

PART II. PREPARING FOR PROGRAM IMPLEMENTATION

Organizational Capacity refers to an organization's ability to use its skills and human infrastructure resources to achieve its goals by successfully carrying out its day-to-day activities.

Part II of this manual is designed to help key administrative staff within organizations (e.g., executive directors, program managers/directors, fiscal personnel, evaluators, and so forth) understand the goals and intent of *Modelo de Intervención Psicomédica (MIP)* and the resources needed to prepare for successful MIP implementation. Topics covered in this section include:

- Development of an MIP Implementation Plan and Budget
- Choosing and Training the MIP Team
- Community Assessment and Outreach
- Recruitment and Retention of Participants
- Participants' Rights and Confidentiality
- MIP Materials Review

An MIP Readiness Self-Assessment Survey (2A) and an Organizational Assessment Survey (2B), included in the Appendices at the end of this section, allows an organization to assess MIP's fit into their organizational mission and existing menu of services. The assessment identifies the organization's resource strengths and pinpoints areas that require additional staff/management training and technical assistance to successfully adopt and implement MIP.

Used alongside the expertise of implementing and collaborating organizations, the information and resources provided in this manual are designed to ensure that agencies are well prepared to successfully implement MIP.

Developing an Implementation Plan

An integral step in the planning process for MIP is the development of a program implementation plan. This plan serves as a roadmap for the implementing organization; it describes the tasks to be completed, the team members responsible for those tasks, and the time-frame for accomplishing tasks. Simply put, the implementation plan outlines the "who, what, when, where, why, and how" of MIP and should be used as a guide in planning for MIP.

The following example illustrates important components of an implementation plan for MIP. Implementing organizations should tailor the plans to meet their needs. For example, an organization may wish to add a column titled "Resources Needed" to gauge the human and financial resources required to successfully implement MIP. The sample plan below covers pre-implementation activities such as grant writing and training as well as the activities and timelines required for actual MIP implementation.

When partnering with other organizations, it is recommended that key representatives from all organizations have input in developing the implementation plan. This secures greater buy-in, which, in-turn increases the likelihood that MIP will be implemented as planned.

Note: For the purposes of this sample plan, it is assumed that the grant writing process begins on 1 May for an application due date of 15 June and an award notice to the implementing organization on 1 October.

Table I. Sample Implementation Plan for MIP

Task	Steps to Implement	Start Date	Deadline for Task	Person(s) Responsible
Conduct Organizational Capacity Assessment for MIP.	<p>Read the curriculum and intervention materials.</p> <p>Use the self-assessment instrument to determine organizational readiness for implementing MIP.</p> <p>Make decision to implement MIP.</p>	PRIOR TO APPLYING FOR FUNDING TO SUPPORT MIP		Executive Director and Supervisor with input from other appropriate agency staff and board
Develop objectives that address the funding request. (Funding application task).	Consult with front-line staff to ensure that objectives are reasonable and achievable.	1 May	15 June	Supervisor with input from other appropriate agency staff
Develop budget. (Funding application task).	Work with appropriate agency staff to ensure adequate funding and resources for proposed work-plan objectives.	1 May	15 June	Supervisor with input from other appropriate agency staff
Write and submit grant for funding.	<p>Write proposal.</p> <p>Review and revise as needed.</p> <p>Submit grant application for MIP funding.</p>	1 May	15 June	Executive Director, Supervisor and other appropriate agency staff
Secure funding for MIP.	<p>Proposal review by funding agency.</p> <p>Receive award letter announcing funding for the MIP intervention.</p>	1 August	1 October	Funding agency and implementing agency
Inform agency staff and partner organization of the award and review task commitments.	<p>Meet with partner(s) if any.</p> <p>Define and schedule tasks.</p> <p>Orient agency administrators and staff to the project and to its unique approach.</p>	1 October	1 December	Supervisor, with input from appropriate agency staff and representatives from partnering organizations
Develop monitoring and evaluation plan.	Specify project evaluation process measures, assessment instruments, and monitoring schedule.	1 October	1 December	Supervisor, Evaluator, and/or CBA through CDC

Table I. Sample Implementation Plan for MIP (continued)				
Task	Steps to Implement	Start Date	Deadline for Task	Person(s) Responsible
Recruit and hire MIP team.	<p>Post job announcements.</p> <p>Review job descriptions.</p> <p>Use Interviewing Strategies tool.</p> <p>Conduct interviews.</p> <p>Hire the best.</p>	15 October	15 December	Supervisor
Orient newly hired staff to the organization.	Conduct staff orientation session, and discuss overall organization policies and procedures.	As needed	Ongoing	Supervisor
Train MIP team, other agency staff, administrators, and representatives from partner agencies as needed.	<p>Secure appropriate space and necessary equipment.</p> <p>Inform team members.</p> <p>Attend required training in Motivational Interviewing and Transtheoretical Model of Change.</p> <p>Conduct MIP training sessions.</p>	1 November	Ongoing	Counselor, Case Manager/ Community Educator, and CDC DEBI Trainers
Establish processes and procedures needed to implement MIP.	<p>Develop or modify consent forms for MIP.</p> <p>Establish record keeping processes (forms, data base, and so forth) for MIP.</p>	Ongoing	Ongoing	Counselor, Case Manager/ Community Educator, and Supervisor
Initiate community assessment, outreach, and recruitment.	<p>Use mapping to identify sites where injection drug users congregate.</p> <p>Conduct mapping of services.</p> <p>Publicize the MIP Project.</p> <p>Recruit and enroll participants.</p>	15 December	Ongoing	Case Manager/ Community Educator and Counselor
Secure support from local health and human services and from governmental agencies such as the police department, the public health office, legal services, local churches, food banks, drug treatment centers, needle exchange sites, and so forth.	<p>Review and modify MOUs and Referral Forms (Appendix).</p> <p>Identify partner agencies and refresh or develop new MOUs with community partner agencies.</p> <p>Obtain signed MOUs from key partner agencies.</p>	1 October	31 November	Executive Director and Supervisor

Table I. Sample Implementation Plan for MIP (continued)				
Task	Steps to Implement	Start Date	Deadline for Task	Person(s) Responsible
Establish Peer Advisory Group.	Secure representation from the target population. (For example, MIP Graduate).	1 December	1 February	Counselor and Case Manager/ Community Educator.
Establish process and procedures needed to implement MIP.	Develop or modify consent forms for MIP. Establish record keeping processes (forms, data base, and so forth) for MIP.	Ongoing	Ongoing	Supervisor
Implement MIP Intervention and integrate case management into all sessions. Note: Scheduling of sessions needs to be carefully assessed to promote retention of participants. The recommended implementation schedule is one structured session every 1-2 weeks until session six and the booster session 2-4 weeks later.	Conduct Session One Induction Conduct Sessions 2-6 (in the order decided upon by participant & counselor) <ul style="list-style-type: none"> ▪ Session Two: Taking Care of your Health ▪ Session Three: Readiness for Entering Drug Treatment ▪ Session Four: Relapse Prevention ▪ Session Five: Reducing Drug-Related HIV Risk ▪ Session Six: Reducing Sex-Related HIV Risk Conduct Session 7 Booster Session	15 January	15 April	Counselor and Case Manager/ Community Educator
Allow for ongoing team case conferencing.	MIP team members consult with each other, discussing MIP participant progress and possible motivators needed to support participants through the behavior change process.	Ongoing	Ongoing	Supervisor, Counselor, and Case Manager/ Community Educator
Implement program monitoring.	Follow program objectives and monitoring indicators provided by funding source. Conduct evaluation of MIP using input from participants, team members, and partner organizations.	Quarterly and/or annually (upon receipt of funding)	Ongoing for duration of program	Supervisor, Evaluator

The sample implementation plan estimates approximately seven months of planning time, from the development of a funding application to the implementation of the program. Organizations may find that certain tasks in the planning phase take longer than the time estimated in the sample plan. The planning phase may also take less time if the implementing organization has the capacity and resources—including required staff—to readily implement MIP.

The sample assumes that the Executive Director and Supervisor are already on staff and can facilitate the grant writing and work-plan development process for MIP. It also assumes that there are other staff members performing direct services and administrative functions that contribute to the development of the implementation plan. The sample shows the actual MIP intervention (seven sessions) occurring over a three month period. This is an average. It should be noted that depending on the participant's level of readiness to change risk behavior and his/her commitment to the program, the time frame for the MIP intervention may vary.

Finally, it is important to remember that all plans need to be flexible. Deadlines shift and unforeseen issues arise along the way. The purpose of the implementation plan is not to lock the organization into a rigid schedule, but rather to provide a sketch of the components to be considered in planning for MIP implementation. A Sample Implementation Logic Model (2C) for MIP is included in the Appendices.

Identifying Program Resources

Adequate infrastructure, capability, and resources are vital to the successful implementation of the MIP intervention. Proper planning is essential to understanding the philosophy behind MIP and to assessing resources necessary to execute the intervention. At a minimum, the implementing organization will need to identify and obtain the following resources to implement MIP effectively.

- **Adequate funding.** It goes without saying that the most essential resource needed to implement MIP is adequate funding. A detailed estimate of the costs required to implement MIP is presented later in this section.
- **Collaborative partnerships with other organizations.** Partnerships with organizations that support MIP are needed to ensure a continuum of services to participants.
- **Adequate staffing.** For optimal results, the MIP intervention requires the following staff: Supervisor, Case Manager/Community Educator, and Counselor. The amount of time contributed by each of these team members will be determined by the number of participants targeted, the number of MIP cycles the organization intends to run, and the organization's current staffing plans. The most important factor in putting together the MIP team is securing persons who are highly skilled in their respective occupations, value teamwork, and understand their critical role in the MIP intervention.
- **Space for private, one-on-one counseling sessions.** This space must be an enclosed room that offers privacy. Open cubicles or other venues that are not completely private are not appropriate. The private space should have comfortable seating for the Counselor and/or the Case Manager/Community Educator and the participant.
- **Locked file cabinets for storage of confidential client data and/or computer database with password protection.** All identification information is considered confidential information, regardless of a client's HIV status.

- **Transportation for clients and MIP staff.** Possible methods of transportation include the organization's van, another organization's van secured through agreement (MOU), personal cars, and public transportation. In some localities the use of a van to transport multiple individuals for non-personal purposes requires the driver to obtain a commercial license. Adequate insurance is required for all means of transportation to cover liability in the event of an accident.
- **Risk reduction kits.** These kits can include materials already used for outreach activities to drug users and new materials developed specifically for MIP. The provision of safer sex and safer injection/needle hygiene kits is essential to MIP.
- **Incentives for clients.** Incentives are perks used to retain, reward, and motivate participants taking part in MIP activities. Incentives can include food or food vouchers, transportation vouchers, movie tickets, and other items that will reward participants and keep them interested in the intervention.
- **A referral network to address participants' needs that the implementing organization cannot address.** This may be a network already in place or a new network that needs to be developed. The network should include specific referral information for clients (e.g., the name of appropriate staff members at the collaborating agency) and information about the quality of services offered by the organization. MIP team members should be prepared to track referral from inception to completion by following-up on the participant and on the partner agency.

Estimating the Cost of MIP

An important consideration in planning for MIP implementation is the level of funding organizations are willing and able to commit in order to execute MIP properly. In this section, a sample budget is presented with the estimated cost for implementing MIP. It should be noted that costs will vary depending on the geographic location, funding source, and specific needs and resources of the organization. For example, the cost of MIP can be significantly reduced if an organization has access to donations of supplies (e.g., condoms and snacks); human resources (e.g., the Executive Director's in-kind time); and incentives (e.g., raffle prizes). Local retailers, caterers, grocers, food banks, restaurants, movie theatres, clothing outlets, drugstores, museums, media outlets, public transportation authorities, taxi companies, and other merchants should be approached for donations in support of the MIP program.

