Appendix I ➤ Client Forms

This appendix includes:

- Agreement for Services
- Intake Form
- Locator Form
- Release of Information—Contacts
- Service Request—Release of Information
- Problem Solving Worksheet/Goal Sheet
- HIV/STI/Hepatitis Risk Assessment
- Transitional Needs Assessment
- Immediate Release Checklist
Project Start Services

Project START is a multi-session intervention for clients who are transitioning back to the community from a correctional setting. The intervention works one-on-one with the client. It begins before release and continues in the community after release. The primary goal of Project START is to reduce HIV/sexually transmitted infections (STI)/hepatitis risk behaviors while addressing the other issues that a person faces during the transition from a correctional setting to the community.

Project START offers six one-on-one sessions. Two of these sessions are completed before release and four are completed after release. The first session focuses on an HIV/STI/hepatitis risk assessment and working with the client to develop a risk reduction plan. In the second session, another assessment is completed to gather information on the client’s other life needs (e.g., housing, employment, substance use, etc.). Staff then works with the client to prioritize these needs and develop a transitional plan that is incorporated into the risk reduction plan. The final four sessions are conducted with the client after release. In these sessions, staff works with the client to re-assess needs and goals, update the transitional/risk reduction plans, distribute condoms, and provide facilitated referrals.

No one will be denied service on the basis of race, color, creed, religion, political beliefs, ethnic origin, sex, sexual orientation, age, physical ability, or the inability to pay. Participation in Project START services is voluntary. The client is not charged for these services, may request referral to another staff member and may terminate services at any time, in person or by writing a letter.

Confidentiality

All client information will be kept in confidential client files. These files will be stored in a locked cabinet at the [agency name] offices. These files will never be stored in a correctional facility. Client information is not released to anyone without written consent, except in the following circumstances:

1. When the staff has information about abuse to an identifiable minor, dependent or elder.
2. When the client is a danger to him/herself or to others.
3. If staff or agency is under subpoena by the courts or other legal requirements requesting information for proceedings in which the program or client is involved.

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Client Responsibilities

1. Clients have the responsibility to be honest about their behavior history and anything in their current life that may impact their participation in the program.

2. Clients should make a commitment to follow their risk reduction and transitional plans.

3. Clients must keep appointments or reschedule them at least 24 hours in advance.

4. Clients must report any changes in their place of stay as soon as possible.

5. Clients must understand their service referral regulations and the rules and regulations of these providers.

6. If clients perceive a problem exists with a provider or caregiver involved in their care, it is the client’s responsibility to ask questions so that they understand the reasons for decisions made, to act fairly and calmly, and to talk rationally with the person involved.

Client Grievance Procedure

It is the policy of [agency name] that if you feel that you have been treated unfairly as a client, you are entitled to protest the policy or action that has affected you unjustly. A complaint can be made because you are dissatisfied with a decision made by a staff member that has affected you. You can also file a grievance if you are dissatisfied with the services or information provided to you or because you feel that you have been discriminated against or mistreated in some manner.

The procedure for filing a grievance is as follows:

1. You should provide a written statement describing the complaint to the Program Manager who has supervisory responsibility over the staff or situation involved in your grievance. That staff person taking your complaint will meet with you no later than [number of working days] following the receipt of the statement. You may instead file a grievance by formally talking to the Program Manager, and that staff person will summarize your concern in writing for your signature. A copy of the summary will be given to you.

2. If the grievance is not resolved to your satisfaction at this level, you can ask for a copy of the complaint, together with an explanation of previous attempts to resolve the problem, and forward this information to the Director of Programs. The Director of Programs shall meet with you no later than [number of working days] following receipt of the materials.
3. If the grievance is still not resolved to your satisfaction at this level, you are entitled to a hearing before the Executive Director. The hearing will be scheduled on a timely basis and normally within [number of working days] following the meeting with the Director of Programs. Your written statements concerning the grievance must be provided by you and by the Program Director or Executive Director within [number of working days] following the hearing.

