific barriers have been identified by communities that impact efforts to serve clients. These include:

- Affordable quality housing, including Section 8 properties, is very limited particularly for females.

- Clients with prior criminal convictions do not have access to Section 8 housing and available housing in some areas of state is more expensive causing HOPWA and other funds to be used more quickly.

- Several public housing projects have significant alcohol and drug abuse problems. Many HIV infected mothers and fathers are concerned about raising their children in that environment.

- Stigma and perceived discrimination cause HIV infected persons to be reluctant to disclose their status until they end up "on the street".

- Lack of transportation is a barrier in many areas for clients. Many working clients need affordable housing on public transportation routes, or clients may not have transportation to access existing HOPWA sponsors to obtain housing services.

- Waiting lists for Housing Authorities are still generally months to years in length and

without "preference" listing, people with AIDS are likely to have used all HOPWA funds or be dead before rising on the list.

- With the advent of new treatments that are allowing HIV/AIDS persons to live longer, disability is taking longer to make decisions than in previous years. The 21 weeks allowed by HOPWA is usually expended before disability is decided.

These barriers and the trends in the epidemic noted above indicate that over the next 5 -10 years there is an urgent need for more affordable housing on a long term basis, particularly housing in areas that provide a safe, healthy environment for families or women with children. A focus on long-term housing is a response to the changing HIV epidemic and assessment/prioritization of permanent housing in South Carolina.

In addition to bricks and mortar housing needs, there is a great need for supportive services that link people to and keep them in stable housing and medical care. Local HOPWA sponsors and Ryan White case management efforts have improved the overall service delivery to persons with HIV through appointment and medication adherence counseling efforts. As a result, local case managers are better able to respond to the increase in demand for these services, thereby increasing the number of clients/families served. In addition, all project sponsors and case managers have a software system that has standardized case management activities by service provider. Basic standards have become part of the required intake process through this software. The software can measure acuity levels of clients seen by case managers and generate reports of all service contacts.

Local service providers face ongoing challenges associated with HIV treatment costs and problems with adherence to the extremely complex drug regimens. The combination drug treatment that is recommended by experts for treating HIV costs approximately $11,000 per year. Most people with HIV cannot afford to pay for these medications. In addition, if clients do not adhere strictly to the regimens prescribed, particularly with protease inhibitors, then resistance can occur which renders the drugs useless.

The increase in numbers of cases, the corresponding demand and the need for more concentrated educational sessions with clients to explain the complicated drug regimens has placed greater burdens on the staffs of the HIV Service Providers, creating the need for additional staff to help manage these caseloads.

2. Response to the Housing Needs of People Living With HIV/AIDS

Fourteen project sponsors experienced in providing a continuum of care for persons and families living with HIV/AIDS each year who are either homeless or at risk for becoming homeless will be recipients of FY 2014 HOPWA funds. Ten project sponsors (AID Upstate; Piedmont Care; Cooperative Ministry; Hope Health; ACCESS; Hope Health Lower Savannah; Catawba Care Coalition; Hope Health Edisto; Upper Savannah Care Services; CARETEAM) will provide short-term rent, mortgage and utility payments and housing placement services for persons with HIV/AIDS and their families. Supportive services will be provided by AID Upstate; Piedmont Care; USC Department of Medicine; HopeHealth; ACCESS; HopeHealth Edisto; Catawba Care

Coalition; HopeHealth Lower Savannah; Upper Savannah Care Services; CARETEAM; Sumter County Health Department; and Sumter Family Health Center. Tenant based rental assistance will be provided statewide by a housing non-profit agency, Fort Mill Housing Services, Inc. Funds for operating costs will be used to provide housing and supportive services for those individuals in supportive housing. The Laurel, a supportive care facility for persons living with HIV, which opened in Greenville during 2007, will be funded with operating costs in FY2014. Although it is located in Greenville the facility accepts clients from other areas of the state.

HOPWA project sponsors are all closely linked with Ryan White Part B Service Providers. Ryan White Part B is also administered by the DHEC STD/HIV Division. This assures a coordinated system of delivery to eligible persons and families with HIV/AIDS.

Supportive services such as case management, transportation and other needed services are offered to eligible persons using Ryan White Part B or other funds. Case managers employed by Ryan White Part B service providers assess client income levels, medical histories and current needs to determine if they qualify for the HOPWA program. Case managers assure a coordinated plan is developed for dealing with long-term housing and supportive services, including assisting clients with making applications for Social Security Disability and/or other forms of assistance.