The example below provides a realistic estimate of the overall cost and resources required to implement MIP utilizing the standard budgetary guidelines for federally funded programs. This particular budget makes several assumptions regarding the organization that will implement MIP:

- The budget assumes all start up costs for MIP, including a full staffing plan (a Supervisor, Counselor and 2 Case Managers/Community Educators) and other non-personnel costs.
- It is assumed that the implementing organization already has access to injection drug users through outreach, institutionally, or through partnerships with other organizations.
- It is assumed that the implementing organization has an appropriate venue to conduct individual counseling sessions.

- It is assumed that basic relationships exist between the implementing organization and other health and human service providers and businesses in the community.
- It is assumed that the implementing organization is located either in or near the community where the intervention will be implemented so that transportation costs remain reasonable.

If the organization's circumstances differ from the stated assumptions, adjustments should be made to the MIP program budget during its development. Although not included here, a budget justification should be included so that each program expense is clearly explained and justified to support MIP implementation

Modelo de Intervención Psicomédica
SAMPLE FIRST-YEAR 12-MONTH BUDGET
(NORTHEAST REGION)

Note: Costs will vary depending on the implementing organizations' geographic location, funding source and specific needs and resources.

PERSONNEL SALARIES	Annual Salary	% of time FTE	Number of Months	Total Budget
Position Titles/Names				
Supervisor John Smith	\$60,000.	50%	12	\$30,000
1 Counselor <i>To be hired</i>	\$45,000	100%	12	\$45,000
1 Case Manager/Community Educator <i>To be hired</i>	\$35,000	100%	12	\$35,000
1 Case Manager/Community Educator <i>To be hired</i>	\$35,000	100%	12	\$35,000
Total Salaries				\$145,000
Employee Benefits (22% of total salaries)				\$31,900
TOTAL SALARIES & BENEFITS				\$176,900
Non-Personnel Costs and Services				
TRAVEL				
Staff travel for training on MIP prerequisites: 3 trainings x 3days/training x 3 staff = 36 days (Includes airfare, lodging, ground transportation and per-diem)				\$10,395
EQUIPMENT				
3 computers x 3 FTE staff = \$4,800 2 printers x \$500 = 1,000				\$5,800
PROGRAM SUPPLIES				
Non-monetary incentives to support MIP program delivery (snacks, outreach materials, safer injection/sex kits, educational materials, hygiene kits, bus cards /transportation voucher)				\$6,000

CONSULTANTS				
Auditor (Required by CDC & estimated at 1% of program budget)				\$2,580
OTHER DIRECT COSTS				
Printing				\$2,000
Office Supplies				\$1,500
Non-monetary participant incentives (assuming 140 clients/year x \$10 retention vouchers/gift certificate per session x 7 sessions)				\$9,800
Staff conference registration fees 3 staff members x \$500.00				\$1,500
Facility use allowance (Assuming \$20/square foot x 400 sq/ft)				\$8,000
TOTAL NON-PERSONNEL AND SERVICES				\$47,575
TOTAL DIRECT COST (Includes salaries & benefits and non-personnel cost and services)				\$224,475
(Less Equipment)				-\$5,800
Indirect Cost Base				\$218,675
Indirect Cost (18%)				\$39,361
GRAND TOTAL				\$263,837

Choosing and Training the MIP Team

MIP is based on the understanding that the interaction between a drug user and the MIP intervention team creates the context in which behavior change takes place. The success of MIP is largely dependent on the willingness of team members to act as guides, escorts, confidants, and advocates; to help participants overcome obstacles faced when trying to obtain services; and to support them as they progress through each phase of the program. MIP requires team members that are knowledgeable about and skilled in working with drug-use, and sensitive and flexible enough to allow the MIP participant to take control of his/her own health.

At a minimum, the MIP team should comprise of the following staff members:

- 1 Program Supervisor
- 1 Counselor
- 2 Case Manager/Community Educators

The actual staffing pattern for MIP will vary from organization to organization according to program costs and projected number of MIP participants. To the greatest degree possible, MIP team members should reflect the multicultural and multi-linguistic characteristics of the target population.

The ability of the MIP team to work together effectively is critical to the success of MIP. Each team member should have a particular set of experiences, training, and professional competencies that complement and support that of the other team members. Each member will be called upon at different times to address a particular need of the participant. Although each team member performs a specific role within the MIP intervention, it is essential that all team members understand the interdependence of roles in successfully bringing services to the participant and assisting him/her in reducing drug and sex-related HIV risk behaviors.

Example of the MIP Team Working Together

Using the staffing plan in the *Sample Implementation Plan* as a guide, the Program Supervisor leads efforts to secure funding for MIP and has oversight of the program. The Case Manager/Community Educator directs participant outreach and recruitment efforts, establishes program credibility in the drug-using community, and ensures that participants are linked to drug treatment and health and human services, as required. The Counselor facilitates the structured counseling sessions with the participant and motivates him/her to change risky behavior. Then, together, the Counselor, Case Manager/Community Educator and the Supervisor convene for case conferencing to discuss the participant's progress.

The interaction between the Case Manager/Community Educator and the Counselor is a core element of MIP. At each session, the participant must meet with the Case Manager/Community Educator and the Counselor; it is this dual dose of the intervention—ongoing case management combined with counseling—that contributes to the success of the intervention. Team members must work together to ensure that each participant receives access to basic health and human services, remains motivated to progress through the intervention, and obtains the necessary social and family support to fully benefit from MIP.

A summary of the roles and responsibilities of MIP team members is outlined below.

The MIP Team	
Supervisor	
	<ol style="list-style-type: none"> 1. Oversees MIP program activities and ensures that program objectives are met. 2. Develops memoranda of understanding (MOUs) with partner organizations and coordinates collaboration with these agencies. 3. Establishes referral system, program forms, protocols, and procedures for MIP. 4. Facilitates the provision of required training and ongoing education for team members. 5. Implements and monitors quality assurance measures. 6. Develops service mapping documents. 7. Functions as Case Manager/Community Educator or Counselor, as needed. 8. Conducts resource inventory. 9. Maintains regular and updated documentation. 10. Ensures adequate record-keeping to maintain participant confidentiality. 11. Develops relationships with the police department and establishes agreements with police regarding MIP team members carrying drug-using equipment (e.g., needles). 12. Provides and maintains a positive work climate conducive to open team communication and participation, avoiding staff burnout and maximizing service delivery.
Counselor	
	<ol style="list-style-type: none"> 1. Conducts cognitive-behavioral counseling sessions using Motivational Interviewing techniques. 2. Uses MIP materials and protocols to improve participant attitudes and perceptions, identifies stages of change, plan next steps of intervention, and helps the participant develop self-efficacy. 3. Discusses self-evaluation with the participant. 4. Has knowledge of and experience working with substance users and uses the Treatment Improvement Protocols (TIP) from the Center for Substance Abuse and Treatment (CSAT) and the Technical Assistance Publications (TAP) from the Substance Abuse and Mental Health Services Administration (SAMHSA) as guidelines. 5. Is competent in addiction counseling, Motivational Interviewing, and participant staging. 6. Knows community norms and languages and understands the injection drug-use culture. 7. Works with participants to motivate behavior change. 8. Provides risk reduction counseling on drug-use and sexual behaviors. 9. Shares expertise with fellow staff members. 10. Participates in regular formal and informal case conferencing with the Case Manager/Community Educator and with the Supervisor to ensure the participant's needs are met.

The MIP Team
<p>Case Manager/Community Educator</p> <ol style="list-style-type: none"> 1. Leads community mapping efforts to identify sites where potential participants congregate. 2. Establishes positive relationships and credibility within the drug-using communities (including relationships with drug lords, dealers, heads of shooting galleries, and so forth). 3. Knowledgeable about safe and secure outreach strategies. 4. Conducts street and community outreach to recruit potential MIP participants. 5. Enrolls participants into the MIP program. 6. Explains the Case Manager/Community Educator role to participants and to their families. 7. Helps identify local resources and partner organizations that can support MIP implementation. 8. Interacts with participants using Motivational Interviewing. 9. Advocates for and facilitates participant access to drug treatment and other health and social services. 10. Arranges transportation and escorts participants to services. 11. Establishes ties with the recovery community. 12. Provides risk reduction counseling and materials (safety kits, condoms, and so forth). 13. Reviews previous counseling session with participants at each contact. 14. Communicates with the Counselor and Supervisor to move participants through stages of change. 15. Participates in regular formal and informal case conferencing with the Counselor and Supervisor to ensure the participant's needs are met.

Detailed job descriptions for the MIP team (2D) are located in the Appendices at the end of [this section](#).

TRAINING THE INTERVENTION TEAM

Once an implementation plan, an intervention team, reliable partnering agencies, and adequate funding has been secured, the MIP team must be trained in the methods of the MIP intervention.

It is important that the staff members (Supervisor, Counselor, and Case Manager/Community Educator) delivering MIP to participants understand and be comfortable with the highly interactive and participant-centered nature of the intervention. Prior to implementing the MIP intervention, it is imperative that team members receive training in the MIP intervention and other supporting areas:

Training in Motivational Interviewing

- Motivational Interviewing is the strategy used by MIP team members to encourage behavior change among participants. Motivational Interviewing techniques are best learned through practice; hence, the more exposure a staff member has to Motivational Interviewing techniques, the more competent he/she will be at employing them.

Training in Behavior Change Theories, with emphasis on the Transtheoretical Model of Behavior Change

- The MIP intervention is based on several theories, drawing predominantly from the Transtheoretical Model of Behavior Change. The Transtheoretical Model of Behavior Change (also known as the Stages of Change) should be implemented during each contact with participants. Counselors should have the capacity to accurately place participants in the appropriate stage of change so that proper techniques can be identified to support behavior change.

Training in Community Mapping, Assessment, and Outreach

- The MIP intervention relies heavily on the MIP team's efforts to recruit and engage the target population of injection drug users. MIP team members, particularly the Case Manager/Community Educator, must be skilled in mapping, outreach strategies, and safety procedures so as to effectively recruit participants.
- Additionally, all MIP team members should have a working knowledge of substance use, risk reduction strategies, and drug using cultures-- particularly that of injection drug use-- and have basic knowledge of HIV prevention and treatment.

Note: Technical Assistance supporting the implementation of effective behavioral interventions such as MIP is available through CDC's Capacity Building Assistance (CBA) Programs. These programs offer training and technical assistance free of charge to CDC grantees and Health Department funded organizations. Interested organizations should contact their CDC Project Officers or Health Departments for information on how to access capacity building services.

Community Assessment and Outreach

A core element of MIP is community assessment and outreach. Among the first steps required for MIP implementation is the identification and mapping of those social networks used by injection drug users and the recruitment of participants for the MIP intervention by tapping into these networks.

Before recruiting participants for MIP, team members identify and visit locations where potential participants live and congregate to sell, buy, and use drugs and to exchange drugs for sex. These locations may include shooting galleries, homeless shelters, and the street.

Team members must aggressively seek out-of-treatment injection drug users in remote sites and position themselves along main walkways where injection drug users congregate. Forms included in the Appendices to support the community mapping process include: Community Mapping Planning Form (2E); Community Mapping Resource Scan Worksheet (2F); Recruitment Tracking Forms (2G); Service Directory Form (2H); and Field Safety Guidelines (2I).

