

**Table 2A: HIV Prevention Priority Populations and Recommended Interventions¹ 2010 – 2016
With Special Considerations² for South Carolina**

Updated as of August 31, 2015 for alignment with the National HIV/AIDS Strategy and CDC’s High Impact HIV Prevention

Priority Populations (ranked)	Recommended Intervention or Public Health Strategy (not ranked), Including Interventions Proposed in August 2015 by the S.C. HIV Planning Council’s Prevention Committee for Inclusion in the CY 2017 – CY 2021 S.C. Integrated HIV Prevention and Care Plan (indicated as * and in bold type font below)
For All Priority Populations (#s 1 – 7, listed below)	<ul style="list-style-type: none"> ▪ Prevention Counseling (using <i>Fundamentals of Prevention Counseling</i> model) ▪ Outreach including Internet Outreach ▪ Social Networking Strategies ▪ Partner Services ▪ Condom Distribution ▪ Policies and Other Structural Interventions ▪ Capacity Building
1. Persons Living With HIV/AIDS (PLWHA)	<ul style="list-style-type: none"> ▪ <i>Anti-Retroviral Treatment and Access to Services (ARTAS)</i> ▪ <i>Comprehensive Risk Counseling and Services (CRCS)</i> ▪ Perinatal HIV Prevention Case Management Services (for pregnant women) ▪ <i>Healthy Relationships</i> ▪ <i>Women Involved in Life Learning from Other Women (WILLOW)</i> ▪ Linkage to and Retention in Care and Treatment Services ▪ <i>Project CONNECT (Client-Oriented New Patient Navigation to Encourage Connection to Treatment)*</i> ▪ <i>Strength Through Livin’ Empowered (STYLE)*</i> ▪ <i>Every Dose, Every Day*</i> ▪ <i>Partnership for Health*</i> ▪ <i>Project HEART (Helping Enhance Adherence to antiRetroviral Therapy)*</i>
For All Priority Populations (#s 2 – 7, listed below)	<ul style="list-style-type: none"> ▪ HIV Testing <ul style="list-style-type: none"> ○ Routine, opt-out testing in health care settings ○ Targeted HIV testing in non-healthcare settings ○ Routine early HIV screening for all pregnant women ○ Screening for other STDs, viral hepatitis and tuberculosis in conjunction with HIV testing ○ Couples HIV Testing and Counseling* ○ Personalized Cognitive Counseling (PCC)*
2. African American Men who Have Sex with Men (AAMSM)	<ul style="list-style-type: none"> ▪ <i>Many Men, Many Voices (3MV)</i>
3. African American Women who Have Sex with Men (AAWSM)	<ul style="list-style-type: none"> ▪ See previous “all priority populations” notes above.
4. African American Men who Have Sex with Women (AAMSW)	<ul style="list-style-type: none"> ▪ See previous “all priority populations” notes above.
5. White Men who Have Sex with Men (WMSM)	<ul style="list-style-type: none"> ▪ See previous “all priority populations” notes above.
6. Injecting Drug Users (IDUs)	<ul style="list-style-type: none"> ▪ See previous “all priority populations” notes above.
7. Hispanics/Latinos	<ul style="list-style-type: none"> ▪ See previous “all priority populations” notes above.

¹Interventions were recommended by the SC HIV Planning Council (HPC) through June 2012. After June, the SC DHEC STD/HIV Division revised the list of recommended interventions for alignment with CDC High Impact HIV Prevention.

²Special considerations are developed by the SC HPC’s Prevention Committee and approved by the entire HPC annually.

Table 2B: Recommended Interventions' Special Considerations for South Carolina

Updated as of April 2014 for alignment with the National HIV/AIDS Strategy and CDC's High Impact HIV Prevention

Intervention/ Public Health Strategy	Special Considerations
<i>Anti-Retroviral Treatment and Access to Services (ARTAS)</i>	<ul style="list-style-type: none"> • Transportation is an issue in South Carolina. Many people live in rural areas with limited to no public transportation. Special consideration when implementing the ARTAS intervention is to provide transportation assistance (i.e. agency pick-up, bus token, taxi cab voucher). • Unreliable telephone service and contact information. Many clients utilize pre-paid cell phones with limited available minutes, which hinders the ability to communicate with providers, case managers, and intervention staff. Agencies should consider providing pre-paid calling cards or other incentives. • Lack of stable housing. Individuals are displaced for various reasons (i.e. incarceration, unemployment, and hospitalization). It is recommended that in conjunction with providing intervention services, staff utilize other social service avenues, such as HOPWA, drug and alcohol services and mental health services. • Marketing the ARTAS intervention. Use a multidisciplinary approach. Make sure other organizations are aware of who is providing the ARTAS intervention.
<i>Healthy Relationships</i>	<ul style="list-style-type: none"> • Transportation to and from the intervention: Many areas are very rural in our state. Many areas do not have public transportation or taxi cab service. • Providing the intervention in a retreat type setting or over the course of several days (i.e. weekend or Wednesday - Friday) seems to work better than over the course of five weeks. Consideration should be given to adapting the intervention to be implemented in a two-day session or a week-end retreat. • A person active in substance abuse or actively psychotic may not be appropriate for the intervention. A mental health assessment and/or a substance abuse assessment may need to be conducted prior to enrolling an individual in the intervention. • Many clients entering Healthy Relationship Intervention need to have a clear understanding of HIV and STD transmission. It is recommended that clients have this education or knowledge prior to enrolling. It is recommended that clients be assessed for education and knowledge and if needed, provided individualized education prior to enrolling.
<i>Many Men, Many Voices (3MV)</i>	<ul style="list-style-type: none"> • Continue the one-weekend or two-weekend retreat provision of the intervention, versus the seven-session (one session per week for seven weeks) method of intervention delivery. • Establish statewide support from trained 3MV facilitators to assist other areas due to high staff turnover and lack of experienced staff for this intervention. • Conduct recruitment for additional facilitators to implement more 3MV interventions, with encouragement to DHEC STD/HIV to seek special funds to provide support in this effort.
<i>Women Involved in Life Learning from Other Women (WILLOW)</i>	<ul style="list-style-type: none"> • Transportation to and from the intervention: Many areas are very rural in our state; consequently, many areas do not have public transportation or taxi cab services. It is recommended to have personal transportation available for participants not just bus tickets/tokens due to the lack of public transportation and/or program crossing multiple county lines. • Providing the intervention over the course of several days (i.e. in a retreat setting, Friday through Sunday or four Fridays in a row) works better than providing intervention during the week. • It is recommended that the WILLOW facilitators should have some alcohol/drug knowledge. • It is recommended that participants go through <i>Healthy Relationships</i> after completing WILLOW. • Specific considerations and/or adaptations are made for other populations participating in the WILLOW intervention (i.e. transgender individuals).

Table 2C: Other Implementation Considerations in South Carolina – August 2014

- Transportation challenges for participants: Do they have reliable, consistent means to fully attend the intervention?
- Housing status of participants: Do participants have safe and stable housing situations?
- Staff training: Have the facilitators been trained in the intervention and in necessary supplemental education/skills?
- Funding and sustainability of interventions: Is there funding for ongoing implementation if a specific grant ends?
- Partnerships with other agencies: To maximize resources and fully serve clients, what partnerships are needed?
- Availability of specialty doctors: Local resources? To what extent could Telemedicine or other options be used?