

Georgia

AIDS Rate per 100,000

17.1*

State Funds for HIV Early Intervention Services

State Expenditures	
Required Base	SFY 2008 Expenditures Maintenance
\$0	\$4,386,771
SAPT EXPENDITURES	
FY 2006 HIV Set-Aside	FY 2009 Planned
\$2,517,311	\$2,620,492

FY 2010 SAPT Reports

Set-aside is used to provide HIV screening, pre/post counseling, rapid HIV testing, HIV testing, and treatment referral for persons presenting for substance abuse or opioid treatment through the HIV early intervention services program.

HIV Early Intervention Services Provided							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
√		√	√	√	√	√	√

State Narrative Summary

In FY 2006, Georgia's HIV early intervention services program consisted of a network of almost 100 counselors working in 49 substance abuse and opioid treatment centers. These counselors offered HIV pre- and post-test counseling, as well as referral for medical and social services for individuals whose tests were positive. In FY 2008, the State continued to offer these services, relying on a network of full- and part-time counselors who offer services on-site and free of charge to consumers of state- and federally funded substance abuse treatment programs. These counselors take a client-centered approach to working with consumers, empowering them by "meeting consumers where they are." The State also offers support and training to these counselors, including several two-day training sessions as well as access to a dedicated Website. In FY 2009, the State was determined to maintain this level of service, including the network of counselors in programs throughout the State. The State planned to engage in a number of evaluation and monitoring activities, including on-site visits to ten sites most in need of support. These visits will include clinical record review, direct observation of testing procedure and counseling techniques, and a review of record keeping and budget expenditures. The State also planned to produce a quarterly newsletter to keep counselors up-to-date on relevant issues.

*THE MOST RECENT DATA PUBLISHED PRIOR TO OCTOBER 1, 2008 BY THE CDC IS TABLE 14, REPORTED AIDS CASES AND ANNUAL RATES (PER 100,000 POPULATION), BY AREA OF RESIDENCE AND AGE CATEGORY, CUMULATIVE THROUGH 2005-UNITED STATES, HIV/AIDS SURVEILLANCE REPORT 2005 VOL. 17, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION, DIVISION OF HIV/AIDS, PREVENTION, SURVEILLANCE, AND EPIDEMIOLOGY. SINGLE COPIES OF THE REPORT ARE AVAILABLE THROUGH THE CDC NATIONAL PREVENTION INFORMATION NETWORK, 800-458-5231 OR 301-562-1098 OR [HTTP://WWW.CDC.GOV/HIV/TOPICS/SURVEILLANCE/RESOURCES/REPORTS/2006REPORT/TABLE14.HTM](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table14.htm).

Full State Narrative

FY 2006 (COMPLIANCE)

In FFY 2006, Georgia's HIV Early Intervention Services (EIS) program consisted of a network of nearly 100 HIV EIS counselors working in 49 substance abuse and opioid treatment centers throughout the state. These HIV EIS counselors offered individual HIV pre-test counseling, free HIV testing, and one-on-one HIV post-test counseling, during which consumers learned the results of their HIV test. Consumers were offered a choice of blood-drawn or OraSure oral HIV testing. HIV EIS counselors averaged over 6,000 tests in a year, with a 1% rate of HIV-positive results. Those who were HIV-positive, whether newly or previously diagnosed, were referred for medical and social services. Positive consumers were linked to Ryan White clinics, local public health facilities, and community-based organizations. Some HIV EIS counselors also provided case management for their HIV-positive clients. Consumers who tested positive for other sexually transmitted diseases are referred to the local health department for treatment. In addition to providing HIV counseling and testing, many EIS workers led HIV/STD prevention groups for consumers; trained staff on HIV, universal precautions, and infection control techniques; and provided outreach to their communities. Counselors worked with students, foster parents and children, immigrant hotel workers, migrant farm workers, active drug users, sex workers, detainees and inmates. They participated in health fairs; joined Ryan White Consortia; produced radio spots; and spoke at churches, fraternities and sororities, private counseling centers, and DUI schools.

Monitoring HIV EIS - - a Quarterly Report that Motivates

HIV EIS counselors submitted a field report each quarter that tracked:

- The number of newly admitted consumers who participate in pre-test counseling.
- The number of new admits who agree to HIV testing – and whether they agree to the oral or the blood drawn test.
- How many tested positive.
- The number who participated in post-test counseling.
- The number of newly admitted consumers who disclosed that they have a previous HIV diagnosis.
- The number of HIV-positive consumers, newly and previously diagnosed, who were referred to services.

The FFY 2006 field reports also included a narrative section, because numbers cannot tell the whole story. The narrative portion allowed counselors to highlight activities including successes and challenges, and to provide a detailed account of the services and referrals given to each HIV positive consumer.

Each quarter, field reports were compiled and served as the starting point for a Quarterly Report on the HIV EIS program throughout Georgia. Though the field report remained virtually the same as in previous years, the Quarterly Report on activities statewide changed dramatically in FFY 2006.

