

St. Louis Comprehensive 2018 – 2022 HIV Prevention Plan

**Prepared & Developed by
St. Louis Regional Prevention Advisory Group (RPAG)**

**Submitted by
City of St. Louis Department of Health
Bureau of Communicable Disease
HIV, STD, & Viral Hepatitis Prevention**

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I. PREVENTION FOR POSITIVES

A. Target Population: HIV-Positive African American Men Who Have Sex with Men (AA MSM +), Ages 13-29 & 30-60

The following behavioral interventions, public health strategies, and structural interventions will reach HIV-Positive African American Men Who Have Sex with Men (AA MSM +): Counseling for Positives & Referral Services, *d-up!*, *Healthy Relationships*, *3MV*, *Mpowerment*, and *Shanti LIFE Self-Management*.

Target Population:	HIV-Positive African American MSM, ages 13-29 & 30-60
RRA Activity:	Counseling for Positives & Referral Services (CRCS-adaption)
Goal:	Provide HIV-Positive African American MSM one-on-one HIV/STI education for staying physically & mentally healthy and preventing HIV-transmission to other people.
Objective:	Heightening awareness of personal risk by delivering an array of education in collaboration with the Disease Investigation Specialist (DIS) Program.
Activities:	Conduct one-on-one counseling sessions for African American MSM +, in which the Counselor will: <ol style="list-style-type: none">1. Explains the implications of an HIV-positive test result2. Negotiates achievable steps towards risk-taking behavior reduction goals3. Provides partner counseling & referral services
Science Based:	Health Belief Model & Social Cognitive Theory; Theory of Reasoned Action & Transtheoretical Model
Evaluation:	Ensure that 75% of clients develop a risk reduction plan and 85% of new positives are linked to care.
Needs Assessment Correspondence:	HIV +1 (a-c) and HIV +2

Target Population: HIV-Positive African American MSM, ages 13-29 & 30-60
Behavioral Intervention: *d-up! – Defend Yourself!*¹

Goal: To support and encourage the use of safer sex practices to reduce the risk of HIV and other STIs within the African American MSM community.

d-up! Opinion Leaders

Objective 1: To provide a minimum of 12 cycles of *d-up!* interventions (trainings, exercises and role plays), targeting a total of 8 AA MSM +, ages 13-29 & 30-60 by December 31, 2018.

Outcome Objective 1: After each OL training session, at least 80% of the participants will be able confidently say that they can carry out Risk Reductions Conversations with friends and acquaintances.

Activities 1: Identify and recruit community leaders through youth groups, social groups, African American MSM hangout locations such as bars, churches, etc. for participation in the *d-up!* program. Solicit and coordinate the participation of community agencies and establishments to be Community Partners in the program. Train opinion leaders in HIV/STI Prevention according to the *d-up!* model and have opinion leaders help design the approaches and messages to be endorsed and promoted in their prospective establishments.

d-up! Risk Reduction Conversations

Objective 2: Each of the 8 trained AA MSM + *d-up!* OLs will initiate a minimum of 1 conversation with their friendship groups annually and/or recruit at least 1 other OL from their social network by December 31, 2018.

Activities 2: *d-up!* OLs will:

1. Promote the program by wearing buttons, tee-shirts and/or other materials
2. Hang out in areas where they can elicit conversations with their friendship groups
3. Coordinate the participation of community agencies and establishments to be Community Partners in the program, such as bars that serve the targeted population.

¹ *d-up!* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

d-up! Social Marketing Campaign

Objective 3: To provide 2 ongoing cycles of social marketing interventions using artistic media to promote prevention messages to the African American MSM community by December 31, 2018.

Activities 3: Develop logo for program in coordination with the trained opinion leaders. Develop print materials that display the conversation-starting logo such as flyers, posters, table tents, buttons and t-shirts. Display print materials in the businesses of the community partners identified and other highly visible areas.

d-up! Outreach

Objective 4: To conduct a minimum of 4 *d-up!* outreach interventions consisting of face-to-face education and the distribution of safer sex kits and RRA information exchange to a minimum of 50 encounters with HIV-Positive or High-Risk Negative African American MSM, ages 13-29 & 30-60 by December 31, 2018.

Activities 4: Provide safer sex kits and literature to distribute. Establish and/or maintain relationships with partnering locations. Have peer educators qualified to perform active outreach and prepared to demonstrate the importance of the items in the kits and explain the proper usage of the item. Log the number of materials given out.

Science Base: Diffusion of Innovations and Theories of Peer Influence

Evaluation: The *d-up!* program will identify all key process monitoring that will reflect upon the implementation of the *d-up!* intervention as well as adherence to the core elements. This process will encourage those recruited to participate as well as develop risk-reduction conversations with members who bring friends.

Needs Assessment: AAMSM #1 (b & d) and AAMSM #2

Target Population: HIV-Positive African American MSM, ages 13-29 & 30-60

Behavioral Intervention: *Healthy Relationships*

Goal: To develop skills that encourages AA MSM + to create open and honest communications about their HIV status, while building an increased understanding of one's status and safe & healthy relationships.

Objective: To provide a minimum of 1 cycle of 5 sessions to a minimum of 8 AA MSM +, ages 13-60. These sessions will reinforce coping skills and stress reduction concerning status disclosure to family, friends, and partners by December 31, 2018.

Outcome Objectives: At the conclusion of the program 80% of individuals will have shared status with 100% of partners and with a minimum of 1 significant person in their life.

Activities: Provide AA MSM + individuals the opportunity to learn problem solving and decision making skills that impact the individual's ability to disclose their status. Increase knowledge by observing individuals and sharing status through role-play, classroom, and group activities.

Science Base: Social Cognitive Theory

Evaluation: Develop and maintain a community review panel for outcomes. Utilize evaluation tool.

Needs Assessment Correspondence: HIV+1 & HIV+2

Target Population: HIV-Positive African American MSM, ages 13-29 & 30-60

Behavioral Intervention: *Many Men, Many Voices (3MV)*

Goal: Provide prevention information on HIV and various related topics.

Objective: Address factors that influence the behavior of 2 cycles of 12 AA MSM +, including cultural, social, and religious norms; interactions between HIV and other STIs; sexual relationship dynamics; and the social and psychological influences that racism and homophobia have on HIV risk behaviors by December 31, 2018.

Outcome Objective: 60% of the participants in each complete intervention will have a 25% increase in condom use for anal sex as determined from the pretest baseline taken before the intervention.