During outreach visits, it is necessary for MIP team members to establish a positive presence in the community. They can do so by identifying key individuals in the drug-use culture's social networks, informing them about MIP, and developing trusting relationships between them and the MIP team. This process is critical to the team having continued access to potential and enrolled participants and ensures that the team's safety will not be compromised. It is also important for the MIP team to understand the relevance of these social networks for injection drug users: 1) they facilitate drug acquisition; 2) they introduce new drugs and methods of use; and 3) they provide social support. Another MIP team priority entails developing a good working relationship with the local police department to ensure that arrests are not planned while MIP staff is working with the community.

Note: It is essential that team members receive training in community mapping, outreach, and safety procedures prior to going out into the community to ensure the team's safety and successful retention efforts.

Solidifying Partnerships with other Health and Human Service Organizations

The MIP intervention calls for strong and effective ties between the implementing organization and the larger network of drug treatment, health, social, and faith-based service organizations. The quality of the relationships between the MIP team and the staff at local agencies helps determine MIP success. Thus, relationships with local agencies may have to be developed, strengthened, and/or formalized to ensure timely and reasonable access to primary health care, mental health care, drug treatment programs, legal services, religious services, and other health and human services.

As part of the community assessment process, the MIP team identifies the community ties needed to support MIP, first by identifying which resources the implementing organization already has and then by assessing which resources will require assistance from other organizations.

The team then enlists the support and cooperation of existing organizations in the community. In some cases implementing organizations need only formalize the relationship with a partnering organization through MOUs; in other instances, new partnerships will need to be developed to implement MIP effectively.

For example, since counseling and testing are offered and encouraged during every contact with a participant, linkages with drug treatment programs and HIV/STIs, TB, and viral hepatitis testing sites are especially important to the successful implementation of MIP. The implementing organization must ensure that participants can access and receive counseling and testing services upon request. Therefore, it must either directly provide counseling and testing or secure these services through appropriate referrals and collaborative agreements.

Before partnering with any organization it is important to check if the agency is appropriate for participants enrolled in MIP. Partner agencies should be fully aware of MIP's risk reduction approach, as some agencies may have abstinence restrictions in place which exclude individuals currently using drugs from accessing their services. To introduce partnering organizations to MIP, a *Sample Letter of Introduction (2J)* and fact sheet, *Modelo de Intervención Psicomédica (MIP) Fact Sheet (2K)*, are included in the Appendices.

Formal memoranda of understanding (MOU) with partner agencies should explicitly state the terms of the agreement between agencies, including any incentives for participating organizations. Incentives include: increased referrals to and from the partner agency, the opportunity to write collaborative funding proposals, and cross-site training, among others. The development and terms of the memoranda of understanding should be managed by the respective management staff of each organization. A sample Memorandum of Understanding (2L) is included at the end of this section.

In some cases, informal agreements (e.g., a verbal agreement) may be the only option possible for establishing a relationship between the implementing organization and a partnering agency. In such cases, MIP staff should have a solid point of contact for accessing services and follow-up procedures in place to ensure the delivery of services to MIP participants.

Recruiting and Retaining Participants

The most critical, determining factor of successful MIP implementation is the extent to which participants are not only recruited for the intervention, but also retained until the intervention is completed. Thus, implementing organizations must prepare and execute a detailed recruitment and retention plan which realistically considers the organization's needs, abilities, and resources.

The first step in developing a recruitment and retention strategy for the MIP intervention is to clearly understand the intent of both recruitment and retention.

- In recruitment, the objective is to identify, solicit and secure potential participants for MIP.
- In retention, the objective is to maintain participant motivation throughout the course of the intervention so that the participant can successfully complete MIP.

Recruitment

The importance of participant recruitment cannot be overemphasized. Without a successful recruitment strategy that provides a continuous stream of participants willing to enroll in MIP, the benefits of the intervention cannot be realized. Implementing organizations ready to begin recruitment planning should consider CDC's six step approach to developing recruitment strategies.

CDC's Six Step Approach to Developing a Recruitment Strategy

Answer the following questions about the target population:

1. Who is being targeted through recruitment?
2. Where is the appropriate place to recruit clients?
3. When should recruitment be done?
4. What messages should be delivered during recruitment?
5. How should the messages be delivered?
6. Who is the most appropriate person to conduct recruitment?

Once these questions are answered, the organization is ready to begin recruitment. Two suggested recruitment strategies for MIP are:

1. **Targeted recruitment informed by community mapping and outreach**
In targeted recruitment, a team of trained staff identify areas where the target population congregates and conducts outreach in those areas to recruit participants for the MIP intervention.
2. **Peer-to-peer recruitment through drug users' social networks**
In peer-to-peer recruitment, the implementing organization identifies and selects participants of the target community (IDUs) that have successfully completed the MIP program and compensates them for referring or recruiting drug using friends or associates to the MIP intervention.

Targeted Recruitment through Community Mapping and Outreach

The following scenario provides a step-by-step, practice-based description of how targeted participant recruitment occurs through community mapping and outreach.

- First, MIP team members map the locations where drug users live and congregate. These may include street corners, local parks, empty buildings and lots, parking areas outside bars, motels where commercial sex workers take individuals, and so forth.
- The MIP team then visits these sites and attaches informational, colorful posters announcing the MIP program on walls, lamp posts, and visible locations. Team members can distribute risk reduction kits consisting of items such as syringes (where legal), bleach, cookers, condoms, and program brochures. They observe interactions, behavior, language, and communication patterns at these locations and document observations for future use in MIP activities.
- The team returns to the sites multiple times to establish a presence in the community and to begin engaging individuals in brief discussions about MIP. The team establishes relationships with key individuals, learning more about and gaining further access to the designated community.
- Once the team has identified an individual as a drug user and has successfully established a trusting relationship with that individual, continued positive interaction will determine whether or not he/she chooses to become an MIP participant. The team should approach the potential participant for more in-depth discussions about MIP. The team—in the language the participant is most comfortable speaking—explains the approach, philosophy, and potential benefits of the program. Authenticity and trust in the interactions between the drug user and MIP team members are critical as they will contribute significantly to the drug user's ultimate decision as to whether to join the MIP program.
- Once a verbal agreement to participate in MIP has been established, the Case Manager/Community Educator should facilitate the participant's visit to the organization so that he/she can complete the structured sessions with the Counselor. At this point, the Case Manager/Community Educator and Counselor work together to encourage the newly recruited participant to attend the Induction Session.

Peer Driven Recruitment

Peer Driven Recruitment is a structured method of enrollment in which the participant uses his/her social networks to recruit peers for an agency's services or programs. An MIP participant that has successfully completed the intervention is identified by the MIP team and asked to be a peer recruiter. This person's task is to recruit an agreed upon number of drug using associates into the MIP program. The peer is then compensated by the organization, based on the number of persons that sign-up for MIP as a result of their referral.

Research has shown that the peer driven recruitment approach is very effective; sometimes more so than traditional forms of outreach. The two main reasons for the success of this method are: (1) people in the same social network tend to share similar interests and activities, and (2) individuals are more likely to trust and listen to their peers.

Peer recruiters should participate in a volunteer orientation and training session to become fully aware of their significant role in the MIP program and to be capable of explaining the MIP intervention to potential participants. Upon completing training, peer recruiters should be able to:

- Describe their roles and responsibilities as peer recruiters.
- Learn recruitment strategies that can be used with peers.
- Correctly and concisely explain MIP to potential participants.
- Identify dangerous situations and successful ways to avoid these when recruiting in the community.

It is recommended that a member of the MIP team provide on-going supervision to peer recruiters and should:

- Follow up with the peer recruiters weekly, either at the office or in the community.
- Provide support to peer recruiters.
- Issue compensation vouchers to peer recruiters.

Although incorporating a peer recruitment strategy into any program will require an initial investment of time and resources and will require on-going oversight, such strategies have been proven to yield highly positive outcomes, especially when used with populations historically viewed as hard to reach and retain.

Organizations interested in initiating or further expanding their peer recruitment program can access the following document: Successful Strategies for Recruiting, Training, and Utilizing Volunteers—A Guide for Faith and Community-Based Service Providers, at: www.samhsa.gov/FBCI/Volunteer_handbook.pdf

Retention

Keeping participants engaged and committed to a program or service is the main objective of retention strategies. Organizations implementing effective behavioral interventions which call for multiple participant contacts over an extended period of time (such as MIP) need to take steps to ensure that participants remain involved for the duration of the intervention.

Retaining participants—especially active injection drug users—in an HIV behavioral intervention poses a unique set of challenges even for the most experienced organizations. For this reason, a peer advisory group can be of great assistance in providing insight into proven retention strategies. Such strategies should be based on the structure of the intervention, the characteristics of the target population, and the needs, resources and capacity of the organization.

The guiding objectives of an MIP retention strategy should be:

- To uphold the focus and core elements of MIP.
- To provide high quality services to participants.
- To build trusting relationships with participants.
- To consider the characteristics of the target population and to implement and deliver the MIP intervention in a way that is personal, appropriate, and meaningful.
- To identify and distribute incentives that have value to the participants.

In conjunction with the content of MIP and the rapport established between the participant and MIP team members, providing incentives to participants and making sessions easy to attend will increase their motivation to continue participating in MIP. Participant incentives fall into three general categories:

1. **Session participation incentives.** These are usually non-cash items provided to participants after they complete an MIP counseling or case management session. Examples of these incentives include but are not limited to:

- Meals
- Lottery or door prizes
- Fast-food coupons
- Movie tickets
- T-shirts
- Hats
- Personal hygiene or grooming kits
- Clothing vouchers
- Store Gift Cards (groceries, clothing, restaurant, music etc.)
- Recognition certificates for attending a specific number of sessions
- Phone Cards

2. **General program incentives.** These are special services that participants are eligible for and may receive at any time because they are enrolled in MIP. Examples of these include but are not limited to:

- Food Bank
- Laundry facilities
- On-site testing or active testing referrals for HIV/ viral hepatitis and other transmittable diseases
- Free immunizations against viral hepatitis
- Active referrals for drug treatment and health and human services tailored to drug users' needs

3. **Transportation incentives.** These are tokens, vouchers, or transportation services provided to participants to facilitate attending MIP sessions. Examples of these include but are not limited to:

- Client pick-up to and from sessions
- Bus or subway cards
- Taxi vouchers

Examples of other factors that can influence retention include: the content and delivery of the intervention, the environment in which the intervention takes place, and the scheduling of sessions. Implementing organizations should optimally aim for:

- A meeting space that is comfortable and inviting.
- Induction session, five flexible sessions and one booster session that is lively, fresh, and interactive with plenty of input from participants.
- Session presentations that foster and communicate the intervention team's commitment to care, trust, respect, and confidentiality.
- A nonjudgmental atmosphere that accepts participants' drug use.
- Free child care during sessions (if appropriate).
- Consistent and convenient scheduling of sessions.

Together, these strategies along with the appropriate incentives will help retain participants in the MIP program. Ultimately, the goal for the MIP team is to graduate participants from the program with the tools necessary to make healthier, safer choices.

Participants' Rights and Confidentiality

As a participant-centered and participant-driven intervention, the *Modelo de Intervención Psicomédica* upholds the rights and confidentiality of participants and espouses that they have a right to:

1. Information
2. Accessible and continuous services
3. Safety, privacy, and confidentiality
4. Respectful and dignified treatment
5. A grievance process
6. The opportunity to determine the most appropriate services
7. The choice to continue or leave the program at any time without penalties or negative outcomes.