During April 1, 2012 - March 31, 2013, HOPWA project sponsors provided short-term rent, mortgage and utility assistance to 248 persons with HIV/AIDS. One hundred fifty-two units of tenant based rental assistance were provided. Fourteen individuals were served by facility based housing assistance. Supportive services were provided to 993. And 58 were provided housing placement services.

3. Selection of Project Sponsors

Through a grants request for applications process, DHEC distributes the funds competitively to regional Ryan White Part B Service Providers, eligible non-profit organizations and/or local health departments that assist persons with HIV/AIDS. The project sponsors are: AID Upstate, Catawba Care Coalition, Cooperative Ministry, Department of Medicine (University of South Carolina), Fort Mill Housing Services, Inc., HopeHealth, ACCESS, HopeHealth Lower Savannah, Piedmont Care, Sumter Family Health Center, HopeHealth Edisto, Upper Savannah Care Services, CARETEAM, and Sumter County Health Department.

4. Informing Eligible Individuals Through Outreach

The HOPWA program continues to be a major portion of the delivery system of services to people and families living with HIV. Information about HOPWA services are widely disseminated statewide through the local HIV Service Providers, county health departments, and other agencies providing services to this population. Information about accessing HOPWA services is available through the toll-free state AIDS Hotline as well as on line at http://www.scdhec.gov/health/disease/stdhiv/hopwa.htm. Hotline staff has completed updating its database of all HIV related services. This resource information is available at: http://www.scdhec.gov/health/disease/stdhiv/sharing.htm.

5. Coordination of HOPWA Assistance

As the DHEC STD/HIV Program administers both the Ryan White Part B and HOPWA grant programs, coordination with local agencies responsible for providing services to persons with HIV/AIDS is assured. Service providers coordinate with agencies serving people with HIV/AIDS in their service area. Service providers routinely gather input from persons with HIV disease. Each service provider provides input into the HOPWA plan. Service Providers meet on a quarterly basis to discuss program progress and to share ideas for better operation of the HIV services delivery system in the state.

The DHEC STD/HIV Division works closely with the South Carolina HIV Planning Council (HPC). The HPC is an advisory committee comprised of people in the state who have been most influential in helping develop plans for HIV prevention and service delivery to people with HIV disease. This committee includes persons with HIV/AIDS and family members of persons with HIV/AIDS. This group is apprised on a regular basis of the progress of the service delivery system in the state, including the use of HOPWA funds.

HOPWA Strategies – FY 2014

Strategy 1: Provide 230 eligible persons with Short Term Rent Mortgage and Utilities (STRMU) assistance for the purpose of reducing the risk of homelessness for PLWHA.

Implementation: The short-term emergency housing assistance program continues to be an important focus of the State's HOPWA program. The short-term program is expected to provide emergency assistance to approximately 230 people living with HIV to pay rents, utilities and mortgage payments. Services are provided through a network of local organizations also implementing medical case management and primary care services funded primarily through the federal Ryan White Part B program.

Outcomes: Percentage of PLWHA assisted with STRMU that maintain permanent or temporarily stable housing.

Target: 75%

Strategy 2: Provide 850 eligible persons with Supportive Services for the purpose of improving access to care for PLWHA.

Implementation: Supportive services funded through HOPWA include case management, transportation, educational and employment services, and substance abuse services. During the reporting period, it is estimated that 850 persons will receive supportive services. Of those 850 served, 800 by project sponsors also delivering HOPWA housing assistance 50 provided by project sponsors serving households that have other housing arrangements.

Outcomes: Percentage of PLWHA assisted with supportive services in conjunction with housing assistance that have a housing plan for maintaining or establishing stable, on-going housing.

Target: 75%

Strategy 3: Provide 120 eligible persons/families with Tenant Based Rental Assistance (TBRA) for the purpose of providing decent affordable housing.

Implementation: Provide tenant based rental assistance to qualified persons living with HIV/AIDS and their families.

Outcomes: Percentage of PLWHA assisted with TBRA that continue with this housing for the next year.

Target: 80%

Strategy 4: Support innovative housing efforts including approximately 10 transitional and supportive housing units for the purpose of providing decent affordable housing.

Implementation: Support transitional housing and supportive housing facilities to provide housing services through contracts with housing providers focusing on state supported HOPWA counties.

Outcomes: Percentage of PLWHA exiting this program that transition to permanent or temporarily stable housing.

Target: 75%

Strategy 5: Provide 40 eligible persons with Permanent Housing Placement Services for the purpose of reducing the risk of homelessness for PLWHA.

Implementation: Support permanent housing placement services in the form of housing and utility deposits for qualifying PLWHA.

Outcomes: Percentage of PLWHA exiting this program that transition to permanent or temporarily stable housing.

Target: 75%