Activities: Provide a total of 2 complete sets of 7-session interventions that encompass the core elements and key characteristics of *3MV* to a minimum of 6 AA MSM +, ages 13-29, and 6 AA MSM +, ages 30-60. Conduct outreach to recruit participants and provide, incentives if possible.

Science Base: Stages of Change Theory

Evaluation: *3MV* has an evaluation component that will be conducted and reviewed.

Needs Assessment Correspondence: AAMSM #1 & AAMSM #2

Target Population:	HIV-Positive African American MSM, ages 13-29
Behavioral Intervention:	<i>Mpowerment</i> ²
Goal:	To provide HIV/STI education and prevention information for African American MSM in one group ages 13-29. This includes supporting and encouraging the use of safer sex practices to lower the incidence of HIV by focusing on specific communities and sites with the highest risk populations.
Core Groups	
Objective 1:	Build 2 Core Groups of no less than 12 AA MSM + each. The group is to be composed of those who have racial/ethnic/socioeconomic diversity and is responsible for decision-making and facilitating the activities of the <i>Mpowerment</i> intervention, with a minimum of 24 meetings by December 31, 2018.
Activities 1:	Identify sites for the Core Group to meet regularly. Utilize paid staff and volunteers. Follow <i>Mpowerment Project's</i> guiding principles. Provide incentives. This objective will be measured through meeting notes and attendance forms.
Evaluation 1:	Sign-In sheets which will track race, age, zip codes to ensure that a diverse range of individuals are served.
M-Group	
Objective 2:	Provide 12 M-Groups sessions that create social opportunities for African American MSM to discuss important issues in addition to teaching sexual negotiation skills and eroticizing safer sex to 24 AA MSM +, ages 13-29 by December 31, 2018.
Outcome Objective 2:	At the conclusion of each M-Group at least 75% of those individuals who participated will be able to demonstrate proper condom usage, identify three ways to eroticize safer sex, and identify the correct steps to put on a male condom.
Activities 2:	Identify sites for sessions to occur. Ensure that the curriculum is implemented with fidelity and in a culturally appropriate manner. Develop a curriculum with a planned series of educational sessions. Provide incentives.
Evaluation 2:	Provide evaluation forms for each meeting, evaluating service provision and comprehension of material. 75% or higher will develop a prevention plan within this area of intervention.

² *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

Formal Outreach

Objective 3:

To conduct a minimum of 50 *Mpowerment* formal outreach activities, which include sponsoring fun and appealing events and activities, providing social opportunities for MSM to connect with one another, empowering project staff, members and volunteers, and promoting the program and safer sex to a minimum of 225 African American MSM by December 31, 2018.

Activities 3:

Establish a safe space for formal outreach to occur on a regular schedule. Provide safer sex kits and literature to distribute. Recruit for M-groups and other project activities. Conduct referrals to other services (i.e. HIV Counseling and Testing).

Additional Activities 3:

Establish an *Mpowerment* Coordinator to oversee all Project activities, developing oversight of programming.

Evaluation 3:

75% of individuals will be able to identify a minimum of 2 safer sex practices and be able to identify at least one HIV service provider that provides education, testing, and counseling services.

Include quarterly reports of outcomes, challenges, and developments. Conduct onsite observations and program interviews no less than bi-annual.

Science Base:

Diffusion of Innovation Theory, Stages of Change, and Social Cognitive Theory

Needs Assessment Correspondence:

AAMSM #1 & AAMSM #2

Target Population:	HIV-Positive African American MSM, ages 13-29 & 30-60
Behavioral Intervention:	Shanti <i>LIFE Self-Management (101 and/or 102)</i>
Goal:	To develop skills and increase immune function by providing information on decision-making, problem solving, disclosure, stress, and immune system function in addition to HIV/STI education.
Objective:	To provide 4 cycles of <i>LIFE Self-Management</i> Program/Curriculum focusing on immune system function, self-assertiveness, sustained survival stress, self-disclosure and other cofactors to a minimum of 30 African American MSM +, ages 13-29 & 30-60 by December 31, 2018.
Outcome Objective:	At the conclusion of the program, 75% of the participants will be able to show an improvement in their psychosocial “performance” cofactors as outlined in the <i>LIFE Self-Management</i> curriculum.
Activities:	Provide <i>LIFE Self-Management</i> training for those who haven’t completed it. Identify facilities in the area that will allow on-site education (and get signed memorandums of agreement). Collaborate with other agencies currently providing this program and use appropriate peers to deliver message. Provide incentives if possible.
Science Base:	Social Cognitive Theory
Evaluation:	All participants will complete an extensive pre-/post-test to assess skills gained through this intervention. Instructor feedback and evaluation of skills will be recorded. Unique identifiers will be used. Shanti conducts extensive evaluation of the <i>LIFE Self-Management</i> program and will share their findings with the appropriate subcontractor.
Needs Assessment Correspondence:	HIV+1 & HIV+2

AA MSM+			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
Counseling for Positives & Referral Services	Provide education to newly diagnosed positives on personal risk and refer them to care services	N/A	75% develop risk reduction plans; 85% linked to care
d-up! ³	12-cycles of d-up! Opinion Leader training sessions	12	8
	Risk Reduction Conversations with OL's friendship groups	8	8
	Social marketing campaign to develop a minimum of 2 conversation starters	2	N/A
	d-up! outreach interventions	4	50
Healthy Relationships	80% will have shared status with 100% of partners and a min of 1 significant person in their life.	1	8
3MV	60% of participants will have a 25% increase in condom use for anal sex	2	12
Mpowerment ⁴	Core Group – 2 separate groups	2	24
	M-Group	12	24
	Formal Outreach	50	225
Shanti LIFE Self-Management 101 and/or 102	Participants will be able to show an improvement in the psychosocial “performance” cofactors	4	30

³ *d-up!* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

⁴ *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

B. Target Population: HIV-Positive White Men Who Have Sex with Men (W MSM +), Ages 13-29 & 30-60

The following behavioral interventions, public health strategies, and structural interventions will reach HIV-Positive White Men Who Have Sex with Men (W MSM +): Counseling for Positives & Referral Services, *Healthy Relationships*, *Mpowerment*, and *Shanti LIFE Self-Management*.