Implementing organizations receiving federal, state, or local funding for MIP or for other health care interventions are required to comply with all state confidentiality laws and regulations regarding participant confidentiality. All MIP staff members are required to sign statements that they have read and fully understand the confidentiality laws and requirements upheld by the organization.

Furthermore, implementing organizations should have systems in place that ensure responsible use of participant information. For example, before an implementing organization shares participant information

with another agency to which the participant was referred, the participant must read, sign, and date an informed consent form and the form must be added to the participant's records. A Confidentiality Agreement Form (2M), MIP Participant Consent Form (2N), and Consent to the Use and Disclosure of Health Information Form (2O) are included in the Appendices at the end of this section.

Other forms that can be used to support client rights and confidentiality include a Notice of Privacy Practices and Acknowledgement of Receipt of Privacy Practices Notice (2P), and the Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement Form (2Q).

Ensuring Participant Consent and Confidentiality in MIP

- Eligible participants volunteering to participate in MIP will be fully informed about the program's intent, services, structured counseling and case management sessions, and evaluation component prior to agreeing to participate in the project.
- MIP team members will discuss benefits and possible risks of participating in MIP with potential participants.
- Each participant will be asked to sign an informed consent form prior to engaging in MIP. The form will describe all of the above information and state that participation is voluntary. It will state that a participant may choose not to answer any question at any time, may refrain from any activity at any time, and may drop out of the program at any time, without penalty or harm. Program information and consent forms will be provided in the language the participant is most comfortable reading.
- Team members will complete required documentation after each participant contact and enter this information into the database or case record. A security system will ensure the confidentiality of computer-based records. Files will be saved in password-protected formats. To the extent possible, no personal identifiers will be included in any records that contain detailed information on individual participants.
- All hard copy files containing member information will be stored in locked file cabinets. Only authorized staff members will have access to the files and all file folders will be marked "Confidential."
- Specific informed consent instruments will be written and signed by participants for any information or data that will be shared with, or obtained from, partner agencies.

Cultural Competency in MIP

Cultural competency refers to an organization's efforts to respect and incorporate a participant's linguistic and cultural background, beliefs, and values. The MIP program respects diversity and cultural differences among participants.

- Organizations implementing MIP should access a copy of the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by the Office of Minority Health-Dept. of Health and Human Service (www.omhrc.gov). This guide offers strategies for ensuring cultural competence in programs and services. This is especially important when implementing an HIV behavior change intervention such as MIP, where the dominant identity, the drug-use culture, has its own sets of rules, norms, and practices. In order for the MIP team to positively impact the risky behaviors of participants, an understanding of the drug-use culture is essential.

GENDER ISSUES IN MIP

Sensitivity to gender differences is required in order to increase the recruitment and retention of women participants. Research has identified multiple concerns and needs that may be unique to women IDUs. (e.g., family responsibilities, family and partner abuse, rape, and psychiatric disorders). Counselors and Case Managers should recognize this reality accordingly.

Organizations working with women need to be particularly mindful that women are afraid of losing custody of their children if they are identified as drug users. Organizations should have policies in place to address such issues.

MIP Materials Review

Any implementing organizations that chooses to develop program materials supporting the goals and messages of the MIP intervention are strongly encouraged to adhere to the CDC's HIV Program Review Panel Requirements, which can be found at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar5 or in Appendix T.

In summary, all materials (pamphlets, brochures, fliers, posters, videos, and questionnaires) developed by implementing organizations must be reviewed by an HIV Program Review Panel to ensure their consistency with local community standards and their appropriateness in terms of language and cultural sensitivity. Organizations are encouraged to use an existing program review panel such as that created by the state health department's HIV/AIDS Prevention Program.

If an organization chooses to form its own program review panel, at least one member must be an employee (or a designated representative) of a state or local health department. The funding agency will require names of panel members and may request documentation of the materials review process.

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APPENDIX 2A: AGENCY READINESS SELF-ASSESSMENT

The following is a brief self-assessment intended to help organizations determine whether or not they possess or can build the capacity to adopt and implement the *Modelo de Intervención Psicomédica* (MIP) intervention. Please read each item, and place a checkmark (✓) in the appropriate response column.

Capacity and Resources for MIP	Yes, we have the capacity. (1)	We do not presently have this capacity, but we can build the capacity. (2)	No, we do not have access to this capacity. (3)
1. The ability to recruit injecting and/or non-injecting drug users who are currently NOT in drug treatment and to maintain these clients in a 7-session program over 6 months.			
2. Personnel skilled in individual counseling and case management.			
3. Personnel skilled in street-level recruitment of drug users.			
4. The facilities to work with participants in a private area without disrupting other agency services.			
5. The ability to collect, maintain, and process monitoring and outcome data.			
6. Meeting space to conduct seven sessions.			
7. Low-cost incentives for participants (e. g, small stipends, transportation passes, and snacks.)			
8. A means of tracking program activities, including recruitment of clients and sessions delivered.			
9. Agency commitment to participate in the MIP program and evaluation.			

If all of your responses were in column 1 ("Yes, we have this capacity") or in column 2 ("We do not presently have this capacity, but we can build the capacity"), your agency is ready for MIP implementation.

For more information, or to sign up for training, visit: www.effectiveinterventions.org

APPENDIX 2B: ORGANIZATIONAL ASSESSMENT SURVEY

1. Which of the following best describes your organization/agency's current experience with HIV/AIDS prevention programs? Check only one.

<input type="checkbox"/>	We have specific, recent experience providing one or more HIV/AIDS prevention services.
<input type="checkbox"/>	We have some recent experience as providers of HIV/AIDS-related prevention services.
<input type="checkbox"/>	We have little or no experience with HIV-prevention services but have extensive experience in HIV/AIDS treatment services.
<input type="checkbox"/>	HIV/AIDS prevention is/will be a new service area.
<input type="checkbox"/>	Other (Explain):
<input type="checkbox"/>	

2. Which of the following best describes your agency's current experience with substance abuse treatment? Check only one.

<input type="checkbox"/>	We have specific, recent experience providing one or more substance abuse treatment services.
<input type="checkbox"/>	We have some recent experience as providers of substance abuse treatment services.
<input type="checkbox"/>	We have little or no experience in HIV/AIDS prevention but have extensive experience in substance abuse treatment.
<input type="checkbox"/>	Substance abuse treatment is/will be a new service area.
<input type="checkbox"/>	Other (Explain):
<input type="checkbox"/>	

3. List your organization's two primary services:

a)	
b)	

4. Review the following list of HIV/AIDS and substance abuse treatment programs and:
- Place a check in Column A of each row that lists a specific service or activity that your organization currently provides.
 - If you do not provide a service or an activity or would like to have capacity-building technical assistance (TA) to strengthen the service in order to implement the MIP Program, place a check in the last column of the row that describes the particular service or activity.

SERVICE	(A) YES, WE PROVIDE SERVICE.	(B) YES, WE WANT TO TARGET SERVICE FOR TA.
Individual Level:		
1. HIV counseling and testing		
2. Secondary prevention/case management		
3. Needle exchange		
4. Individual supportive counseling for people in recovery		
4. Individual supportive counseling for HIV patients		
5. Referrals to HIV continuum of care		
6. Referrals to substance abuse treatment		
Group Level:		
7. HIV-prevention workshops		
8. Psycho-educational skills-building groups		
9. Psycho-social/psycho-therapeutic groups		
10. Peer educator training		
11. Training for professionals		
Outreach:		
12. Community mapping/identifying social networks of drug users		
13. Recruiting hard to reach populations (street injection drug users, new immigrants, out of school youth) into interventions		
14. Linkages/continuum of care/referral network development		
15. Linkages/referral network development for drug treatment		
16. Linkages/referral network development for primary health care, housing, and other social services		
17. Linkages/referrals to local CBOs for after-care/recovery support		
Other Services For PLWHAs or Drug Abuse Problems:		
18. Housing for PLWHAS and/or people with drug abuse problems		
19. Food and Clothing Bank		

20. Have or know of a place for participants to take a shower, change clothes, and so forth before going to a physician or to other social services		
CDC Effective Behavioral Interventions (EBIs), such as RAPP, Safety Counts, Holistic Harm Reduction, and so forth)		
21. List EBIs Currently Being Implemented:		

5. Staff Levels
 Three types of services are listed in Columns A, B, and C. Under each column indicate which staff level describes your organization/agency's situation by placing a check under the appropriate program and employment category. Place a check in each row for all 3 programs.

Employment Categories	A. HIV/AIDS Prevention/Treatment		B. Substance Abuse Treatment	
	Yes, we have staff.	We do not have staff.	Yes, we have staff.	We do not have staff.
Upper Management				
Supervisor				
Counselor				
Case Manager/ Community Educator				
Support/Clerical				
Other (Explain):				

6. List specific languages, other than English, in which services and activities are offered.

HIV/AIDS Prevention or Treatment:	
Substance Use Prevention/Treatment	
Other Services (Specify):	

7. How long has your organization offered HIV/AIDS prevention/treatment/activities/services?

Less than one year
 1 year
 2-4 Years
 More than 4 years

8. What percentage of your total annual budget is devoted to HIV/AIDS prevention or treatment services?

_____ %

9. How long has your organization offered substance abuse treatment activities/services?

Less than one year 1 year 2-4 Years More than 4 years

10. What percentage of your total annual budget is devoted to substance abuse treatment services and activities?

_____ %

10a. Does your organization have sufficient funding for HIV-prevention or treatment to contribute to MIP? Check only one.

Yes, we have some funds available.

No, we would have to fundraise for additional resources.

We would need TA to develop new fundraising proposals for this program.

10b. Does your organization have sufficient funding for substance abuse treatment to contribute to MIP? Check only one.

Yes, we have some funds available.

No, we would have to fundraise for additional resources.

We would need TA to develop new fundraising proposals for this program.

11. Using a number scale of 1-10, rate the following activities in order of Technical Assistance priority for implementing MIP. Label the most important activity with a 1 and the least important activity with a 10.

Establish HIV counseling and testing program.

Train staff and supervisors in HIV/AIDS prevention.

Train staff and supervisors in substance abuse prevention and/or treatment.

Train staff and supervisors in theoretical and conceptual approaches and methods of the MIP Program.

Train staff in recruitment and retention.

Train staff in Motivational Interviewing

Develop or strengthen linkages with continuum of care or referral networks.

Develop or strengthen relationships with drug treatment programs.

Develop or strengthen relationships with other services needed by participants in the MIP Program (e.g., primary care, housing, food bank, and so forth).

Other (Specify):

APPENDIX 2C: SAMPLE IMPLEMENTATION LOGIC MODEL FOR MIP

The sample implementation logic model identifies and describes the main activities required to implement MIP and the resources (inputs) that must be secured, developed, and employed in order to execute these activities. The implementation plan also describes the outcomes (outputs) that result when the activities are conducted correctly.