The previous format was a 30-plus page narrative with a paragraph or two on each site. Copies were mailed to Regional Coordinators and to DHR leadership. The new Quarterly Report was a more informative and readable document. Designed to increase the visibility of the valuable work being done by HIV EIS counselors, the new format highlighted the importance of this critical program for the benefit of leadership and frontline staff. Distribution now included HIV EIS counselors and their supervisors as well as Regional Coordinators and DHR leaders. In place of a dry, text-heavy report, the new Quarterly Report was produced as a ten-page booklet punctuated with photos and graphs. In addition to a numeric snap shot of each site, the Report included an in-depth look at one site in every region, along with a photo of the counselor or HIV EIS team. Featured sites served as models for other HIV EIS programs. Anecdotal evidence indicated that not only was the Quarterly Report carefully read, but that it motivated counselors to improve their performance. Those whose work was featured often requested an extra copy of the report. One counselor declared publicly that he

wanted his site to be featured and, in fact did improve HIV EIS delivery to the point that his program was soon chosen for an in-depth segment.

Sustaining the HIV EIS Program

In order to sustain a network of HIV counselors in numerous sites across the state, working under supervisors who are substance abuse professionals with little knowledge about HIV, an array of support was provided from orientation for new hires to an intensive skill-building workshop designed specifically for HIV EIS counselors.

New hires received a welcome package including guides to: conducting pre-test counseling, engaging consumers one-on-one and in groups, and effective post-test counseling. New counselors also participated in a telephone orientation during which they were introduced to the HIV EIS website, which offered cutting edge information and job-specific technical assistance. The website New Counselor section included sample testing consent forms, instructions on how to fill out the required HIV Testing Report form, and a template for leading a successful HIV group. The website also provided information on free training opportunities – in particular, the required HIV Prevention Counseling course; links to over 140 sites; and articles on topics of interest from AIDS medication to how one HIV EIS counselor established a peer HIV education program.

Through our email news clipping service, counselors received the latest articles on HIV and AIDS, substance abuse, hepatitis, and TB. The HIV EIS program also distributed a quarterly newsletter designed to provide EIS counselors with direct communication from DHR leadership and to offer education around current issues. Topics in FFY 2006 included African American MSM and HIV, HIV in rural Georgia, and services for urban substance abuse/mental health consumers with AIDS.

During FFY 2006, two regional meetings were produced for HIV EIS counselors. One took place in metro-Atlanta in November; the other was held in rural Georgia in December. Both events offered participants skill-building around compliance with the HIV Test Report form (aka bubble sheet), quarterly reporting, risk assessment, screening, pre- and post-test counseling including giving HIV-positive test results, and referral of HIV-positive consumers. The events also featured actress Carol Mitchell-Leon, Ph.D. of Spelman College in the role of a consumer learning about her HIV-positive status. Participants reported that the event was a valuable learning experience.

Four site visits were conducted in FFY 2006 by the HIV EIS Program Manager and a nurse with experience in substance abuse treatment and HIV counseling, testing, and outreach. Sites received hands-on technical assistance and direct observation of HIV EIS activities. Included were a metro-Atlanta jail, a rural site two hours southwest of Atlanta, a facility in a mid-sized town in southwest Georgia on the Alabama border, and cluster of facilities about 20 miles outside the metro-Atlanta perimeter highway.

In June 2006, a three-day intensive workshop was held for HIV EIS counselors. Entitled, New Tools for Our Work: HIV Early Intervention Specialist: Intensive Skills-Building Workshop the event featured a nationally recognized expert in the area of motivational interviewing and group dynamics, Jeannie Little, MSW. Additional presenters included Donn Richardson, MS; John Blevins, ThD; Dianne Weyer, MSN, CFNP; and Coretha Myles, RN, CAC. Opening remarks were provided by Neil Kaltenecker, Director of the Office of Addictive Diseases and Bruce Hoopes, Addictive Diseases Chief. Workshop topics included:

- [Trauma, Substance Use, Mental Health and HIV](#)
- [Leading Successful Groups](#)
- [Cultural Competency in HIV Clinical Care](#)
- [HIV and Co-Morbidities](#)
- [HIV EIS Challenges & Solutions](#)
- [Intersections Between Drugs and Mental Health](#)
- [Strategies for Success in HIV Early Intervention](#)

GOAL 6: Provide treatment for persons with substance abuse problems, with an emphasis on making available, within existing programs, early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery. OVERVIEW: HIV Early Intervention Services - - embedded in existing programs Designed to provide early intervention services for HIV within existing substance abuse treatment programs, Georgia HIV Early Intervention Services (EIS) consists of a network of full- and part-time HIV EIS counselors based in substance abuse treatment facilities – including several opioid treatment centers.

