NC Positive Charge Initiative
Frequently Asked Questions

1. *Can we get Access Coordinators in our area or agency?*
2. *How can our agency partner with Access Coordinators*
3. *What do Access Coordinators do?*
4. *What don't Access Coordinators do?*
5. *How are Access Coordinators different than bridge counselors or case managers?*
6. *Why start a new program for this?*
7. *How can our agency partner with Positive Charge Initiative?*

1. *Can we get Access Coordinators in our area or agency?*

Currently the NC Positive Charge Initiative is only present in three areas of the state and we don't have immediate plans to expand the program.

2. *How can our agency partner with Access Coordinators?*

If you are in one of the areas we work in, give your local Access Coordinators a call (see contact information under Partners).

Here are just a few ideas for how your agency might partner with the Access Coordinators: invite them in to play HIV Jeopardy with your staff or clients; invite them to participate on your HIV testing team for special events – when someone tests positive, have them talk with an Access Coordinator; include an Access Coordinator on your health education panel; have them talk with clients about treatment adherence techniques or improving communication with your medical care providers; refer your clients in need of additional support to the Access Coordinators; include (with appropriate permissions) Access Coordinators in your case conferences; provide office space for your local Access Coordinator to meet your clients on site.

3. *What do Access Coordinators do?*

Access Coordinators identify people who are HIV+ but not engaged in care, connect them to HIV medical care and other supportive services, and help them address their barriers to care so they can stay in care.

How they go about doing outreach/identification varies, but includes leading educational events, conducting street outreach, working on medical clinic teams, participating in testing events, and leading support groups. Access Coordinators may also get referrals from medical clinics, DIS workers, case managers, or other clients.

Each Access Coordinator takes a different tactic to addressing a client's barriers to care based on the client's needs and the Access Coordinator's skills.

The Access Coordinators in the Northeast work closely with the mobile medical clinic, in Charlotte some work closely with the DIS workers and case managers, and in Wilmington there is an Access Coordinator housed at a satellite medical clinic.

4. *What don't Access Coordinators do?*

For all that the Access Coordinators can do, there are some things they don't do and the program is not designed to do. This is not an HIV testing program, the Access Coordinators aren't case managers or bridge counselors, we don't provide emergency assistance, and Access Coordinators are not taxi drivers or personal shoppers.

5. ***How are Access Coordinators different than bridge counselors or case managers?***
Access Coordinators have a unique role within the HIV system. Their role is split between identifying people who are out of care and helping them stay in care.
In their outreach and identification work, they may work with homeless shelters, domestic violence groups, treatment centers, or go to Laundromats, barber shops, health fairs, or faith communities to provide education and reach out to people who aren't engaging in the HIV system but are HIV+. In that work, they may talk with 50 people about HIV to get to the 1-2 who are HIV+.

Their access to care work includes identifying individuals' barriers to care and planning how to address them, providing support to
Access Coordinators' roles are short-term, ranging from about 3-9 months but tailored to the client's needs and are designed to help their clients build the skills they need to remain in health care. Access Coordinators will link their clients to case managers, housing, health education, and other support systems that will remain in place once the client has solidly engaged in care and no longer need the support of the Access Coordinator.

Access Coordinators are funded through private funds, so they don't have many of the limits that other funding may have. As a result, they can work with clients that are not actively engaged in medical care to help get them into care; they can provide education to a group of high risk people trying to reach the few HIV+ folks in the group; they can provide supportive services that aren't funded through Ryan White or HOPWA; and they are not paid on a fee for service basis.

Access Coordinators have a unique role that complement HIV testing, education, and care teams.

6. Why start a new program to do this?
The NC Positive Charge Initiative was designed to fill gaps in the HIV system; prevention and education programs aren't focused on getting people into care, care programs generally can't reach out to general population to identify people out of care, and many programs won't serve people until they are engaged in HIV medical care, which leaves a group of folks out of the HIV loop.
By creating a position that allows education, identification, and care to more seamlessly flow from one to another, the Access Coordinators complement the HIV system already in place. Additionally, using private funding allows the program more flexibility than federally funding programs generally afford.

7. What are the overall goals of the program?
This is an access to care project. The NC Positive Charge Initiative aims to bring 250 people into HIV medical care per year, who are out of care or who are "tenuously" engaged in care. As we do this, we are researching what individuals' barriers to care are so that we can help them better access medical care and improve our care system.

8. How can our agency partner with the Positive Charge Initiative?
NCCAF can offer agencies that are interested in having a similar program support for project start up, job descriptions, training tools, lessons learned, etc. Please contact us if you are interested.