Resources (Inputs)	Activities	Outcomes (Outputs)
Inputs are the resources needed to operate a program and conduct intervention activities.	Activities are the actions conducted to implement an intervention.	Outcomes are the deliverables or products that result when activities are conducted.
PRE-IMPLEMENTATION		
Staff dedicated to MIP - Minimum 3 persons: 1 Supervisor, 1 Counselor, and 2 Case Manager/Community Educators	Recruit and hire team. Train team members in Motivational Interviewing, stages of change, outreach strategies, and MIP.	Fully staffed and trained MIP Team
Office Space	Secure office space.	Safe and confidential office space
Equipment	Purchase/obtain equipment.	Fully equipped office space
Materials and supplies	Purchase materials and supplies for program.	Required materials available to program
Community mapping, community assessment and partnering	Review literature. Conduct key informant interviews. Conduct gatekeeper interviews. Establish focus groups. Conduct observation.	Signed MOUs in place Comprehensive MIP resource directory
Recruitment of participants	Conduct outreach. Conduct social marketing.	Number of contacts made Number of participants recruited Number of individuals who declined services
IMPLEMENTATION		
Session 1: Resources and preparation to conduct Induction Session and offer case management	Perform MIP induction. Discuss roles and responsibilities of both participant and organization.	Number of Induction sessions completed Number of MIP Intake Forms completed Number of Signed Consent Forms completed

	<p>Offer counseling and testing for HIV, STIs, TB, and viral hepatitis.</p> <p>Assess participant readiness for change.</p>	<p>Number of Behavioral Risk Assessments completed</p> <p>Number of the Action Plans completed</p> <p>Number of participants with knowledge of sero-status</p>
<p>Session 2:</p> <p>Resources and preparation to conduct Taking Care of your Health Session and offer case management</p>	<p>Complete Health History Form with participant.</p> <p>Orient participant to health services and arrange a physical examination.</p> <p>Offer counseling and testing for HIV, STIs, TB, and viral hepatitis.</p> <p>Assess participant readiness for change.</p>	<p>Number of participants with completed Health History Forms</p> <p>Number of participants that received case management and referrals</p> <p>Number of participants accessing health care services</p> <p>Number of Action Plans completed</p> <p>Number of participants with knowledge of sero-status</p>
<p>Session 3:</p> <p>Resources and preparation to conduct Readiness for Entering Drug Treatment Session and offer case management</p>	<p>Complete Drug Treatment History and Experience Form with participant .</p> <p>Orient participant to drug treatment services.</p> <p>Offer counseling and testing for HIV, STIs, TB, and viral hepatitis.</p> <p>Assess participant readiness for change.</p>	<p>Number of Drug Treatment History and Experience Forms completed</p> <p>Number of participants entering drug treatment</p> <p>Number of Action Plans completed</p> <p>Number of participants receiving case management and referrals</p> <p>Number of participants with knowledge of sero-status</p>

<p>Session 4:</p> <p>Resources and preparation to conduct Relapse Prevention Session and offer case management</p>	<p>Complete the Guide to Analysis of Most Recent Relapse –Drug Use and Guide to Analysis of Most Recent Relapse – Unprotected Sexual Activity with participant.</p> <p>Analyze last relapse event.</p> <p>Develop skills to decrease risk of relapse.</p> <p>Offer counseling and testing for HIV, STIs, TB, and viral hepatitis.</p>	<p>Number of completed Guide to Analysis of Most Recent Relapse –Drug Use and Guide to Analysis of Most Recent Relapse – Unprotected Sexual Activity forms</p> <p>Number of participants with relapse history</p> <p>Number of Action Plans completed</p> <p>Number of participants receiving case management and referrals</p> <p>Number of participants with knowledge of sero-status</p>
<p>Session 5:</p> <p>Resources and preparation to conduct Reducing Drug-Related HIV Risk Session and offer case management</p>	<p>Explore drug-related risk behavior.</p> <p>Develop skills to decrease drug-related HIV risk.</p> <p>Offer counseling and testing for HIV, STIs, TB, and viral hepatitis.</p>	<p>Number of drug-related risk behaviors identified</p> <p>Number of safe drug-using behaviors reported, such as:</p> <ul style="list-style-type: none"> - not sharing needles - cleaning works - not sharing cookers - not sharing water - using new needles - not pooling money to buy drugs <p>Number of Action Plans completed</p> <p>Number of participants receiving case management and referrals</p> <p>Number of participants with knowledge of sero-status</p>
<p>Session 6:</p> <p>Resources and staff preparation to conduct Reducing Sex-Related HIV Risk Session and offer case</p>	<p>Explore sex-related risk behavior.</p> <p>Develop skills to reduce sex-related HIV risk.</p>	<p>Number of sex-related risk behaviors identified</p> <p>Number of safer sex practices reported, such as use of condoms for vaginal, anal, oral sex</p>

management	Offer counseling and testing for HIV, STIs, TB, and viral hepatitis.	<p>Number of Action Plans completed</p> <p>Number of participants receiving case management and referrals</p> <p>Number of participants with knowledge of sero-status</p>
Booster:	<p>Complete Behavioral Risk Assessment form with participant.</p> <p>Summarize participant goals and accomplishments.</p> <p>Identify gaps and participant needs.</p> <p>Develop a Continuum of Care Action Plan.</p> <p>Offer counseling and testing for HIV, STIs, TB, and viral hepatitis.</p>	<p>Number of completed Behavioral Risk Assessment forms</p> <p>Number of behavioral risk goals achieved</p> <p>Number of Action Plans completed</p> <p>Number of referral services received</p> <p>Number of clients who successfully completed program</p>
Staff supervision and training:	<p>Provide on-going supervision.</p> <p>Conduct periodic evaluation.</p> <p>Provide booster training.</p>	<p>Documentation of case conferences conducted</p> <p>Number of trainings received</p> <p>Number of performance evaluations completed</p>

APPENDIX 2D: SAMPLE JOB DESCRIPTION

POSITION/TITLE: Supervisor
SALARY RANGE: Commensurate with educational and work experience
STATUS: Full-Time - 35 hours per week

Program Description: The MIP program is based on creating trusting and respectful relationship with injection drug users and on enabling them to make healthier choices. This is accomplished using Motivational Interviewing techniques and behavioral readiness staging. The ultimate outcome of MIP is not necessarily abstinence, although the participant may certainly choose this route; the ultimate outcome is increased self-efficacy and choice-making skills among participants. MIP has produced the following outcomes: participants have 1) reduced their HIV risk-related sex and drug practices, 2) entered drug treatment, 3) accessed care for neglected health problems, and 4) created more stable living situations. It is a hands-on program with intensive interaction between the MIP team and participants.

Qualifications: Masters-level professional preferred. Bilingual English/Spanish candidate preferred. Minimum BA/BS with 3-5 years of experience training, supervising, and collaborating with a clinical team required.

Extensive work experience with injection drug users and familiarity with HIV-prevention and harm reduction techniques, including those pertinent to syringe exchange. Knowledge about and experience with people living with HIV/AIDS. Experience working with diverse populations. Knowledge, experience, or the willingness to learn the theories and techniques that underpin the MIP implementation (Stages of Change, Role Induction, Case Management, and Motivational Interviewing) and to use these theories and approaches in staff supervision. Experience with formal mental health diagnoses of patients.

Willingness to work collaboratively with MIP staff (Case Manager/Community Educator and Counselor) in community assessment, participant identification, and participant induction as well as to supervise and participate in a series of intervention sessions for participants. Ability to train staff and injection drug users in safer injecting and overdose prevention and to help participants choose among a variety of drug treatment modalities. Willingness to collaborate with the Case Manager/Community Educator and Counselor to recruit and retain out-of-treatment street injection drug users and to help them increase their ability to make healthier choices by: 1) decreasing their drug and sex related HIV risk practices, 2) obtaining social, health, and other life needs, and 3) considering whether or not to enter a drug treatment program.

Strong organizational and computer skills. Commitment to detail so as to ensure adequate case documentation and confidentiality regarding agency and constituent information.

Function: He/she will be required to provide staff leadership and program vision. He/she will ensure that the program's goals are implemented, that the program maintains its fidelity to the original research, and that the program is in compliance with relevant regulations and CDC and state department standards.

He/she will be required to create and strengthen partnerships with primary care facilities, mental health facilities, drug treatment programs, housing programs, and social and other service providers to ensure immediate patient access to care and services. He/she will then be required to strengthen and maintain these relationships through consistent follow-up with service providers to ensure the execution of protocols.

He/she will be required to oversee community mapping of potential locations where injection drug users congregate (street corners, shooting galleries, homeless shelters, and so forth).

Responsibilities to MIP Staff and Participants:

- Oversee staff use of specific counseling methods prescribed for MIP intervention.
- Build an effective team and resolve and mediate conflicts.
- Accompany team to community sites.
- Counsel participants at various community venues, when appropriate.
- Understand and utilize the harm reduction approach rather than the sobriety-abstinence only approach.
- Supervise and manage the dysfunctional but expected participant behavior changes (relapses, insecurities, anxieties and fears) during the intervention process.

Responsibilities to MIP Program:

- Oversee program and report progress to the Executive Director and other funding services.
- Oversee quality assurance of the program.
- Ensure that program services are conducted in a culturally and linguistically competent manner.
- Ensure programmatic contract and compliance and meet the stated goals and objectives. under program service grants, including timely reporting.
- Assist in fiscal monitoring and maintain program expenses within the program's budget. .
- Maintain updated and accurate documentation of program services.
- Generate and prepare reports for funding sources.

APPENDIX 2D: SAMPLE JOB DESCRIPTION

POSITION/TITLE: Counselor
SALARY RANGE: Commensurate with educational and work experience
STATUS: Full-Time - 35 hours per week

Program Description: The MIP program is based on creating trusting and respectful relationship with injection drug users and on enabling them to make healthier choices. This is accomplished using Motivational Interviewing techniques and consideration of the stages of change. The ultimate outcome of MIP is not necessarily abstinence, although the participant may certainly choose this route; the ultimate outcome is increased self-efficacy and choice-making skills among participants. MIP has produced the following outcomes: participants have 1) reduced their HIV risk-related sex and drug practices, 2) entered drug treatment, 3) accessed care for neglected health problems, and 4) created more stable living situations. It is a hands-on program with intensive interaction between the MIP team and participants.

Qualifications: BA/BS degree in Counseling with 1-3 years experience in the health, mental health, HIV/AIDS prevention or treatment, and/or substance abuse fields preferred. Experience with case management, training, supervising, and collaborating with clinical teams preferred. Candidate with driver's license preferred. Educational requirements may be waived for extensive experience working with injection drug users and HIV/AIDS prevention.

Familiarity with HIV-prevention and harm reduction techniques, including those pertinent to syringe exchange. Knowledge of and experience with people living with HIV/AIDS. Experience working with diverse populations, especially in terms of HIV and substance abuse prevention. Knowledge, experience, or the willingness to learn the theories and techniques that underpin the MIP implementation: Stages of Change, Role Induction, Case Management, and Motivational Interviewing.

Willingness to work with MIP staff (Case Manager/Community Educator and Counselor) in community preparation, participant identification, and participant induction as well as to engage participant in a series of intervention sessions. Ability to train staff and injection drug users in safer injecting and overdose prevention and to help participants choose among a variety of drug treatment modalities. Willingness to collaborate with Supervisor and Case Manager/Community Educator to recruit and retain out-of-treatment street injection drug users and to help them increase their ability to make healthier choices by: 1) decreasing their drug and sex related HIV risk practices, 2) obtaining social, health, and other life needs, and 3) considering whether or not to enter a drug treatment program.

Strong organizational and computer skills and commitment to detail so as to ensure adequate case documentation and confidentiality regarding agency and constituent information, is also required.

Function: He/she will be required to maintain partnerships with primary care facilities, mental health facilities, drug treatment programs, housing programs, and social and other service providers to ensure immediate patient access to care and services.

He/she will be required to partake in community mapping of potential locations where injection drug users congregate (street corners, shooting galleries, homeless shelters, and so forth).