Serving Areas of Greatest Need

HIV Early Intervention Services are offered on-site and free of charge to consumers of state- and federally-funded substance abuse treatment programs throughout Georgia, as well as to a number of opioid treatment facilities. Dovetailing with this statewide system of publicly funded substance abuse centers, Georgia HIV EIS counselors are ideally positioned to serve those areas of greatest need throughout the State.

Monitoring Service Delivery

The HIV EIS management team is responsible for monitoring and supporting service delivery. The primary monitoring tool is a quarterly Field Report which each provider submits; these reports are carefully reviewed for signs of both success and failure. Sites in need of technical assistance receive phone calls, emails, s-mails, and – as needed – site visits. Sites doing exemplary work are held up as examples in our widely read Quarterly Report which features an in-depth look at the work of our most outstanding counselors. Queries, complaints, and requests from the field are also tracked and issues with broader implications are addressed. For example, although the pre-requisite course for all those doing HIV counseling and testing is offered by the Public Health Department, the demand for these classes is very high. Some HIV EIS counselors have had to delay offering services while they waited to attend training. In response, beginning FFY 2007 the management team began to offer two annual deliveries of this workshop specifically for HIV EIS counselors. The class has been so popular that in FFY 2009 we plan to offer three.

A Holistic Approach to Early Intervention

In serving people with substance abuse problems, our approach is client-centered. To empower consumers to modify risky behavior, HIV workers “meet consumers where they are.” For example, if a woman has been separated from her children and ordered into substance abuse treatment by a judge, the starting point might be to ask how she feels about being in treatment. In the context of meeting consumers where they are, it is important to be aware that substance abuse is rarely the only challenge that these people must face. Drug and alcohol abuse are related not only to HIV, but also to mental illness. A report by SAMHSA’s National Survey on Drug Use and Health found that alcohol abuse was twice as likely among adults who had experienced a major depressive episode.*

The link between substance use and criminal behavior has also been documented. According to Bureau of Justice Statistics, 80% of all incarcerated people have a history of substance abuse and half of convicted jail inmates were under the influence of drugs or alcohol at the time of the offense.

Further, there is a correlation between substance abuse, criminal behavior, and HIV. Alcohol abuse, use of illegal drugs, and survival sex – which are all associated with unsafe sexual behavior – tend to bring people to the attention of police. These are the same behaviors that put them at risk for hepatitis, HIV, and other sexually transmitted diseases. And finally, in order to reach people with substance abuse problems, while all HIV EIS counselors actively recruit consumers entering residential and outpatient substance abuse treatment for HIV counseling and testing, most also offer services to dual-diagnosis mental health consumers within their facilities and several offer HIV EIS to active drug users, detainees and inmates, and sex workers.

* This Short Report, The NSDUH Report: Co-Occurring Major Depressive Episode and Alcohol Use Disorder among Adults, is based on SAMHSA's National Survey on Drug Use and Health conducted by the Office of Applied Studies (OAS).

OBJECTIVE 1: Continue to provide HIV screening, counseling, testing, and treatment referral for persons presenting for substance abuse or opioid treatment through the HIV Early Intervention Services (EIS) program, which consists of a network of HIV EIS counselors based in substance abuse treatment facilities throughout the state.

Activity Progress Report: Support a network of 71 HIV Early Intervention Services counselors working in 36 substance abuse and opioid treatment centers throughout the state of Georgia: Georgia HIV Early Intervention Services (EIS) consists of a network of 71 full- and part-time HIV EIS counselors based in 36 substance abuse treatment facilities, including eight opioid treatment centers. While many HIV EIS counselors are the only HIV worker at their site, others work in teams. Some rural sites, in particular, have trained numerous staff to do HIV counseling and testing in order to offer services at satellite locations. By design, EIS counselors are scattered across the state – readily accessible to substance abuse consumers. This is part of what makes the program effective. It also raises the question of how to support a group of employees who do not work in one location and who have, between them, nearly 70 different supervisors. In a related issue, whether an HIV EIS counselor is the only HIV expert in their workplace or part of a team, the majority of their co-workers are substance abuse professionals and most report to someone with no background in HIV.

Support for counselors by the HIV EIS management team takes a variety of forms:

- New counselors are offered orientation and a month of coaching by a veteran HIV EIS nurse.
- Technical assistance by phone or email is available Monday - Friday.
- EIS counselors receive current, pertinent articles through our email news clipping service on a weekly basis.
- Each quarter, the HIV EIS management team mails the latest issue of our newsletter, HIV Risk Reduction, and the current Quarterly Report on HIV EIS activities statewide.
- Several trainings are designed specifically for HIV EIS counselors each year and a website is accessible around the clock.