4. A grievance can be sent to [agency name] office.

If you file a complaint, you have the following rights:

- To discuss the grievance with those who will be making decisions about it.
- To not be denied service or be otherwise retaliated against because you have filed a grievance.
- To have your identity kept confidential to the fullest extent possible while allowing for investigation.
- To take other avenues of review or redress provided by law even though you have used this grievance procedure.
- To be provided with copies of agency information that you request related to the grievance that is not confidential and/or legally protected from disclosure. You may be required to pay a reproduction charge for this service, but this charge may be waived under certain circumstances.
- To choose to have an advocate present for any meetings with [agency name]. This other person, who might be a friend, other client, family member, or formal advocate, must be provided at your own expense. Staff members of [agency name] may not act as your advocate in this way.
The following agencies will also take complaints. They primarily handle complaints alleging discrimination based on membership in a protected group based on race, religion, color, ancestry, age, sex, sexual orientation, gender identity, disability, place of birth, creed, national origin, or HIV/AIDS:

[List information on local human rights agencies such as city or county human rights commissions or local health and human services departments. Include address and phone number(s).]

**XXX Human Rights Commission**

Street address

City, State, Zip Code

ph: (____) ____-________

Please check the appropriate statement below:

- [ ] I have read the above information.
- [ ] Staff verbally informed me of the above information.
- [ ] Staff has shown me posted version of this form

<table>
<thead>
<tr>
<th>Date</th>
<th>Client Printed Name</th>
<th>Client Signature</th>
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<tr>
<th>Date</th>
<th>Witness Printed Name</th>
<th>Witness Signature</th>
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</table>
Date: ______________________________________   Staff Name: ____________________________________
Client Name: __________________________________ Date of Birth: _______________________________
Correctional ID #: ____________________________ Housing Unit: _______________________________
Incarceration Date: __________________________ Anticipated Release Date: _____________________
Release City: _______________________________ Actual Release Date: _________________________

Intake Form

ST
ART

Eligibility Checklist (All must be YES for participant to be eligible for project)

Scheduled for released within 60 days...........................................  □ Yes  □ No
Released to service area ........................................................  □ Yes  □ No
Released to unrestricted environment...........................................  □ Yes  □ No
Willing to provide locator information............................................  □ Yes  □ No
Able to understand and sign agreement for services............................  □ Yes  □ No

Notes: ______________________________________________________________________________
____________________________________________________________________________________

Client Demographics

Ethnicity

□ Hispanic or Latino(a)
□ Non-Hispanic or Latino(a)

Gender

□ Male      □ Transgender—MTF
□ Female    □ Transgender—FTM

Race

□ African American
□ Asian
□ American Indian/Alaska Native
□ Caucasian
□ Native Hawaiian/Pacific Islander
□ Other (specify): ________________________________________________

Education (highest level completed)

□ No schooling completed
□ 8th grade or less
□ Some high school
□ High school grad, GED or equivalent
□ Some college
□ Bachelor's degree
□ Post graduate degree

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### Release Status

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<th>Yes</th>
<th>No</th>
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<td>Parole with electronic monitoring</td>
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<tr>
<td>Parole without electronic monitoring</td>
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<td>Flat time or discharge (<em>no parole</em>)</td>
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<tr>
<td>Probation</td>
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**Other (specify):**

______________________________

______________________________

**Notes**

____________________________________________________________________________________

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____________________________________________________________________________________
We would like to be able to contact you for the three months after you are released. The information on this form will help us. Please provide as much information that you will permit us to use to contact you. Do not provide any information for anyone you do not want us to contact.

Is there anything that would interfere with us contacting you, such as plans to enter a substance abuse treatment program, pending charges or warrants in other states, US Immigration and Customs Enforcement (ICE) issues?  (If YES, explain below.)

Your Contact Information

Name __________________________________________________________________________________

Correctional Facility ID # _____________________  Housing # ________________________________

Nicknames or Other Name(s) _______________________________________________________________

Mother’s Maiden Name ___________________________________________________________________

Home Address  (Can we contact you here?)    □ Yes  □ No

Apartment/Street _________________________________________________________________________

City ___________________________________State  _______________Zip Code  ___________________

Telephone Number(s) ___________________ E-mail  ___________________________________________

Places You Hang Out ______________________________________________________________________

Where do you have your mail sent?__________________________________________________________

(list if different from home address noted above)

Other Personal Contacts

1. Name ___________________________________  Relationship to You ___________________________

Apartment/Street _________________________________________________________________________