Responsibilities to MIP Team and Participants:

- Train and oversee the Case Manager/Community Educator and ensure his/her use of specific counseling methods prescribed for the MIP intervention.
- Work effectively within a team to resolve and mediate conflicts.
- Accompany team to community sites.
- When necessary, conduct MIP counseling sessions off-site in the community.
- Understand and utilize the harm reduction approach rather than only the sobriety-abstinence approach.
- Develop rapport, trust, and communication with potential and current participants.
- Display non-judgmental attitudes toward and compassion for drug users.
- Document the MIP process (keep records, track participant progress, and so forth).
- Communicate well with people of diverse backgrounds, cultures, and professions (physicians, social service providers, and so forth).
- When necessary, escort participants to various community services and ensure that they are attended. This includes taking a person to a shelter to get a shower and change clothes prior to going to a physician for care.
- Encourage participants to achieve set goals.

APPENDIX 2D: SAMPLE JOB DESCRIPTION

POSITION/TITLE: Case Manager/Community Educator
SALARY RANGE: Commensurate with educational and work experience
STATUS: Full-Time - 35 hours per week

Program Description: The MIP program is based on creating trusting and respectful relationship with injection drug users and on enabling them to make healthier choices. This is accomplished using Motivational Interviewing techniques and consideration of the stages of change. The ultimate outcome of MIP is not necessarily abstinence, although the participant may certainly choose this route; the ultimate outcome is increased self-efficacy and choice-making skills among participants. MIP has produced the following outcomes: participants have 1) reduced their HIV risk-related sex and drug practices, 2) entered drug treatment, 3) accessed care for neglected health problems, and 4) created more stable living situations. It is a hands-on program with intensive interaction between the MIP team and participants.

Qualifications: Minimum 3-5 years working with drug users required. HIV/AIDS medical overview and HIV pre and post-test counseling certificates required.

Individual advocacy skills and cultural sensitivity to different populations. Familiarity with HIV-prevention and harm reduction techniques, including those pertinent to syringe exchange. Knowledge of and experience with people living with HIV/AIDS. Intimate knowledge of the drug-use culture, including its beliefs, norms, patterns of behavior, and so forth. Knowledge, experience, or the willingness to learn the theories and techniques that underpin the MIP implementation: Stages of Change, Role Induction, Case Management, and Motivational Interviewing.

Willingness to work with MIP staff (Supervisor and Counselor) in community preparation, participant identification, and participant induction as well as to engage participant in a series of intervention sessions.

Strong organizational and computer skills. Commitment to detail so as to ensure adequate case documentation and confidentiality regarding agency and constituent information.

Function: He/she will be required to conduct the MIP intervention with out-of-treatment, active injection drug users. He/she will develop and maintain supportive relationships with participants through individualized interventions and team-based case management techniques, empowering participants to evaluate sex and injection drug practices so as to achieve the most appropriate outcome.

He/she will ensure that participants' basic needs are met, including health care, adequate nutrition, housing, and employment. He/she will facilitate and organize participant access to primary health care, mental health care, drug treatment services, and social services, acting as intermediary between individuals and agency officials when necessary.

He/she will be required to partake in community mapping of potential locations where injection drug users congregate (street corners, shooting galleries, homeless shelters, and so forth).

Responsibilities to MIP Team and Participants:

- Initiate case strategies to identify the maximum number of drug users eligible for the MIP program.
- Maintain a caseload of 20-25 participants per program cycle.
- Develop rapport, trust, and communication with potential and current participants.
- Display non-judgmental attitudes toward and compassion for drug users.
- Provide participants with risk-reduction instruction and safety kits (bleach, needles where legal, condoms, and so forth).
- Understand and utilize the harm reduction approach rather than only the sobriety-abstinence approach.
- Produce activity reports and participate in case conferencing with clinical Supervisor and/or Counselor.
- Document the MIP process (keep records, track participant progress, and so forth), maintaining detailed and accurate data on each encounter using program forms.
- Communicate well with people of diverse backgrounds, cultures, and professions (physicians, social service providers, and so forth).
- When necessary, escort participants to various community services and ensure that they are attended. This includes taking a person to a shelter to get a shower and change clothes prior to going to a physician for care.
- When necessary, conduct MIP counseling sessions off-site in the community.
- Encourage participants to achieve set goals.
- Some evening and weekend work.

APPENDIX 2E: COMMUNITY MAPPING PLANNING FORM

In the context of MIP, community mapping is a formative evaluation process designed to gather helpful information for the planning and delivery of the intervention. Community mapping is critical for accessing and understanding the target population and for identifying structural, environmental, behavioral, and psychological factors that can either facilitate or inhibit STD/HIV/viral hepatitis risk-reduction.

Describe your target population:

Example: Injection drug users 18 years and older recruited from the community.

List the sources you will consult in preparation for the community mapping process:

Example: Local health department, state health department, epidemiological data, morbidity and mortality reports,, health and medical journals, and statistical reports.

List the individuals you will consult with in preparation for the community mapping process:

Internal Interviews: Interviews with staff members to assess current knowledge of the target population while developing a list of outside contacts.

Key Informant Interviews: Interviews with those who have regular contact with the target population, such as community-based agencies, the health department, health care providers, the justice system, and other social service providers.

APPENDIX 2F: COMMUNITY MAPPING RESOURCE SCAN WORKSHEET

Directions: Next to the service categories below, list up to two community organizations that provide these services. If you do not know of an organization providing a particular service, indicate this with a “G,” for gap. Provide comments (questions, notes, and so forth) as necessary.

Once you have done this for each service category, you will be able to identify which services providing HIV prevention, care, and treatment are readily available and which are lacking in your community. These are your service gaps—categories where there are no organizations providing the stated service in your community/geographic vicinity.

Note: Resource Scan Worksheet adapted from http://www.caear.org/foundation/pdf/Mod3_Resource_Scan_Worksheet.pdf

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
Adult/juvenile detention centers				
Back to work programs				
Counseling and testing sites	Example: Peoples Choice Center	ALL	Y	
	Women's Against AIDS	Women and female adolescents	N	Been around for 3 years; affiliated w/ Munroe hosp.
Detoxification centers				

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
Emergency rooms				
Faith-based services				
Family planning organizations				
Food banks				
Health care centers				
HIV/AIDS service organizations				
HIV/AIDS care and treatment sites				

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
Homeless shelters/homeless services				
Hospitals				
Immigration/legal services				
Mental health programs				
Migrant health services				
Nutrition counseling				
Social services				

Service Category	Agencies offering service	Clients Served/Target Population	Existing Relationship (yes or no)	Comments
STI clinics				
Substance abuse programs				
Other 1: _____				
Other 2: _____				
Other 3: _____				
Other 4: _____				
Other 5: _____				
Other 6: _____				

APPENDIX 2H: SERVICE DIRECTORY FORM

Name of Organization:

Physical Address:

Mailing Address:

Telephone (s):

Fax:

Email:

Web Page:

Contact (s):

Hours of Operation:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Catchments (Geographical Reach):

Mission Statement:

Services Offered:

Admission or Service Requirements:

Documents Required for Admission or Service:

Income Requirement:

Other: *(e.g., service philosophy toward injection drug users)*

APPENDIX 2I: FIELD SAFETY GUIDELINES

- Have a way to check in with the office and with your partner (e.g., calling cards for calling back to the office, two-way radios, pagers, and/or cell phones). Plan communication procedures to keep track of team whereabouts.
- If you are working as a team (which is highly recommended), arrange to meet in a safe place before setting out into the field. Arrive at the area together. Keep each other in view at all times. Don't separate from your partner for long periods of time.
- Have your program identification on you before going out into the field. Make sure it can be easily produced if it is not visible. Identify yourself and tell people what you are doing and why.
- Have plenty of supplies (safe sex and needle hygiene kits) readily available.
- Know the neighborhood. If you are new to the neighborhood in which you are working, accompany other workers who know the neighborhood well and who can teach you about risks and outreach opportunities.
- Do not buy goods or accept gifts, food, or merchandise from street people or clients—it may be stolen. Do not give or lend money to clients.
- Develop a friendly, professional relationship with clients you come into contact with, but do not interact with them socially or romantically.
- Don't make assumptions, judgments, or generalizations about your client population. Behave respectfully toward them, and win their trust and confidence. Avoid any communication, through words, gesture, or posture that conveys arrogance.
- Stay in view of street traffic whenever possible. Do not enter shrubbery, alleys, or other areas where you are not visible unless accompanied by a partner.
- Do not display personalized tags on cars.
- Do not counsel clients outside of the specific requirements of your job.
- Be aware of your surroundings at all times. You can avoid trouble by being observant.
- Do not conduct outreach in the field after dark.
- Dress comfortably and inconspicuously, particularly when working in high-risk areas where drug buys are occurring. Do not dress to impress. Be aware of and avoid gang colors.
- Do not carry a purse or large amounts of money while in the field. Limit jewelry to small costume jewelry items. Do not carry more cash or incentives than you will need that day.

FIELD SAFETY GUIDELINES....*continued.*

- Do not carry weapons.
- Never approach a potential client when he/she is buying drugs.
- Never approach a client when he/she is negotiating with a client or dealing with a pimp.
- Do not enter a crack house or shooting gallery.
- Avoid getting in the middle of the sale of drugs or sex. If a drug or sex deal is conducted near you, leave the area quickly and quietly, without drawing attention to yourself. Never take, touch, or sample any person's drugs or merchandise.
- Consider liability issues of transporting clients in your personal vehicle:
 - Your liability to an injured client if there is an accident.
 - Your vulnerability if the client is carrying drugs.
- Plan escape routes in advance.
- If you find yourself in a dangerous situation, remain calm and try to leave as soon as possible. In case of an emergency, call 911.

APPENDIX 2J: MIP SAMPLE LETTER OF INTRODUCTION

Date

Name of Recipient

Title

Address

City/State/Zip

Dear Sir/Madam:

I am writing to introduce the *Modelo de Intervención Psicomédica* (MIP) Program, an individual behavioral level intervention for reducing high-risk drug and sex-related HIV risk behaviors among intravenous drug users (IDUs).

This intervention recognizes the participant's roles in multiple social systems (e.g., environment system, health care system, family system) and seeks to eliminate barriers that may impede their access and use of healthcare and drug treatment.

The proposed project will target males and females 18 years of age and older and will expand integrated outreach, pre-treatment, and treatment services. It will do so by adding new capacity and enhancing existing outreach, pre-treatment, and treatment services with innovative, culturally competent, and appropriate evidence-based interventions designed to reduce the impact of substance abuse and HIV/AIDS and to improve lives in the targeted community.

The project will demonstrate that culturally appropriate and coordinated outreach, engagement, counseling and case management delivered *simultaneously* decrease morbidity and mortality, improve the quality and length of life, and increase the functional competence of out-of-treatment, substance abusing individuals.

This will increase the participant's ability to complete treatment, decrease the interval between treatment episodes, and strengthen the impact of treatment by upgrading the client's stability through access to housing and vocational preparation.

I would like to meet with you and invite you to partner with us as we embark on this new and exciting initiative. I will be calling to schedule a time to further discuss this project and to answer any questions you may have about the program.

Sincerely,

Name

Title

APPENDIX 2K: *MODELO DE INTERVENCIÓN PSICOMÉDICA (MIP) FACT SHEET*

A cognitive behavior intervention combining individualized counseling and case management to reduce HIV/STI/viral hepatitis risks among injection drug users

Program Overview

MIP is an HIV psycho-medical intervention for out of treatment injection drug users. It is based on Motivational Interviewing techniques, stages of change, social learning, role induction, and cognitive behavioral theories.