Promoted continuity of service by providing orientation for new HIV EIS counselors: During FFY 2008, twenty-eight new HIV EIS counselors received a letter of welcome that detailed the requirements of their job and offered orientation. The HIV EIS Senior Program Specialist conducted all orientations one-on-one, by telephone. During the 20- to 60-minute call, both parties explored the HIV EIS website, www.hiveis, together. New counselors were also offered a link to a qualified nurse with experience in substance abuse treatment and HIV counseling and testing for additional support during the critical first month of employment. Provided two deliveries of the CDC-mandated HIV Prevention Counseling, a pre-requisite for those who do HIV counseling and testing: A requirement for anyone doing HIV counseling and testing, the course attracted new counselors and veterans seeking a booster. Forty-three HIV EIS counselors attended Beyond the ABCs of HIV Prevention Counseling and Testing. Twenty-two attended the Macon delivery on January 17 and 18, 2008, and twenty-one completed the course held July 15 – 16, 2008, in metro Atlanta. The instructor for both trainings was Bill Hight, Ph.D. Bill is a Licensed Psychologist with close to twenty years experience in HIV testing and counseling. The goal of each two-day workshop was to train HIV EIS staff how to work with clients to reduce their risk for acquiring or transmitting HIV and to provide HIV antibody pre- and post-test counseling skills. Participants also learned how to conduct an OraSure oral HIV test.

Provided pre-test counseling, and a choice of blood drawn and oral HIV testing to consumers entering substance abuse treatment: HIV Early Intervention Services (EIS) counselors offered consumers one-on-one HIV pre-test counseling; free HIV testing; and private post-test counseling. It is during the one-on-one post-

test counseling session that consumers learn the results of their HIV test and, if their results are positive, receive extensive emotional support as well as referral services. Treatment referral is also provided to those previously diagnosed HIV-positive who are not already enrolled in services.

Annual vs. FFY 2008 - - Although FFY 2008 runs from October 2007 through September 2008, at the time of this writing, Field Reports for the quarter July through September 2008 are not available. Therefore, if we report on counseling and testing services provided only within FFY 2008, we must limit ourselves to the nine months between October 2007 and June 2008. So, in order to provide an annual picture of HIV EIS activities, we provide figures for services rendered July 2007 – June 2008.

Annual - - During the twelve months from July 2007 through June 2008, consumers were offered a choice of testing options: blood-drawn, OraSure oral HIV testing, and at eight sites, the rapid HIV test. EIS counselors conducted more than 5,600 tests, identified 27 new positives, and increased the rate of post-test counseling to 82 percent – a boost of 12 percent over the same period last year.

Offered rapid HIV testing at appropriate HIV EIS sites in order to expand their capacity to serve diverse groups of consumers, give a higher percentage of post-test results, and offer consumers a wider menu of HIV testing options: Annual vs. FFY 2008 - - Again, although FFY 2008 runs from October 2007 through September 2008, at the time of this writing, Field Reports for the quarter July through September 2008 are not available. In order to present an annual picture of HIV EIS activities, we include figures for services rendered July 2007 – June 2008.

Annual - - Between July 2007 and June 2008, 17 percent of HIV testing done by HIV Early Intervention Services (EIS) counselors was rapid. Eight EIS providers conducted 930 rapid HIV tests, up from six providers for the same period last year. 929 or 99.9 percent of those tested who received rapid HIV testing also received post-test counseling.

While we do not have figures on rapid testing for the period July – September, 2008, in June, forty-one HIV EIS counselors from twenty-one sites completed a three-day rapid HIV testing training. And between June and the end of August, nine new sites acquired a CLIA Waiver, instituted rapid HIV testing policies and procedures and a quality assurance plan, set up labs, and requested Clearview Complete rapid HIV testing supplies. As of this writing, five of these newly trained sites have launched rapid HIV testing.

Provided treatment referral to those who test positive or those previously diagnosed HIV positive who are not already enrolled in services: Those who are newly diagnosed HIV positive are referred for medical and social services. Self-identified consumers who are not already enrolled in services are also referred. From June 2007 through July 2008, HIV Early Intervention Services counselors identified 27 new HIV-positive consumers and served 136 more who were self-identified HIV-positive. EIS counselors linked a total of 51 HIV- positive consumers for medical and/or social services.

HIV-positive consumers are linked to Ryan White clinics, local public health facilities, and community-based organizations. Some HIV EIS counselors also provide case management for their HIV-positive clients. Consumers who test positive for other sexually transmitted diseases are referred to the local health department for treatment.

OBJECTIVE 2: Continue to provide ongoing monitoring and evaluation of the HIV Early Intervention Services program.

Activity Progress Report: Solicited, reviewed, and evaluated Field Reports from providers each quarter: Field Reports from providers were collected each quarter. Field Reports call for numeric information on provider HIV EIS activity including number of consumers pre-tested, tested, and post-tested – by venipuncture, OraSure, and/or rapid test. And because numbers cannot tell the whole story, the Field Report form includes a narrative section. The HIV EIS Program Manager carefully reviewed every report, identifying

those sites in need of assistance and those to be considered for an in-depth feature in the upcoming Quarterly Report. An excel spreadsheet was produced each quarter that contained all Field Report numeric information which is also included in the Quarterly Report.