Target Population:	HIV-Positive White MSM, ages 13-29 & 30-60
RRA Activity:	Counseling for Positives & Referral Services (CRCS-adaption)
Goal:	Provide HIV-Positive White MSM one-on-one HIV/STI education for staying physically & mentally healthy and preventing HIV-transmission to other people.
Objective:	Heightening awareness of personal risk by delivering an array of education in collaboration with the Disease Investigation Specialist (DIS) Program.
Activities:	Conduct one-on-one counseling sessions for White MSM +, in which the Counselor will: <ol style="list-style-type: none">1. Explains the implications of an HIV-positive test result2. Negotiates achievable steps towards risk-taking behavior reduction goals3. Provides partner counseling & referral services
Science Based:	Health Belief Model & Social Cognitive Theory; Theory of Reasoned Action & Transtheoretical Model
Evaluation:	Ensure that 75% of clients develop a risk reduction plan and 85% of new positives are linked to care.
Needs Assessment Correspondence:	HIV +1 (a-c) and HIV +2

Target Population: HIV-Positive White MSM, ages 13-29 & 30-60

Behavioral Intervention: *Healthy Relationships*

Goal: To develop skills that encourages W MSM + to create open and honest communications about their HIV status, while building an increased understanding of one's status and safe & healthy relationships.

Objective: To provide a minimum of 1 cycles of 5 sessions to a minimum of 4 W MSM +, ages 13-60. These sessions will reinforce coping skills and stress reduction concerning status disclosure to family, friends, and partners.

Outcome Objectives: At the conclusion of the program 80% of individuals will have shared status with 100% of partners and with a minimum of 1 significant person in their life.

Activities: Provide W MSM + individuals the opportunity to learn problem solving and decision making skills that impact the individual's ability to disclose their status. Increase knowledge by observing individuals and sharing status through role-play, classroom, and group activities.

Science Base: Social Cognitive Theory

Evaluation: Develop and maintain a community review panel for outcomes. Utilize evaluation tool.

Needs Assessment Correspondence: HIV+1 & HIV+2

Target Population: HIV-Positive White MSM, ages 13-29
Behavioral Intervention: *Mpowerment*⁵

Goal: To provide HIV/STI education and prevention information for White MSM in one group ages 13-29. This includes supporting and encouraging the use of safer sex practices to lower the incidence of HIV by focusing on specific communities and sites with the highest risk populations.

Core Groups

Objective 1: Build 1 Core Group of no less than 6 W MSM +. The group is to be composed of those who have racial/ethnic/socioeconomic diversity and is responsible for decision-making and facilitating the activities of the *Mpowerment* intervention, with a minimum of 12 meetings by December 31, 2018.

Activities 1: Identify sites for the Core Group to meet regularly. Utilize paid staff and volunteers. Follow *Mpowerment Project's* guiding principles. Provide incentives. This objective will be measured through meeting notes and attendance forms.

Evaluation 1: Sign-In sheets which will track race, age, zip codes to ensure that a diverse range of individuals are served.

M-Group

Objective 2: Provide 6 M-Groups sessions that create social opportunities for White MSM to discuss important issues in addition to teaching sexual negotiation skills and eroticizing safer sex to 6 W MSM +, ages 13-29 by December 31, 2018.

Outcome Objective 2: At the conclusion of each M-Group at least 75% of those individuals who participated will be able to demonstrate proper condom usage, identify three ways to eroticize safer sex, and identify the correct steps to put on a male condom.

Activities 2: Identify sites for sessions to occur. Ensure that the curriculum is implemented with fidelity and in a culturally appropriate manner. Develop a curriculum with a planned series of educational sessions. Provide incentives.

Evaluation 2: Provide evaluation forms for each meeting, evaluating service provision and comprehension of material. 75% or higher will develop a prevention plan within this area of intervention.

⁵ *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, White Men Who Have Sex with Men (W MSM).

Formal Outreach

Objective 3:

To conduct a minimum of 12 *Mpowerment* formal outreach activities, which include sponsoring fun and appealing events and activities, providing social opportunities for MSM to connect with one another, empowering project staff, members and volunteers, and promoting the program and safer sex to a minimum of 6 White MSM by December 31, 2018.

Activities 3:

Establish a safe space for formal outreach to occur on a regular schedule. Provide safer sex kits and literature to distribute. Recruit for M-groups and other project activities. Conduct referrals to other services (i.e. HIV Counseling and Testing).

Additional Activities 3:

Establish an *Mpowerment* Coordinator to oversee all Project activities, developing oversight of programming.

Evaluation 3:

75% of individuals will be able to identify a minimum of 2 safer sex practices and be able to identify at least one HIV service provider that provides education, testing, and counseling services.

Include quarterly reports of outcomes, challenges, and developments. Conduct onsite observations and program interviews no less than bi-annual.

Science Base:

Diffusion of Innovation Theory, Stages of Change, and Social Cognitive Theory

Needs Assessment Correspondence:

WMSM #1 & WMSM #2

Target Population: HIV-Positive White MSM, ages 13-29 & 30-60

Behavioral Intervention: Shanti *LIFE Self-Management (101 and/or 102)*

Goal: To develop skills and increase immune function by providing information on decision-making, problem solving, disclosure, stress, and immune system function in addition to HIV/STI education.

Objective: To provide 2 cycles of *LIFE Self-Management* Program/Curriculum focusing on immune system function, self-assertiveness, sustained survival stress, self-disclosure and other cofactors to a minimum of 10 White MSM +, ages 13-29 & 30-60.

Outcome Objective: At the conclusion of the program, 75% of the participants will be able to show an improvement in their psychosocial “performance” cofactors as outlined in the *LIFE Self-Management* curriculum.

Activities: Provide *LIFE Self-Management* training for those who haven’t completed it. Identify facilities in the area that will allow on-site education (and get signed memorandums of agreement). Collaborate with other agencies currently providing this program and use appropriate peers to deliver message. Provide incentives if possible.

Science Base: Social Cognitive Theory

Evaluation: All participants will complete an extensive pre-/post-test to assess skills gained through this intervention. Instructor feedback and evaluation of skills will be recorded. Unique identifiers will be used. Shanti conducts extensive evaluation of the *LIFE Self-Management* program and will share their findings with the appropriate subcontractor.