Objectives: Participants 1) identify and employ specific ways to reduce drug and sex-related HIV risk; 2) receive assistance obtaining health and other social services; 3) prepare to enter drug treatment programs if they choose to do so; 4) receive HIV counseling and testing and referrals for viral hepatitis and STI testing.; 5) identify relapse triggers and practice relapse prevention skills; 6) create an action plan for maintaining positive behavior changes; and 7) recognize critical support systems for maintaining behavior change.

MIP offers seven one-on-one structured counseling sessions over a 3 month period, and it is conducted by a team of professionals who develop a strong relationship with participants. Motivational Interviewing increases a participants' drive to reduce their drug and sex-related HIV risk.

Core Elements

Original researchers identify 7 core elements:

- Conduct community assessment and outreach
- Employ an induction process
- Use Motivational Interviewing techniques and apply underlying theories and approaches.
- Use a Self-Assessment Readiness instrument or evaluation tool at each session.
- Establish a Counselor and Case Manager collaboration
- Conduct a minimum of 6 sessions and provide for additional contacts if necessary.
- Conduct a booster session (in addition to the 6 sessions).

Target Audience

The primary target population is injection drug users who are 18 years of age and older and recruited from the community; however, the program can be adapted for other drug users, including IDUs in methadone treatment for the past year. If agencies would like to work with poly-drug users who are not currently injection-drug users, CDC will provide Technical Assistance for adaptation.

Robles, R. R., Reyes, J. C., Colon, H. M., Sahai, H., Marrero, C. A., Matos, T. M., Calderon, J. M. & Shepard, E. V. (2004) Effects of combined counseling and case management to reduce HIV risk behaviors among Hispanic drug injectors in Puerto Rico: A randomized controlled study. *Journal of Substance Abuse Treatment* 27, 2, 145-152.

Marrero, C.A., Robles, R.R., Colon, H.M., et al. (2005) Factors associated with drug treatment dropout among injection drug users in Puerto Rico. *Addictive Behaviors*, 30, 397-402

APPENDIX 2L: SAMPLE MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) relates to the proposed collaboration between *Name of Lead Agency* and *Name of Partner Agency* in providing participants enrolled in the MIP Program with the following services:

- Outreach to out of treatment injection drug users.
- HIV/AIDS educational sessions (7).
- HIV counseling, testing, and referral to care.
- Comprehensive case management.
- Assistance with obtaining primary care, mental health treatment, entrance into substance abuse treatment programs, and access to additional social services.

The collaboration is dependent upon an award from CDC to *LEAD AGENCY*. This award allows the *LEAD AGENCY* staff to deliver services to MIP participants either directly or through referrals to our partner, *PARTNER AGENCY*.

This MOU between *LEAD AGENCY* and *PARTNER AGENCY* sets out the collaborative roles and responsibilities as well as the individual roles and responsibilities of *LEAD AGENCY* and those of *PARTNER AGENCY*. This MOU covers the first year of a 5 year project with the intent to renew for Years 2-5 contingent upon additional funding.

Collaborative roles and responsibilities:

- All partners agree that the activities and services of the proposed project are governed by federal laws and regulations that do not permit use of federal and state funds from this project for religious instruction or other religious activities.
- All partners agree to meet with the Project Director, (name), or a designee on a quarterly basis to assess progress in meeting objectives, to make mid-course adjustments if necessary, and to plan for continued service delivery.
- All partners agree that participant information will be considered protected health information between the participant and the program staff only. All material shared with the program staff will be kept confidential and will not be given to anyone or to any agency.
- Partner organizations will share information with the Project Director, including recruitment data, service results, referrals to other programs, treatment progress, health and social concerns, and other information that concerns the quality and quantity of program services rendered.
- Project data that contain participants' names or the names of program staff will be secured as stated by law. Project forms will be coded by number instead of by name and case records will be stored in locked files. Only one staff member—the Project Director or a designee—will hold the key to those files. No names will appear in any reports or papers related to project findings
- Partners agree that project participants are not required to accept any services or information unless they are ready and willing to do so.
- Participation in this project is voluntary. Participants are free to abstain from answering any question they wish. Participants may decide not to take part or to withdraw from the project at any time without penalty. They can still obtain referrals for services if they decide not to participate in the program.

- Responses will be kept private at all times. However, if someone in the study becomes suicidal, threatens to harm others, or reveals a case of child abuse or neglect or elder abuse, the project staff is required by law to report him/her.

Lead Agency's Responsibilities:

MIP staff members will provide the following free services to participants:

- Outreach to engage individuals with drug problems in MIP. Outreach will be conducted in the following cities: (list city, county, state).
- Seven MIP sessions--6 counseling sessions and 1 booster session, all offering HIV counseling and testing, referrals to medical care, comprehensive case management, assessment of service needs, and assistance to obtain services.
- Help accessing medical treatment for pressing health and mental health care needs as well as for entry into drug treatment programs.
- Assistance obtaining other services through partner organizations. These other services may include but are not limited to: temporary housing, employment, parenting resources for children, financial assistance (food stamps, Medicaid), domestic violence shelters, alternative treatments such as acupuncture, meditation, and so forth.
- Assistance gaining entry into drug treatment programs if the participant so wishes.
- Information about HIV and its prevention.
- Referrals for viral hepatitis testing.
- Information about protecting oneself from liver damage and about securing vaccinations against Hepatitis A and B.
- Incentives throughout the intervention, including transportation passes, food vouchers, condoms, and other convenience products.
- Staff escort services, as needed, and staff advocacy.
- Respect of cultural differences and protection from discrimination.
- An understanding of cultural practices, beliefs, and past experiences.
- Follow-up to ensure utilization of services.

Partner Organization Responsibilities:

THIS WILL CHANGE DEPENDING UPON THE SERVICES PROVIDED.

Primary Health Care Service Provider:

- Partner accepts MIP participants for (List the Type of Services Being Offered), regardless of drug-use status.
- Partner provides services to MIP participants in a timely manner, which may mean serving participants who have not made appointments.

- Partner has culturally and linguistically competent staff to provide services to participants.
- Partner treats MIP participants with the same respect and care that it treats all clients.
- Partner is sensitive to the possible trauma experienced by MIP participants and treats participants in the caring manner traumatized individuals require.
- Partner immediately contacts the MIP Case Manager if a participant has difficulty with medical recommendations and/or displays disruptive behavior.
- Partner aids the participant in making decisions about health care and helps the participant make decisions about health care using decisional balance techniques and Motivational Interviewing skills.
- Partner gives its staff members the opportunity to participate in staff training led by *Lead Agency's* capacity building staff. This training will address cultural practices and beliefs, the sensitivities of injection drug users, and the underlying theories of self-determination, stages of change, and Motivational Interviewing.
- Partner allows a project staff member to accompany participants to services.

Drug treatment program that is no longer willing to engage client:

- Partner informs MIP staff if a participant is about to leave drug treatment program, and refers him/her to the *Lead Agency*.
- Partner allows MIP Case Managers and licensed clinical social workers to meet with participants while they are enrolled in drug treatment programs.
- Partner informs MIP staff of a participant's completion of the drug treatment program.

The terms of this Agreement shall be *MM/DD/YY* through *MM/DD/YY*, or the period determined by the grant award, pending funding from the federal CDC.

Therefore, each partner has signed below, indicating their agreement and certifying that the person signing below has the authority to bind the partner to the terms of this Memorandum of Understanding.

Lead Agency, Inc.

Name of Lead Agency's Executive Director

Date

Name of Lead Agency's Director of Clinical Programs

Date

Partner Agency Name

Name of Partner Agency's Executive Director

Date

Name of Partner Agency's Director of xxx Service

Date

APPENDIX 2M: CONFIDENTIALITY AGREEMENT

I, _____, an employee of [*Name of Organization*], agree to abide by the confidentiality laws of the State of [*Name of State*] governing mental health services/practices, the Federal Government's Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law No. 104-191, 110 Stat. 1936-codified as amended in scattered sections of 18, 26, 29, and 42 U.S.C.), and regulations protecting client rights.

Confidentiality refers to the privacy of all clients/participants (e.g., *parents, guardians, caretakers, youth, children, and so forth*) who have had contact with/received services from this organization.

In the course of my work at [*Name of Organization*], I understand that I am bound to confidentiality. I am not to reveal and/or discuss any information pertaining to any client from this organization to any one unless the client/participant signs a written release for this purpose.

Federal laws and regulations protect the confidentiality of client records maintained by this program.

Generally, the program may not disclose an individual's status as a program participant or as an alcohol/drug abuser unless:

1. The client consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

By your signature, you are fully consenting to the terms set forth in this agreement. This agreement is not limited to working hours; it is extended to off duty hours as well. In addition, this agreement will remain in effect regardless of employment status (e.g., resignation, termination, leave of absence, and so forth). Violation of this agreement is ground for immediate termination.

Participant Name	Participant Signature	Date

Witness Name	Witness Signature	Date

APPENDIX 2N: MIP PARTICIPANT CONSENT FORM

Explanation of the program: [*Name of the Program*]

Services: You are being invited to participate in a program for out of treatment substance users 18 years of age and older. If you agree to participate in this program, you will have the opportunity to receive the following services:

- Substance abuse treatment services and referrals for methadone, detox, and in and outpatient services.
- Mental health services and/or referrals.
- Free and confidential HIV counseling and testing.
- Individual counseling.
- Relapse prevention education.
- Case management and counseling.
- Referrals to other social service needs.

You will be offered the opportunity to participate in six counseling sessions and one booster session. Case management staff will help you obtain services that you identify, need, and/or want. It is your decision as to which services and educational information you want to receive. You will not be required to accept any services or information unless you are ready and want to accept them.

Process of Service: If you agree to enroll in this program, a staff person will be assigned as your Counselor. He/she will ask you about your background in: drug and alcohol use, mental status, family and housing needs, school, work and income, legal issues and court contacts, and physical health and treatment. He/she will ensure use of services and assess your satisfaction with services using assessment instruments.

Also, the Case Manager will discuss potential referrals for other programs, treatment progress, and health and social needs. All information will be considered protected health information between you and the staff person only.

All information shared with the staff person will be kept confidential and will not be given to anyone or to any agency unless specified by you (the participant).

Program staff will share services data, referrals, treatment progress, and health and social needs with the program evaluator.

Participant Rights:

- Your participation in this project is voluntary.
- You are to abstain from answering any question you wish.
- You may decide to withdraw from the program at any time without any penalty.
- You can still obtain referrals for services if you decide to withdraw from the program.

Benefits:

Participants receive immediate and long-term benefits from this program. Immediate advantages to participants may include:

- Assistance accessing health medical care, both for general and pressing health care needs.
- Mental health services and/or referral to such services.
- Assistance securing health coverage, housing, employment, and so forth.
- Assistance entering drug treatment programs.
- Counseling and testing for HIV and referrals for viral hepatitis and STI testing.
- Incentives throughout the intervention, including transportation, food, safer sex kits, and bleach kits, among others.
- Relapse prevention education through individual sessions.
- Staff escort services to appointments and referrals, when necessary.

Risks:

- You may be asked to disclose personal or stressful information about your situation.
- You may have unpleasant reactions to these questions. If you do not want to answer any question, you may choose not to do so. You may take breaks or stop the interview at any time. We will keep your answers private at all times. However, if someone in the program is in urgent danger of suicide, threatens to harm someone else, reveals a case of child abuse or neglect, or reveals a case of elder abuse, program staff must report these cases.
- You may experience unpleasant emotions. You may ask to speak to a professional about these feelings.