Produced a Quarterly Report on HIV EIS activities statewide, incorporating quantitative information compiled from each Field Report and an in-depth review of up to six sites chosen for outstanding work during the quarter: A 10-page Quarterly Report was produced every three months. The Quarterly Report is designed to increase the visibility of the work being done by HIV EIS counselors, highlight the importance of this critical program for the benefit of leadership and frontline staff, and motivate HIV EIS counselors to strive for one of the coveted in-depth profiles. Disseminated to HIV EIS counselors and their supervisors, it is also sent to agency, regional, and DHR leadership. Excerpts from the Quarterly profiling exemplary sites are also showcased on our website, www.hiveis.com.

While only a handful of sites are featured, every site that reports is included in a two-page chart within the report: HIV EIS at-A-Glance. Additionally, at the request of regional leadership, the performance of each region is illustrated in the form of graphs comparing:

- The number of HIV tests conducted during the reporting quarter...
- And the rate of post-test counseling...
- With the number of tests and the rate of post-test counseling done during the same period in the previous year.

Visits conducted to the five sites most in need of support and site visits conducted, as needed, to HIV EIS counselors most challenged by the requirements of HIV rapid testing: In April, the HIV Early Intervention Services (EIS) program had an opportunity to partner with CSAT consultant MayaTech to conduct five site visits with a focus on rapid HIV testing. The HIV EIS Program Manager worked closely with Angel Johnson, MayaTech Project Director, and Inverness Medical (makers of the Clearview Complete rapid HIV testing device) to provide HIV EIS counselors with an exceptional level of technical assistance.

HIV EIS counselors had the benefit of expertise from the following:

- HIV EIS Program Manager and Imagine Hope President - Marie Sutton
- Imagine Hope Program Specialist - Winona Holloway
- MayaTech Team Leader – Eric Cueva
- MayaTech Site Visit Coordinator –LaDonna Smith
- Consultant HIV Counselor - Sherry Nolen
- Consultant Lab Professional - Nacki Orff
- Inverness Medical Reps – Ben Eifford, Tina Spees, and Kaylee Barker

The site visits, conducted April 15 - 17, were designed to help each of the five launch rapid HIV testing services. Each individual EIS worker was given support tailored specifically to meet the needs and challenges facing their agency as it attempted to begin rapid HIV testing.

Each counselor was directly observed as they demonstrated how to:

- Set up a lab
- Run controls
- Produce the required paperwork, including temperature and inventory logs.
- Administer the Clearview Complete rapid HIV test.

EIS workers also received coaching on HIV counseling in the context of rapid testing and demonstrated their competence to HIV EIS management staff and MayaTech's HIV Counseling expert.

OBJECTIVE 3: Continue to promote the efficacy of the HIV Early Intervention Services (EIS) program by providing technical assistance to HIV EIS counselors.

Activity Progress Report: Production of a series of three regional training meetings in the state designed to strengthen skills and motivate HIV EIS counselors to improve performance: During FFY 2008, although three regional training meetings focusing on rapid HIV testing were originally planned, we had an opportunity to provide a 3-day in-depth rapid HIV test training event for HIV EIS counselors.

June 3-5, 2008, with the help of SAMHSA, HIV EIS partnered with MayaTech, a CSAT consultant, to deliver two concurrent HIV Rapid Test Training workshops for Georgia HIV EIS counselors. As part of the collaboration, the HIV EIS Program Manager contacted every CSAT grantee in the state of Georgia, identifying those who were eligible to attend. Six individuals from CSAT grantee agencies attended the training along with 41 HIV EIS counselors from 21 EIS sites. A total of 47 participants successfully completed the three-day training. Because this statewide event met the needs of so many EIS individuals and providers, it was determined that follow-up site visits and clinical consultation sessions would be more beneficial than regional meetings. Nine additional site visits are slated for late September. In the meantime, DHR/Office of Addictive Diseases/HIV Early Intervention Services Program collaborated with the Southeast AIDS Training & Education Center to produce two daylong clinical consultations for HIV Early Intervention Services (EIS) counselors. Open to graduates of the 3-day rapid HIV testing training (above), two deliveries of the Rapid HIV Testing Clinical Consultation were held in Macon on September 3 and 4, 2008. Fourteen HIV EIS counselors received coaching from Bill Hight, Ph.D., a Licensed Psychologist with close to twenty years experience in HIV testing and counseling, and Renata Dennis, RN, MPH, a pediatric nurse with nine years of experience in the areas of HIV and infectious disease research and education.

Production of a three-day intensive skill- and team-building workshop designed specifically for HIV EIS counselors, and open to HIV EIS supervisors, and regional staff: HIV workers' calendars began to grow crowded with the addition of a three-day rapid HIV testing training and two all-day clinical consultations to the already crowded schedule which included two deliveries of the HIV prevention counseling and testing curriculum and 14 site visits (5 already conducted; 9 slated for September). In response, the intensive, which is normally held in the fall, is now planned for December, 2008.