Needs Assessment Correspondence: HIV+1 & HIV+2

W MSM+			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
Counseling for Positives & Referral Services	Provide education to newly diagnosed positives on personal risk and refer them to care services	N/A	75% develop risk reduction plans; 85% linked to care
Healthy Relationships	80% will have shared status with 100% of partners and a min of 1 significant person in their life.	1	4
Mpowerment ⁶	Core Group – 1 group	1	6
	M-Group	6	6
	Formal Outreach	12	6
Shanti LIFE Self-Management 101 and/or 102	Participants will be able to show an improvement in the psychosocial “performance” cofactors	2	10

⁶ *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, White Men Who have Sex with Men (W MSM).

C. Target Population: HIV-Positive Latinx Men Who Have Sex with Men (L MSM +), Ages 18-60

The following behavioral interventions, public health strategies, and structural interventions will reach HIV-Positive Latinx Men Who Have Sex with Men (L MSM +): Counseling for Positives & Referral Services.

Target Population:	HIV-Positive Latinx MSM, ages 18-60
RRA Activity:	Counseling for Positives & Referral Services (CRCS-adaption)
Goal:	Provide HIV-Positive Latinx MSM one-on-one HIV/STI education for staying physically & mentally healthy and preventing HIV-transmission to other people.
Objective:	Heightening awareness of personal risk by delivering an array of education in collaboration with the Disease Investigation Specialist (DIS) Program.
Activities:	Conduct one-on-one counseling sessions for Latinx MSM +, in which the Counselor will: <ol style="list-style-type: none">1. Explains the implications of an HIV-positive test result2. Negotiates achievable steps towards risk-taking behavior reduction goals3. Provides partner counseling & referral services
Science Based:	Health Belief Model & Social Cognitive Theory; Theory of Reasoned Action & Transtheoretical Model
Evaluation:	Ensure that 75% of clients develop a risk reduction plan and 85% of new positives are linked to care.
Needs Assessment Correspondence:	HIV +1 (a-c) and HIV +2

L MSM+			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
Counseling for Positives & Referral Services	Provide education to newly diagnosed positives on personal risk and refer them to care services	N/A	75% develop risk reduction plans; 85% linked to care

D. Target Population: HIV-Positive African American High-Risk Heterosexual Females (AA HRH F +), Ages 14-17 & 18-60

The following behavioral interventions, public health strategies, and structural interventions will reach HIV-Positive African American High-Risk Heterosexual Females (AA HRH F+): Counseling for Positives & Referral Services, *CLEAR*, and Shanti *LIFE Self-Management*.

Target Population:	HIV-Positive African American HRH Females, ages 14-17 & 18-60
RRA Activity:	Counseling for Positives & Referral Services (CRCS-adaption)
Goal:	Provide HIV-Positive African American HRH Females one-on-one HIV/STI education for staying physically & mentally healthy and preventing HIV-transmission to other people.
Objective:	Heightening awareness of personal risk by delivering an array of education in collaboration with the Disease Investigation Specialist (DIS) Program.
Activities:	Conduct one-on-one counseling sessions for African American HRH Females +, in which the Counselor will: <ol style="list-style-type: none">1. Explains the implication of an HIV-positive test result2. Negotiates achievable steps towards risk-taking behavior reduction goals3. Provides partner counseling & referral services
Science Based:	Health Belief Model & Social Cognitive Theory; Theory of Reasoned Action & Transtheoretical Model
Evaluation:	Ensure that 75% of clients develop a risk reduction plan and 85% of new positives are linked to care.
Needs Assessment Correspondence:	HIV +1 (a-c) and HIV +2

Target Population:	HIV-Positive African American HRH Females, ages 16-17 & 18-60
Behavioral Intervention:	<i>Choosing Life: Empowerment! Actions! Results! (CLEAR)</i>
Goal:	Provide African American HRH Females, ages 16-17 & 18-60, with individual interventions which apply cognitive behavioral techniques to maintain health, reduce transmission and acquisition of HIV/STI, and improve the quality of life of individuals living with HIV/AIDS.
Objective:	To provide individual interventions from the <i>CLEAR</i> program that assists African American HRH Females in addressing systemic factors that play a role in enhancing and increasing healthy living and reducing risk of HIV or STI transmission. This will consist of 2 AA HRHF + persons completing a minimum of 5 core sessions and developing one topic of significance to health risk factors.
Outcome Objective:	100% of participants will complete all 5 <i>CLEAR</i> Core Skill Sessions. At least 1 of the 2 individuals will complete the Menu sessions (outlines within <i>CLEAR</i> curriculum) and will develop an individualized prevention plans through client driven menu sessions.
Activities:	Recruit potential individuals from outreach events, specifically through counseling and testing or by referral from Linkage to Care and BEACON programs. Identify a venue and/or space to meet individuals to provide safer sex information that includes a viable risk reduction plan for risky sexual behavior.
Science Base:	Social Action Theory
Evaluation:	Pre-/Post-knowledge assessments and verification of continued risk reduction plan.
Needs Assessment Correspondence:	AAHRHF #1 & AAHRHF #2

Target Population:	HIV-Positive African American HRH Females, ages 16-17 & 18-60
Behavioral Intervention:	Shanti <i>LIFE Self-Management (101 and/or 102)</i>
Goal:	To develop skills and increase immune function by providing information on decision-making, problem solving, disclosure, stress, and immune system function in addition to HIV/STI education.
Objective:	To provide 4 cycles of <i>LIFE Self-Management</i> Program/Curriculum focusing on immune system function, self-assertiveness, sustained survival stress, self-disclosure and other cofactors to a minimum of 28 AA HRHF +, ages 16-17 & 18-60.
Outcome Objective:	At the conclusion of the program, 75% of the participants will be able to show an improvement in their psychosocial “performance” cofactors as outlined in the <i>LIFE Self-Management</i> curriculum.
Activities:	Provide <i>LIFE Self-Management</i> training for those who haven’t completed it. Identify facilities in the area that will allow on-site education (and get signed memorandums of agreement). Collaborate with other agencies currently providing this program and use appropriate peers to deliver message. Provide incentives if possible.
Science Base:	Social Cognitive Theory
Evaluation:	All participants will complete an extensive pre-/post-test to assess skills gained through this intervention. Instructor feedback and evaluation of skills will be recorded. Unique identifiers will be used. Shanti conducts extensive evaluation of the <i>LIFE Self-Management</i> program and will share their findings with the appropriate subcontractor.
Needs Assessment Correspondence:	HIV+1 & HIV+2