Confidentiality:

Case records will be kept confidential, as stated by law. The only times when the law does not protect confidentiality are listed in the Risk Section of this document. No names will appear in any reports or papers related to the evaluation of this program. Program forms will be coded with a number instead of a name, and case records will be stored in locked files.

Program Evaluation:

Program evaluation data will be used in reports and papers to help influence policies and funding and to improve program services.

By signing this form, you agree to participate in the program described to you both verbally by a staff member and visually in this form. If you have any questions or concerns about your participation in this program, contact [Name and Telephone of Contact].

Participant Name	Participant Signature	Date
Witness Name	Witness Signature	Date

Note: Signed copies of this consent form must be kept on file in participant record, on file with the Program Evaluator, and a copy must be given to the participant.

**APPENDIX 20:
CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION**

I understand that as part of my health care services [*Name of Organization*] maintains health records describing: my health history, symptoms, assessments, test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment and
- A means of communication among the many professionals who contribute to my care.

I understand and have been provided with a Notice of Information Practices that gives a more complete description of information uses and disclosure. I understand that I have the right to review the notices prior to signing this consent. I understand that the organization reserves the right to change its notice and prior to implementation will make available a copy of any revised notices. I understand that I have the right to request restrictions as to how my information may be used or disclosed and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this request in writing unless the organization has already taken action in reliance thereon.

- The specific uses and limitations of the type of information to be disclosed are as follows:
- The information is to be disclosed to:
- This authorization shall remain valid until:

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Participant Name

Participant Signature

Date

--	--	--

Witness Name

Witness Signature

Date

APPENDIX 2P: NOTICE OF PRIVACY PRACTICES with ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

This notice describes how information can be accessed, used, and disclosed. Please read this notice carefully. If you have any questions about this notice, please speak with your Counselor.

Our Pledge Regarding Information: We understand that information about you and your health is personal. We are committed to maintaining the confidentiality of your personal information. We create a record of the care and services you receive at this agency. We need this record to treat you and to comply with certain legal requirements. This notice applies to all of the records generated by our office, whether made by your personal doctor or by other persons within our office.

This notice advises you of the ways in which we may use and disclose information about you. It also describes your rights to confidentiality and certain obligations we have regarding the use and disclosure of information. As required by Law, we will disclose information about you when required to do so by federal, state, or local law. This includes suspected child abuse or neglect, crime, or threat to commit a crime.

We are required by law to:

- Ensure that medical information and all personal information is kept private.
- Give you this notice of our legal duties and privacy practices with respect to personal information.
- Follow the terms described in this notice.

How We May Use and Disclose information about You: The following categories describe different ways that we may use and disclose your personal information. For each category of uses and disclosures, we will explain what we mean and provide examples. Not every use or disclosure will necessarily be listed below. However, all the ways in which we are permitted to use and disclose information will fall within one of these categories.

Treatment: We may use personal information to provide you with services. We may disclose information about you, with your written consent, to other professionals involved in your treatment.

Treatment Alternatives: We may use and disclose personal information, with your written consent, to recommend possible treatment options.

Individuals involved in Your Treatment: We may release personal information, with your written consent, to a friend or family member involved in your care.

To Avert a Serious Threat to Health or Safety: We may use and disclose personal information when necessary to prevent a serious threat to your health and safety or to the health and safety of another person. Any disclosure, however, would be only to someone able to prevent the threat.

Health Oversight Activities: We may disclose personal information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor and evaluate programs and to evaluate compliance with civil rights laws

Special Situations: We may use and disclose medical information to medical personnel in a medical emergency,

Your Rights Regarding Information about You: You have the following rights regarding the information we maintain about you:

- **The right to a copy of your record:** You have the right to request a copy of your record. This does not include counseling notes. To request a copy of your record, you must submit the request in writing to your Counselor. If you request a copy of your record, we may charge a fee as permitted by state law for the cost of copying, mailing, and other supplies associated with your request.
- **The right to amend:** If you believe that there is some error in your information or that important information has been omitted, it is your right to request the correction of existing information or the addition of missing information. Your request and the reason for your request must be in writing. We may deny your request for an amendment if it is not in writing or if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, is not part of the information kept by the agency, is not part of the information which you would be permitted to inspect, or is accurate and complete.
- **The right to an account of disclosures:** You have the right to request an accounting of disclosures. You must submit your request in writing. Your request must state a time period no longer than six years and not including dates before April 14, 2003. Your request must indicate in what form you want the list, for example on paper or electronically.
- **The right to request restrictions:** You have the right to request a restriction or limitation on the personal information we use or disclose for treatment purposes. You also have the right to request a limit on the personal information we disclose to someone involved in your care, such as a family member. We are not required to agree to your request, however. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, our disclosure, or both; and (3) to whom you want the limits to apply (e.g., disclosure to your spouse).
- **The right to request confidential communication:** You have the right to request that we communicate with you about matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, at your home, or by mail. To request confidential communication, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **The right to a paper copy of this notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as for any information we receive in the future. Each time you register at our agency we will offer a copy of the current notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our agency or with the Department of Health. To file a complaint with our agency, you must complete a Client Grievance Procedure. You can ask the receptionist for the form. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose your protected health Information (PHI). You have the right to review our notice and to ask questions about our privacy practices. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

I, [Name of Participant], have received a copy of this agency's Notice of Privacy Practices.

Participant Name	Participant Signature	Date

FOR OFFICE USE ONLY

The reason that a standard acknowledgement of the receipt of the Notice of Privacy Practices was not obtained:

- Client refused to sign.
- An emergency situation prevented this office from obtaining it.
- Other (please specify):

**APPENDIX 2Q:
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

I understand that Federal Laws and Regulations are enforced by this organization and that I have the right to confidential treatment. Any identifying client record information is kept confidential and is protected under Federal Laws and Regulations (42 CFR Part 2). All identifying client information will not be release without written consent from the client. In the event of a court order, the agency may disclose client information if a judge, in accordance with the requirement contained in 42 CFR, issues a subpoena in conjunction with a court order.

Participant Name	Participant Signature	Date
Witness Name	Witness Signature	Date

APPENDIX 2R: CENTERS FOR DISEASE CONTROL AND PREVENTION

REVISED INTERIM HIV CONTENT GUIDELINES FOR AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS FOR CDC ASSISTANCE PROGRAMS

I. Basic Principles

Controlling the spread of HIV infection and the occurrence of AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can protect themselves from acquiring the virus. These methods include abstinence from illegal use of IV drugs as well as from sexual intercourse except in a mutually monogamous relationship with an uninfected partner.

For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages are often controversial. The principles contained in this document are intended to provide guidance for the development and use of HIV/AIDS-related educational materials developed or acquired in whole or in part using CDC HIV prevention funds, and to require the establishment of at least one Program Review Panel by state and local health departments, to consider the appropriateness of messages designed to communicate with various groups. State and local health departments may, if they deem it appropriate, establish multiple Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

A. Written materials (e.g., pamphlets, brochures, curricula, fliers), audiovisual materials (e.g., motion pictures and videotapes), pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) and marketing, advertising, Web site-based HIV/AIDS educational materials, questionnaires, or survey instruments should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain practices that eliminate or reduce the risk of HIV transmission.

B. Written materials, audiovisual materials, pictorials, and marketing, advertising, Web site-based HIV/AIDS educational materials, questionnaires, or survey instruments should be reviewed by a Program Review Panel established by a state or local health department, consistent with the provisions of section 2500(b), (c), and (d) of the Public Health Service Act, 42 U.S.C. Section 300ee(b), (c), and (d), as follows:

SEC. 2500. USE OF FUNDS:

(b) Contents of Programs--All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse and about the benefits of abstaining from such activities.

(c) Limitation—None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or directly encourage homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) Construction—Subsection (c) may not be construed to restrict the ability of an educational program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to or to transmission of the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene.

C. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

D. Program Review Panels must ensure that the title of materials developed and submitted for review reflects the content of the activity or program.

E. When HIV materials include a discussion of condoms, the materials must comply with Section 317P of the Public Health Service Act, 42 U.S.C. Section 247b-17, which states in pertinent part:

"Educational materials that are specifically designed to address STDs shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs the materials is designed to address."

II. Program Review Panel

Each recipient will be required to identify at least one Program Review Panel established by a state or local health department from the jurisdiction of the recipient. These Program Review Panels will review and approve all written materials, pictorials, audiovisuals, marketing, advertising, and Web site materials, questionnaires, or survey instruments (except questionnaires or survey instruments previously reviewed by an Institutional Review Board—these questionnaires or survey instruments are limited to use in the designated research project). The requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Materials developed by the U.S. Department of Health and Human Services do not need to be reviewed by a panel. Members of a Program Review Panel should understand how HIV is and is not transmitted and understand the epidemiology and extent of the HIV/AIDS problem in the local population and within the specific audiences for which materials are intended.

A. The Program Review Panel will be guided by the CDC Basic Principles (see Section i above) in conducting such reviews. The panel is only authorized to review materials and is not empowered either to evaluate the proposal as a whole or to replace any internal review panel or procedure of the recipient organization or local governmental jurisdiction.

B. Applicants for CDC assistance will be required to include in their applications the following:

1. Identification of at least one panel established by a state or local health department of no less than five persons who represent a reasonable cross-section of the jurisdiction in which the program is based. Since Program Review Panels review materials for many intended audiences, no single intended audience shall dominate the composition of the Program Review Panel, except as provided in subsection D below.

In addition:

a. Panels that review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and the language of the intended audience, either through representation on the panel or as consultants to the panels.

b. Panels must ensure that the title of materials developed and submitted for review reflect the content of the activity or program.

c. The composition of Program Review Panels must include an employee of a state or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel.

d. Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of a-c above. However, membership of the Program Review Panel may be drawn predominantly from such racial and ethnic populations.

2. A letter or memorandum to the applicant from the state or local health department which includes:

a. Concurrence with this guidance and assurance that its provisions will be observed.

b. The identity of members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.

C. When a cooperative agreement/grant is awarded, and periodically thereafter, the recipient will:

1. Present for the assessment of the appropriately identified Program Review Panel(s) established by a state or local health department copies of written materials, pictorials, audiovisuals, and marketing, advertising, Web site HIV/AIDS educational materials, questionnaires, and surveys proposed to be used. The Program Review Panel shall pay particular attention to ensure that none of the above materials violates the provisions of Sections 2500 and 317P of the Public Health Service Act.

2. Provide for assessment by the appropriately identified Program Review Panel(s) established by a state or local health department, the text, scripts, or detailed descriptions for written materials, pictorials, audiovisuals, and marketing, advertising, and Web site materials that are under development.

3. Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the chairperson of the appropriately identified Program Review Panel(s) established by a state or local health department, specifying the vote for approval or disapproval for each proposed item submitted to the panel.
4. Include a certification that accountable, state, or local health officials have independently reviewed written materials, pictorials, audiovisuals, and marketing, advertising, and Web site materials for compliance with Section 2500 and 317P of the Public Health Service Act and approved the use of such materials in their jurisdiction for directly and indirectly funded community-based organizations.
5. As required in the notice of grant award, provide to CDC in regular progress reports signed statement(s) of the chairperson of the Program Review Panel(s) specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

D. CDC-funded organizations, which are national or regional (multi-state) in scope, or that plan to distribute materials as described above to other organizations on a national or regional basis, must identify a single Program Review Panel to fulfill this requirement. Those guidelines identified in Sections I.A. through I.D. and 11.A. through 11.C. outlined above also apply. In addition, such national/regional panels must include, as a member, an employee of a state or local health department.

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