Production of a quarterly newsletter designed to provide HIV EIS counselors with direct communication from leaders in the fields of substance abuse and HIV, offering education around current issues: During FFY 2008, issues of HIV Risk Reduction, the newsletter of the HIV EIS program were produced each quarter. The newsletter is intended to provide HIV EIS counselors with expertise in areas related to HIV prevention. So far this year, the newsletter has featured interviews with the following:

- [Dazon Dixon Diallo, MPH, Founder and President of SisterLove, and an expert on the issue of HIV/AIDS and the women's health movement.](#)
- [Marcus Johns, Esq. of the AIDS Legal Project, Atlanta Legal Aid Society, an expert on HIV disclosure laws.](#)
- [David A. Reznik, DDS, Chief of Dental Service, Grady Health System and President of the HIV Dental Alliance. Dr. Reznik is an expert on the topic of oral health and HIV.](#)

Maintenance of HIV EIS website, designed to provide counselors with access to current information 24 hours a day: Through the HIV EIS website, www.hiveis.com, counselors have access to up to date information 24 hours a day. During FFY 2008, content on the website included issues of the newsletter, success stories from the Quarterly Report, photos from a recent training event, and the following sections:

- [For New Counselors - a section for new hires](#)
- [Forms - downloadable forms, instructions on how to fill them out, and in the case of the CLIA Waiver application - where to send it](#)

- Events - a calendar of national and international HIV/AIDS events along with links to event resources like posters
- Training
- Links to Resources
 - For those who have AIDS or are HIV-positive
 - At-risk populations
 - Condoms, Prevention tools
 - Crystal Meth
 - Educational Videos, Tools
 - Faith Based Organizations
 - Hepatitis
 - Homeless
 - Professional Organizations
 - Rapid HIV Testing

FY 2009 (INTENDED USE)

GOAL 6: Provide treatment for persons with substance abuse problems with an emphasis on making available within existing programs early intervention services for HIV in areas of the State that have the greatest need for such services and to monitor such service delivery. Target population: Individuals who present for substance or opioid treatment who meet the Core Customer Definition.

Implementation dates: October 1, 2008 – September 30, 2009.

Where activities/services will be undertaken: 5 MHDDAD regions, network of HIV EIS counselors working in publicly funded substance abuse treatment centers and opioid treatment facilities throughout the state.

How activities/services will be operationalized: contracts and/or provider agreements Services/activities to be provided:

OBJECTIVE 1: Provide HIV screening, counseling, testing, and treatment referral for persons with substance abuse problems, with emphasis on making those services available within existing programs.

ACTIVITIES:

1. Staff - - Maintain a network of HIV Early Intervention Services (EIS) counselors based in publicly funded substance abuse treatment facilities and opioid treatment centers throughout the state of Georgia.
2. Continuity - - Promote continuity of service by providing new HIV EIS counselors with a letter of welcome outlining the ABC's of their new position, requesting that they schedule a one-on-one telephone orientation, and offering coaching by a qualified nurse.
3. Required Training - - Provide three deliveries of the CDC-mandated HIV Prevention Counseling, a pre-requisite for those who do HIV counseling and testing. This course is a necessity for all new HIV EIS counselors and recommended as a booster for veterans.
4. Services Provided - - Provide pre-test counseling, HIV testing, post-test counseling to consumers entering substance abuse treatment. Provide treatment referral to those who test positive or those previously diagnosed HIV-positive who are not already enrolled in services.
5. Testing Technology - - Continue to offer consumers a choice of blood-drawn or oral HIV testing. Expand the number of sites offering rapid HIV testing as a way of serving a diverse group of consumers, raising the percentage of post-test results, and offering consumers a wider menu of HIV testing options.

OBJECTIVE 2: Provide ongoing monitoring and evaluation of the HIV Early Intervention Services program.

ACTIVITIES:

1. Monitor - - Solicit, review, and evaluate Field Reports from providers each quarter.
2. Evaluate - - Produce a Quarterly Report on HIV EIS activities statewide, incorporating quantitative information compiled from each field report and an in-depth review of sites chosen for outstanding work during the quarter.

OBJECTIVE 3: Sustain the HIV Early Intervention Services (EIS) program by providing technical assistance to HIV EIS counselors.

ACTIVITIES:

1. General Site Visits - - Conduct visits to ten sites most in need of support. Site visits to be conducted by the HIV EIS Program Manager and/or a qualified nurse with experience in substance abuse treatment and HIV counseling and testing. Site visits to include:

- Clinical record review
- Direct observation of testing procedure and counseling techniques
- Review of record keeping
- Review of budget expenditures

2. Rapid Test Site Visits - - Conduct visits to five sites most challenged by the requirements of HIV rapid testing. Visits to be conducted by the HIV EIS Program Manager and/or a qualified nurse with experience in HIV counseling and testing, including rapid HIV testing.