AA HRH F+			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
Counseling for Positives & Referral Services	Provide education to newly diagnosed positives on personal risk and refer them to care services	N/A	75% develop risk reduction plans; 85% linked to care
CLEAR	Complete 5 core menu sessions	2	2
Shanti LIFE Self-Management 101 and/or 102	Participants will be able to show an improvement in the psychosocial “performance” cofactors	4	28

II. COMMUNITY TESTING

Type of Site	Goal # of Events	Goal # Clients to Reach
In-Office	N/A	1500
Outreach	200	3500
Social Network Strategy	0	0
Couples	0	0
ALL	200	5000

III. CONDOM DISTRIBUTION

Target Population	Number of Sites	Number of condoms to be distributed
AA MSM+	16	22,500
W MSM+	16	22,500
L MSM+	-	-
AA HRH F +	16	22,500
AA MSM	15	45,000
W MSM	10	45,000
L MSM	2	9,000
AA HRH F	20	67,500
Regional Risk Pop: AA HRH M	5	13,500
General Population in high risk zip codes/areas/sites	25	67,500
ALL	126	315,000

Of the approximate 125 sites the Region plans on supplying in 2018, approximately 45-50 will provide services and will welcome both HIV-Positive and High-Risk Negative clients of the same population. In 2018, the St. Louis Region intends on marketing to the population using advertising on the City of St. Louis Department of Health and St. Louis Planning Council websites and the websites of other community partners. Condom messaging and trackers will eventually let the community know where to find distribution sites in their vicinity.

IV. PREVENTION FOR HIGH-RISK NEGATIVES

A. Target Population: High-Risk Negative African American Men Who Have Sex with Men (AA MSM), Ages 13-29 and 30-60

The following behavioral interventions, public health strategies, and structural interventions will reach High-Risk African American Men Who Have Sex with Men (AA MSM): *d-up!*, *Mpowerment*, and *Outreaches*.

Target Population: High-Risk African American MSM, ages 13-29 & 30-60

Behavioral Intervention: *d-up! – Defend Yourself!*⁷

Goal: To support and encourage the use of safer sex practices to reduce the risk of HIV and other STIs within the African American MSM community.

d-up! Opinion Leaders

Objective 1: To provide a minimum of 12 cycles of *d-up!* interventions (trainings, exercises and role plays), targeting a total of 25 High-Risk Negative AA MSM, ages 13-29 & 30-60 by December 31, 2018.

Outcome Objective 1: After each OL training session, at least 80% of the participants will be able confidently say that they can carry out Risk Reductions Conversations with friends and acquaintances.

Activities 1: Identify and recruit community leaders through youth groups, social groups, African American MSM hangout locations such as bars, churches, etc. for participation in the *d-up!* program. Solicit and coordinate the participation of community agencies and establishments to be Community Partners in the program. Train opinion leaders in HIV/STI Prevention according to the *d-up!* model and have opinion leaders help design the approaches and messages to be endorsed and promoted in their prospective establishments.

d-up! Risk Reduction Conversations

Objective 2: Each of the 25 trained High-Risk Negative AA MSM *d-up!* OLs will initiate a minimum of 1 conversation with their friendship groups annually and/or recruit at least 1 other OL from their social network by December 31, 2018.

⁷ *d-up!* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

Activities 2:

d-up! OLs will:

1. Promote the program by wearing buttons, tee-shirts and/or other materials
2. Hang out in areas where they can elicit conversations with their friendship groups
3. Coordinate the participation of community agencies and establishments to be Community Partners in the program, such as bars that serve the targeted population.

d-up! Social Marketing Campaign

Objective 3:

To provide 2 ongoing cycles of social marketing intervention using artistic media to promote prevention messages to the African American MSM community by December 31, 2018.

Activities 3:

Develop logo for program in coordination with the trained opinion leaders. Develop print materials that display the conversation-starting logo such as flyers, posters, table tents, buttons and t-shirts. Display print materials in the businesses of the community partners identified and other highly visible areas.

d-up! Outreach

Objective 4:

To conduct a minimum of 4 *d-up!* outreach interventions consisting of face-to-face education and the distribution of safer sex kits and RRA information exchange to a minimum of 50 encounters with HIV-Positive or High-Risk Negative African American MSM, ages 13-29 & 30-60 by December 31, 2018.

Activities 4:

Provide safer sex kits and literature to distribute. Establish and/or maintain relationships with partnering locations. Have peer educators qualified to perform active outreach and prepared to demonstrate the importance of the items in the kits and explain the proper usage of the item. Log the number of materials given out.

Science Base:

Diffusion of Innovations and Theories of Peer Influence

Evaluation:

The *d-up!* program will identify all key process monitoring that will reflect upon the implementation of the *d-up!* intervention as well as adherence to the core elements. This process will encourage those recruited to participate as well as develop risk-reduction conversations with members who bring friends.

Needs Assessment:

AAMSM #1 (b & d) and AAMSM #2

Target Population: High-Risk Negative African American MSM, ages 13-29
Behavioral Intervention: *Mpowerment*⁸

Goal: To provide HIV/STI education and prevention information for African American MSM in one group ages 13-29. This includes supporting and encouraging the use of safer sex practices to lower the incidence of HIV by focusing on specific communities and sites with the highest risk populations.

Core Groups

Objective 1: Build 2 Core Groups of no less than 24 High-Risk Negative AA MSM each. The group is to be composed of those who have racial/ethnic/socioeconomic diversity and is responsible for decision-making and facilitating the activities of the *Mpowerment* intervention with a minimum of 24 meetings by December 31, 2018.

Activities 1: Identify sites for the Core Group to meet regularly. Utilize paid staff and volunteers. Follow *Mpowerment Project's* guiding principles. Provide incentives. This objective will be measured through meeting notes and attendance forms.

Evaluation 1: Sign-In sheets which will track race, age, zip codes to ensure that a diverse range of individuals are served.

M-Group

Objective 2: Provide 12 M-Groups sessions that create social opportunities for African American MSM to discuss important issues in addition to teaching sexual negotiation skills and eroticizing safer sex to 50 High-Risk Negative AA MSM, ages 13-29 by December 31, 2018.

Outcome Objective 2: At the conclusion of each M-Group at least 75% of those individuals who participated will be able to demonstrate proper condom usage, identify three ways to eroticize safer sex, and identify the correct steps to put on a male condom.

Activities 2: Identify sites for sessions to occur. Ensure that the curriculum is implemented with fidelity and in a culturally appropriate manner. Develop a curriculum with a planned series of educational sessions. Provide incentives.