- Conduct a clinical review including direct observation of rapid HIV testing procedure and counseling techniques.
- Review record keeping.
- Conduct proficiency testing.

3. Rapid HIV Test Training - - Provide a one-day rapid HIV test training for up to 12 HIV EIS counselors, as needed.

4. Rapid HIV Test Clinical Consultation - - Provide two all day clinical consultation sessions for HIV EIS counselors who have completed rapid HIV testing training.

5. Intensive - - Produce a three-day intensive skill- and team-building workshop designed specifically for HIV EIS counselors, and open to HIV EIS supervisors, and regional staff. This event, which will be planned during FFY 2009, is tentatively scheduled for December of 2009.

6. Newsletter - - Produce a quarterly newsletter designed to provide HIV EIS counselors with access to experts on issues pertinent to HIV EIS. Topics may include but are not limited to: at-risk populations in Georgia, the correlation between violence against women and HIV, HIV rapid testing, outreach to the church-going community, new HIV treatment therapies, and vaccine research.

7. Website - - Maintain the HIV EIS website, designed to provide counselors with access to current information 24 hours a day. Content to include rapid HIV testing, fundamentals for new hires; downloadable forms; information on training and HIV/AIDS events; and links to prevention and treatment information on HIV/AIDS and hepatitis; resources for high risk populations including African Americans, men who have sex with men, the homeless, and youth; and resources for condoms, prevention tools, and HIV/STD educational tools.

HIV Early Intervention Services

Since the earliest days of the HIV/AIDS epidemic, Georgia has had a substantial number of reported cases of AIDS. In 1999, the state had the eighth highest rate of AIDS among all states and the seventh highest

number of persons living with AIDS. The HIV/AIDS epidemic continues to grow in Georgia. Georgia statutes require physicians and laboratories to report all cases of HIV and AIDS to the Georgia Division of Public Health (DPH). The information collected is used to monitor the HIV/AIDS epidemic in Georgia. Unlike AIDS reporting, which began in the early 1980s, reporting by name is relatively new in Georgia. Confidential names-based HIV reporting did not begin until December 31, 2003. As result, Georgia's HIV surveillance system is still immature and the numbers of HIV (non-AIDS) cases presented below underestimate the true incidence and prevalence of HIV (non-AIDS) in the population. In addition, staffing changes in 2006 limited the capacity of the DPH HIV/AIDS Surveillance Unit to perform active surveillance of AIDS cases. As a result, the numbers of AIDS cases underestimates the true incidence and prevalence of AIDS in the population in 2006. The 2006 numbers are artificially low as a result. In 2006, 432 persons were newly diagnosed with AIDS (due to reporting and surveillance problems, this number is artificially low); 932 were diagnosed in 2005. 1,230 persons were newly diagnosed with HIV infections that had not yet progressed to AIDS (artificially low due to reporting problems). 18,838 persons were known to be living with AIDS in Georgia as of December 31, 2006. Among persons living with AIDS in the state, 14,418 (77%) were males and 4,420 (23%) females. Non-Hispanic Blacks accounted for 70 percent of the persons living with AIDS in 2006 but accounted for only 29% of Georgia's population. The majority of the persons living with AIDS in Georgia were 40 years of age or older in 2006 with 7% 30-34 years old, 15% 35-39 years, 23% 40-44 years, 20% 45-49 years, and 14% 50-54 years.

Male sexual contact with another male (MSM) was the most commonly reported risk factor for HIV among persons living with AIDS. Among males living with AIDS, 51% reported MS; 11% reported injection drug use (IDU); 6% reported both MSM and IDU; 8% reported high-risk heterosexual contact; and 23% did not report a risk factor for HIV. Among females living with AIDS in Georgia in 2006, 39% reported high risk heterosexual contact; 15% reported IDUs; and 43% did not report a risk factor.

The Fulton Health District had the highest AIDS prevalence rate in Georgia. In 2006, the AIDS prevalence rates were 729 per 100,000 population in Fulton Health District; 427 per 100,000 in DeKalb Health District; 228 per 100,000 in East Central (Augusta) Health District; and 215 per 100,000 in Clayton Health District. Fulton, DeKalb, and Clayton Health Districts are located in the Metropolitan Atlanta area.