Evaluation 2: Provide evaluation forms for each meeting, evaluating service provision and comprehension of material. 75% or higher will develop a prevention plan within this area of intervention.

⁸ *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

Formal Outreach

Objective 3:

To conduct a minimum of 50 *Mpowerment* formal outreach activities, which include sponsoring fun and appealing events and activities, providing social opportunities for MSM to connect with one another, empowering project staff, members and volunteers, and promoting the program and safer sex to a minimum of 225 African American MSM by December 31, 2018.

Activities 3:

Establish a safe space for formal outreach to occur on a regular schedule. Provide safer sex kits and literature to distribute. Recruit for M-groups and other project activities. Conduct referrals to other services (i.e. HIV Counseling and Testing).

Additional Activities 3:

Establish an *Mpowerment* Coordinator to oversee all Project activities, developing oversight of programming.

Evaluation 3:

75% of individuals will be able to identify a minimum of 2 safer sex practices and be able to identify at least one HIV service provider that provides education, testing, and counseling services.

Include quarterly reports of outcomes, challenges, and developments. Conduct onsite observations and program interviews no less than bi-annual.

Science Base:

Diffusion of Innovation Theory, Stages of Change, and Social Cognitive Theory

Needs Assessment Correspondence:

AAMSM #1 & AAMSM #2

Target Population: High-Risk Negative African American MSM, ages 13-29 & 30-60
RRA Activity: Outreaches

Goal: Provide information about HIV/STI prevention and resources.

Individual-Level Intervention

Objective 1: To conduct outreach activities for 100 HIV-Positive and High-Risk Negative African American MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 1: One-on-one activities to be performed like, but not limited to, PrEP 101 and internet outreaches.

Group-Level Intervention

Objective 2: To conduct outreach activities for 250 HIV-Positive and High-Risk Negative African American MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 2: Provide presentations, workshops, homegrown activities, and other group-level activities to promote behavior change. Provide safer sex and prevention information to African American MSM while engaging each individual to have an HIV test.

Community-Level Intervention

Objective 3: To conduct outreach activities for 150 HIV-Positive and High-Risk Negative African American MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 3: To pass out condoms and resources at establishments. Activities also include, but not limited to conducting health fairs, discussions, endorsing prevention messages, and giving referrals in areas the target population are comfortable gathering. Directing individuals to the testing sites and/or testing activities that are occurring at targeted locations is imperative.

Science Base: N/A (This is a CDC directive based interventions like CRCS)

Needs Assessment Correspondence: HIV +1 (a-c, g) & HIV +2 (c)

AA MSM			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
d-up! ⁹	12-cycles of d-up! Opinion Leader training sessions	12	25
	Risk Reduction Conversations with OL's friendship groups	25	25
	Social marketing campaign to develop a minimum of 2 conversation starters	2	N/A
	d-up! outreach interventions	4	50
Mpowerment ¹⁰	Core Group – 2 separate groups	2	48
	M-Group	12	50
	Formal Outreach	50	225
Outreaches	Individual-Level Intervention	100	100
	Group-Level Intervention	N/A	250
	Community-Level Intervention	N/A	150

⁹ *d-up!* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

¹⁰ *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, African American Men Who have Sex with Men (AA MSM).

B. Target Population: High-Risk Negative White Men Who Have Sex with Men (W MSM), Ages 13-29 & 30-60

The following behavioral interventions, public health strategies, and structural interventions will reach High-Risk Negative White Men Who Have Sex with Men (W MSM): *Mpowerment* and Outreaches.

Target Population: High-Risk Negative White MSM, ages 13-29
Behavioral Intervention: *Mpowerment*¹¹

Goal: To provide HIV/STI education and prevention information for High-Risk Negative White MSM in one group ages 13-29. This includes supporting and encouraging the use of safer sex practices to lower the incidence of HIV by focusing on specific communities and sites with the highest risk populations.

Core Groups

Objective 1: Build 1 Core Group of no less than 6 High-Risk Negative W MSM. The group is to be composed of those who have racial/ethnic/socioeconomic diversity and is responsible for decision-making and facilitating the activities of the *Mpowerment* intervention, with a minimum of 12 meetings by December 31, 2018.

Activities 1: Identify sites for the Core Group to meet regularly. Utilize paid staff and volunteers. Follow *Mpowerment Project's* guiding principles. Provide incentives. This objective will be measured through meeting notes and attendance forms.

Evaluation 1: Sign-In sheets which will track race, age, zip codes to ensure that a diverse range of individuals are served.

M-Group

Objective 2: Provide 6 M-Groups sessions that create social opportunities for White MSM to discuss important issues in addition to teaching sexual negotiation skills and eroticizing safer sex to 6 High-Risk Negative W MSM, ages 13-29 by December 31, 2018.

Outcome Objective 2: At the conclusion of each M-Group at least 75% of those individuals who participated will be able to demonstrate proper condom usage, identify three ways to eroticize safer sex, and identify the correct steps to put on a male condom.

¹¹ *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, White Men Who Have Sex with Men (W MSM).

Activities 2: Identify sites for sessions to occur. Ensure that the curriculum is implemented with fidelity and in a culturally appropriate manner. Develop a curriculum with a planned series of educational sessions. Provide incentives.

Evaluation 2: Provide evaluation forms for each meeting, evaluating service provision and comprehension of material. 75% or higher will develop a prevention plan within this area of intervention.

Formal Outreach

Objective 3: To conduct a minimum of 12 *Mpowerment* formal outreach activities, which include sponsoring fun and appealing events and activities, providing social opportunities for MSM to connect with one another, empowering project staff, members and volunteers, and promoting the program and safer sex to a minimum of 6 High-Risk Negative White MSM, ages 13-29 by December 31, 2018.

Activities 3: Establish a safe space for formal outreach to occur on a regular schedule. Provide safer sex kits and literature to distribute. Recruit for M-groups and other project activities. Conduct referrals to other services (i.e. HIV Counseling and Testing).

Additional Activities 3: Establish an *Mpowerment* Coordinator to oversee all Project activities, developing oversight of programming.

Evaluation 3: 75% of individuals will be able to identify a minimum of 2 safer sex practices and be able to identify at least one HIV service provider that provides education, testing, and counseling services.

Include quarterly reports of outcomes, challenges, and developments. Conduct onsite observations and program interviews no less than bi-annual.

Science Base: Diffusion of Innovation Theory, Stages of Change, and Social Cognitive Theory

Needs Assessment Correspondence: WMSM #1 & WMSM #2

Target Population: High-Risk Negative White MSM, ages 13-29 & 30-60
RRA Activity: Outreaches
Goal: Provide information about HIV/STI prevention and resources.

Individual-Level Intervention

Objective 1: To conduct outreach activities for 150 HIV-Positive and High-Risk Negative White MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 1: One-on-one activities to be performed like, but not limited to, PrEP 101 and internet outreaches.

Group-Level Intervention

Objective 2: To conduct outreach activities for 100 HIV-Positive and High-Risk Negative White MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 2: Provide presentations, workshops, homegrown activities, and other group-level activities to promote behavior change. Provide safer sex and prevention information to White MSM while engaging each individual to have an HIV test.

Community-Level Intervention

Objective 3: To conduct outreach activities for 100 HIV-Positive and High-Risk Negative White MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 3: To pass out condoms and resources at establishments. Activities also include, but not limited to conducting health fairs, discussions, endorsing prevention messages, and giving referrals in areas the target population are comfortable gathering. Directing individuals to the testing sites and/or testing activities that are occurring at targeted locations is imperative.

Science Base: N/A (This is a CDC directive based interventions like CRCS)

Needs Assessment Correspondence: HIV +1 (a-c, g) & HIV +2 (c)

W MSM			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
Mpowerment ¹²	Core Group – 1 group	1	6
	M-Group	6	6
	Formal Outreach	12	6
Outreaches	Individual-Level Intervention	150	150
	Group-Level Intervention	N/A	100
	Community-Level Intervention	N/A	100

¹² *Mpowerment* cycle minimums are shared among the HIV-Positive and High-Risk Negative groups of the same population, White Men Who have Sex with Men (W MSM).

C. Target Population: High-Risk Negative Latinx Men Who Have Sex with Men (L MSM), Ages 13-29 & 30-60

The following behavioral interventions, public health strategies, and structural interventions will reach High-Risk Negative Latinx Men Who Have Sex with Men (L MSM): Outreaches.

Target Population: High-Risk Negative Latinx MSM, ages 13-29 & 30-60
RRA Activity: Outreaches

Goal: Provide information about HIV/STI prevention and resources.

Individual-Level Intervention

Objective 1: To conduct outreach activities for 5 HIV-Positive and High-Risk Negative Latinx MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 1: One-on-one activities to be performed like, but not limited to, PrEP 101 and internet outreaches.

Group-Level Intervention

Objective 2: To conduct outreach activities for 20 HIV-Positive and High-Risk Negative Latinx MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 2: Provide presentations, workshops, homegrown activities, and other group-level activities to promote behavior change. Provide safer sex and prevention information to Latinx MSM while engaging each individual to have an HIV test.

Community-Level Intervention

Objective 3: To conduct outreach activities for 50 HIV-Positive and High-Risk Negative Latinx MSM, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 3: To pass out condoms and resources at establishments. Activities also include, but not limited to conducting health fairs, discussions, endorsing prevention messages, and giving referrals in areas the target population are comfortable gathering. Directing individuals to the testing sites and/or testing activities that are occurring at targeted locations is imperative.

Science Base: N/A (This is a CDC directive based interventions like CRCS)

Needs Assessment Correspondence: HIV +1 (a-c, g) & HIV +2 (c)

L MSM			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
Outreaches	Individual-Level Intervention	5	5
	Group-Level Intervention	N/A	20
	Community-Level Intervention	N/A	50

D. Target Population: High-Risk Negative African American High-Risk Heterosexual Females (AA HRH F), Ages 14-17 & 18-60, and their Male Partners (MP), Ages 13-29 & 30-60

The following behavioral interventions, public health strategies, and structural interventions will reach High-Risk Negative African American High-Risk Heterosexual Females (AA HRH F) and their Male Partners (MP): *SISTA* and Outreaches.

- Target Population:** High-Risk Negative African American HRH Females, ages 18-55
- Behavior Intervention:** *Sisters Informing Sisters on Topics about AIDS (SISTA)*
- Goal:** To provide a series of programs through various sites to High-Risk Negative AA HRH F to increase their knowledge for HIV and empower them to protect themselves from unsafe sexual behavior while teaching them to use condoms correctly.
- Objective 1:** To provide a total of 4 cycles of *SISTA* interventions to a minimum of 32 High-Risk Negative AA HRH F, ages 18-55 by December 31, 2018.
- Outcome Objective:** At the conclusion of the intervention, at least 80% of those individuals that participate in at least four of the five workshops will be able to demonstrate proper condom usage through use of a model and increase their knowledge of HIV and risk reduction by 30% by comparing pre-test baseline before the intervention to post test results after the intervention.
- Activities:** Identify sites for sessions to occur. Ensure culturally specific/sensitive staff. Prepare safer sex kits and information to be disseminated in addition to having incentives procured.
- Science Base:** Theory of Gender and Power and Social Learning Theory
- Evaluation:** *SISTA* pretest, completed condom demonstration verification forms, posttest, evaluation of risk reduction demonstration and role-play. Evaluation forms for all five sessions in addition to unique identifiers being used.

Target Population: HIV-Positive and High-Risk Negative African American HRH Females, ages 14-17 & 18-60, and their Male Partners, ages 13-29 & 30-60

RRA Activity: Outreaches

Goal: Provide information about HIV/STI prevention and resources.

Individual-Level Intervention

Objective 1: To conduct outreach activities for 10 HIV-Positive and High-Risk Negative African American HRH Females and their Male Partners, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 1: One-on-one activities to be performed like, but not limited to, PrEP 101 and internet outreaches.

Group-Level Intervention

Objective 2: To conduct outreach activities for 200 HIV-Positive and High-Risk Negative African American HRH Females and their Male Partners, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 2: Provide presentations, workshops, homegrown activities, and other group-level activities to promote behavior change. Provide safer sex and prevention information to African American HRH Females while engaging each individual to have an HIV test.

Community-Level Intervention

Objective 3: To conduct outreach activities for 400 HIV-Positive and High-Risk Negative African American HRH Females and their Male Partners, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 3: To pass out condoms and resources at establishments. Activities also include, but not limited to conducting health fairs, discussions, endorsing prevention messages, and giving referrals in areas the target population are comfortable gathering. Directing individuals to the testing sites and/or testing activities that are occurring at targeted locations is imperative.