Based on information captured in Georgia's new HIV surveillance system, 10,416 were known to be living with HIV (non-AIDS) in Georgia as of December 31, 2006. This is approximately one-third of the number of persons estimated to be living with HIV (non-AIDS) in Georgia. As the HIV surveillance system matures and more case reports are received, the number of reported cases will provide a more accurate picture of the true prevalence of HIV infection in Georgia. Of the 10,416 reported HIV (non-AIDS) cases, 13% were 30-34 years of age, 16% 35-39 years, 19% 40-44 years, 15% 45-49 years, and 9% 50-54 years of age. Non-Hispanic Blacks (73%) accounted for the largest proportion of persons living with HIV (non-AIDS) in Georgia, 22% were non-Hispanic White, and 4% Hispanic/Latino. Male sexual contact with another male was the most commonly reported risk factor for HIV among persons living with HIV (non-AIDS). Among males living with HIV (non-AIDS) in Georgia in 2006, 43% reported MSM; 6% reported IDU; 4% reported high-risk heterosexual contact; and 40% did not report a risk factor. Among females living with HIV (non-AIDS) in Georgia in 2006, 23% reported high-risk heterosexual contact; 8% reported IDU; and 65% did not report a risk factor for HIV. The Fulton Health District had the highest HIV (non-AIDS) prevalence rate in Georgia in 2006 with 263 per 100,000 population in the Fulton Health District; 238 per 100,000 in DeKalb Health District; 221 per 100,000 population in South Central (Dublin) Health District; and 156 per 100,000 population in East Central (Augusta) Health District.

Data source: Georgia HIV/AIDS Surveillance Summary – Data Through December 31, 2006, Georgia Department of Human Resources Division of Public Health.

In 2006, the Prevention Services Branch in the Department of Human Resources' Division of Public Health funded 43 community-based organizations and county health departments to provide AIDS education to

people at risk for HIV infection. HIV testing and counseling are available at all county health departments and their satellite programs, such as teen clinics and family planning centers, as well as publicly funded community-based organizations, university student health clinics, and various outreach projects.

HIV primary care services, support services and prevention services were provided in all 18 of the state's Public Health Districts in FFY 2006. The Georgia AIDS Drug Assistance Program (ADAP) provided FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. Georgia received more than \$29 million through Part B of the Ryan White CARE Act for primary care and support services, including ADAP.

In FY 2006, \$3,979,930 was disbursed by the MHDDAD Regional Boards who contracted with individual providers, primarily community service boards, to provide HIV Early Intervention Services (EIS) in substance abuse (SA) treatment settings throughout the state. HIV EIS counselors working on-site in publicly funded SA clinics in each region provided HIV/STD prevention education, HIV pre-test counseling, free HIV testing, and HIV post-test counseling. Counselors referred consumers who tested HIV-positive to local county health departments for medical care. Referrals for necessary social services were also provided. HIV EIS counselors worked closely with various health care and social service organizations including public health, AIDS service organizations, and other community based organizations.

HIV Early Intervention Programs Receiving Funds				
Program	Status	Address	Phone	Funds
Metro Atlanta Recovery Residences	N/A	2801 Clearview Avenue , Suite 100, Doraville, GA 30340	678-805-5100	\$4,780
Behavioral Health Services of South Georgia	A	334 Tifton-Eldorado Road, Tifton, GA 31794	229-391-2300	\$94,821
The Community Services Board of Cobb and Douglas Counties	A	1650 County Services Parkway, Marietta, GA 30008	770-514-2422	\$84,424
Community Mental Health Center of East Central Georgia	U	3421 Mike Padgett Highway, Augusta, GA 30906	706-432-4800	\$84,481
Dekalb Community Service Board, Regional Crisis Center	A	450 Winn Way, Decatur, GA 30030	404-294-0499	\$109,625
The Georgia Council on Substance Abuse	N/A	100 Edgewood Avenue NE, Atlanta, GA 30303	404-523-3440	\$223,898
Grady Health System Drug Dependence Unit	A	48-50 Coca Cola Place SE, Atlanta, GA 30303	404-616-3970	\$233,025
Gwinnett-Rockdale-Newton Community Services Board	S	175 Gwinnett Drive, Lawrenceville, GA 30045	770-963-8141	\$128,449
Highland Rivers Community Service Board	U	900 Shugart Road, Dalton, GA 30720	706-270-5100	\$48,214
The Oconee Community Service Board	A	900 Barrows Ferry Road, Milledgeville, GA 31061	478-445-5518	\$40,137

Pathways Center	A	120-B Gordon Commercial Drive, LaGrange, GA 30240	706-845-4054	\$53,761
Phoenix Center Community Service Board and Behavioral Health Services	A	410 East Church Street, Fort Valley, GA 31030	478-825-6499	\$36,445
River Edge Behavioral Health Center	A	3575 Fulton Mill Road, Macon, GA 31206	478-471-5388	\$35,543
St. Illa Center of Satilla Community Services	A	3455 Harris Road, Waycross, GA 31503	912-449-7200	\$58,680
Savannah Area Behavioral Health Collaborative	N/A	17 Minus Avenue, Savannah, GA 31408	912-966-3791	\$74,821
State of Georgia	N/A	N/A	N/A	\$422,216
Community Mental Health Center of Middle Georgia	A	600 North Jefferson Street, Dublin, GA 31021	478-275-6800	\$35,057

Status Key: [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.