Science Base: N/A (This is a CDC directive based interventions like CRCS)

Needs Assessment Correspondence: HIV +1 (a-c, g) & HIV +2 (c)

AA HRH F			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
SISTA	75% of participants will show improvement on HIV/STI's and risk reduction activities	4	32
Outreaches	Individual-Level Intervention	10	10
	Group-Level Intervention	N/A	200
	Community-Level Intervention	N/A	400

V. REGIONAL POPULATION

Target Population: High-Risk Negative African American High-Risk Heterosexual Men (AA HRH M +/-), Ages 13-29 & 30-60

Based on the regional STI data, the St. Louis Region has added African American HRH Men as its regional population. The following behavioral interventions, public health strategies, and structural interventions will reach HIV-Positive or High-Risk Negative African American High-Risk Heterosexual Males (AA HRH M +/-): Counseling for Positives & Referral Services, *CLEAR*, *Nia*, and Outreaches.

Target Population:	HIV-Positive African American HRH Males, ages 13-29 & 30-60
RRA Activity:	Counseling for Positives & Referral Services (CRCS-adaption)
Goal:	Provide HIV-Positive African American HRH Males one-on-one HIV/STI education for staying physically & mentally healthy and preventing HIV-transmission to other people.
Objective:	Heightening awareness of personal risk by delivering an array of education in collaboration with the Disease Investigation Specialist (DIS) Program.
Activities:	Conduct one-on-one counseling sessions for African American HRH Males +, in which the Counselor will: <ol style="list-style-type: none">1. Explains the implications of an HIV-positive test result2. Negotiates achievable steps towards risk-taking behavior reduction goals3. Provides partner counseling & referral services
Science Based:	Health Belief Model & Social Cognitive Theory; Theory of Reasoned Action & Transtheoretical Model
Evaluation:	Ensure that 75% of clients develop a risk reduction plan and 85% of new positives are linked to care

Target Population:	HIV-Positive African American HRH Males, ages 16-29 & 30-60
Behavioral Intervention:	<i>Choosing Life: Empowerment! Actions! Results! (CLEAR)</i>
Goal:	Provide African American HRH Males, ages 16-29 & 30-60, with individual interventions which apply cognitive behavioral techniques to maintain health, reduce transmission and acquisition of HIV/STI, and improve the quality of life of individuals living with HIV/AIDS.
Objective:	To provide individual interventions from the <i>CLEAR</i> program that assists African American HRH Male in addressing systemic factors that play a role in enhancing and increasing healthy living and reducing risk of HIV or STI transmission. This will consist of 1 AA HRH M+ person completing a minimum of 5 core sessions and developing one topic of significance to health risk factors by December 31, 2018.
Outcome Objective:	100% of participants will complete all 5 <i>CLEAR</i> Core Skill Sessions. The individual will complete the Menu sessions (outlines within <i>CLEAR</i> curriculum) and will develop an individualized prevention plans through client driven menu sessions.
Activities:	Recruit potential individuals from outreach events, specifically through counseling and testing or by referral from Linkage to Care and BEACON programs. Identify a venue and/or space to meet individuals to provide safer sex information that includes a viable risk reduction plan for risky sexual behavior.
Science Base:	Social Action Theory
Evaluation:	Pre-/Post-knowledge assessments and verification of continued risk reduction plan.
Needs Assessment Correspondence:	AAHRHM #1 & AAHRHM #2

Target Population:	High-Risk Negative African American HRH Males, ages 13-29 & 30-60
Intervention Type:	Nia
Goal:	To improve behavioral and communication skills in relationships, while eliminating or reducing sex risk behaviors.
Objective:	To conduct 2 three-hour sessions and reaching 12 High-Risk Negative African American Males HRH between ages 13-29 & 30-60, to increase their knowledge and skills in developing healthier relationships by December 31, 2018.
Outcome Objective:	Participants will show an increase in knowledge of 75% relating to safer sex. Participants will be able to identify a minimum of 3 risk factors they have and be able to show how they can reduce these risks.
Activities:	Utilize videos, movie clips and discussion to educate men about HIV/AIDS. Engage individuals in the process of building healthy relationships through skills building on communication, negotiation and safer sex practices.
Science Based:	Information-motivation behavioral skills model and Motivational enhancement.
Evaluation:	Pre-/post-test will be developed that identify increased skills in identifying safer sex skills. In addition participants must develop a written plan for risk reduction.

Target Population: High-Risk Negative African American HRH Males, ages 13-29 & 30-60
RRA Activity: Outreaches

Goal: Provide information about HIV/STI prevention and resources.

Individual-Level Intervention

Objective 1: To conduct outreach activities for 5 HIV-Positive and High-Risk Negative African American HRH Males, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 1: One-on-one activities to be performed like, but not limited to, PrEP 101 and internet outreaches.

Group-Level Intervention

Objective 2: To conduct outreach activities for 150 HIV-Positive and High-Risk Negative African American HRH Males, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 2: Provide presentations, workshops, homegrown activities, and other group-level activities to promote behavior change. Provide safer sex and prevention information to African American MSM while engaging each individual to have an HIV test.

Community-Level Intervention

Objective 3: To conduct outreach activities for 100 HIV-Positive and High-Risk Negative African American HRH Males, ages 13-29 & 30-60 that promote testing and safer sex by December 31, 2018.

Activities 3: To pass out condoms and resources at establishments. Activities also include, but not limited to conducting health fairs, discussions, endorsing prevention messages, and giving referrals in areas the target population are comfortable gathering. Directing individuals to the testing sites and/or testing activities that are occurring at targeted locations is imperative.

Science Base: N/A (This is a CDC directive based interventions like CRCS)

Needs Assessment Correspondence: HIV +1 (a-c, g) & HIV +2 (c)

AA HRH M+/-			
Intervention	Objective	# Cycles (min)	# Total Individuals (min)
Counseling for Positives & Referral Services	Provide education to newly diagnosed positives on personal risk and refer them to care services	N/A	75% develop risk reduction plans; 85% linked to care
CLEAR	Complete 5 core menu sessions	1	1
Nia	75% of participants will show improvement on HIV/STI's and risk reduction activities	2	12
Outreaches	Individual-Level Intervention	5	5
	Group-Level Intervention	N/A	150
	Community-Level Intervention	N/A	100