City________________________________________ State __________ Zip Code ________________

Telephone Number(s) ______________________  E-mail _____________________________________

Can we contact you here?    □ Yes  □ No

Are they aware of your incarceration history?    □ Yes  □ No

continued on back
Other Personal Contacts, continued

2. Name ___________________________________ Relationship to You ____________________________________________

Apartment/Street __________________________________________________________________________________________

City ___________________________________ State _______________ Zip Code __________

Telephone Number(s) ______________________ E-mail ____________________________________________

Can we contact you here? □ Yes □ No

Are they aware of your incarceration history? □ Yes □ No

Work/School Information

Can we contact you at work or school? □ Yes □ No

(If YES, get address information below; if NO, skip to next section.)

Name of School or Workplace ____________________________________________

Street __________________________________________________________________________________________

City ___________________________________ State _______________ Zip Code __________

Telephone Number ___________________________ E-mail ____________________________________________

Places You Hang Out __________________________________________________________

Parole/Probation Information

If we cannot find you in any other way, may we contact your Probation/Parole Officer to get your current address and telephone number? (If YES, fill out Release of Information; if NO, go no further.) □ Yes □ No

How often are you scheduled to meet with your Probation/Parole officer?

Contact information for Probation/Parole Officer:

Name ____________________________ Telephone Number ____________________________

Address ____________________________________________________________
Name ___________________________________________________  Date of Birth __________________

By my signature below, I (print name) ________________________________ do authorize the person or agency named below to provide my current address and telephone number to Project START. No other information about me may be provided.

Person or Agency Name ___________________________________________________________________

Agency Address __________________________________________________________________________

________________________________________________________________________________________

I understand that Project START staff will request this information from this person or agency only if other attempts to locate me have failed. The information will be used for the sole purpose of contacting me.

I understand that this consent may be emailed or faxed to the person or agency named to speed up processing the request for my phone number and address.

This authorization will cover one year from the date below. I understand that I may cancel it at any time by phoning [insert program manager name] at [insert phone number]. This form was read to me before signing.

Signature ________________________________________________  Date _________________________

Witness __________________________________________________  Date _________________________
Participants Name___________________________________________ Social Security # ______________
DOB: _______________

This will authorize: [Insert Your Agency Name Here]
[Insert Your Agency Address Here]

To release or receive the requested information to/from: ________________________________________

Address of Agency: _______________________________________________________________________
________________________________________________________________________________________

Please check all information you authorize for full disclosure/release: if other attempts to locate me have failed. The information will be used for the sole purpose of contacting me.

☐ Assessment / evaluation  ☐ Medications  ☐ History of substance abuse
☐ Medical history  ☐ All records available  ☐ History of mental health services
☐ Financial history  ☐ Employment history  ☐ Housing history
☐ Criminal background  ☐ Other information (please specify): ________________________________

Pleases initial any items you wish to excluded from this disclosure/release:
_____ Psychiatric information  _____ Substance abuse information
_____ Other information (please specify): ____________________________________________________

I understand that such information will only be used for program purposes related to confirming service eligibility and assist me in receiving services. This information is confidential and will not be released by [insert agency here] without my signed permission. I understand that I have the right to cancel this authorization at any time by submitting a written request to [insert agency name].

I understand I have the right to receive a copy of this authorization.

Print name: _______________________________________________

Signature ________________________________________________  Date _______________________
Problem Solving Worksheet
(Use one sheet per problem)

What is the Problem?
____________________________________________________________________

What are possible solutions to this problem?
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________

What are the consequences to each of my solutions?
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________
☐ ________________________________

Based on the consequences, which solutions are bad choices? (Cross them off the list above.)

Which remaining solution is the best choice? (Put a ✓ in the ☐ and transfer to your Goal Sheet.)
Goal Sheet  (Use one sheet per problem/goal)

Problem (from Problem Solving Worksheet): ____________________________________________

Goal (from Problem Solving Worksheet) ____________________________________________

**Ask** yourself:
“Is this goal something I can do right now?”  □ Yes  □ No

**Consider** what needs to happen for you to meet your goal.

**Things that will help me meet my goal:**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**People I can get to help me:**
______________________________________________________________________________
______________________________________________________________________________

**How will I know if I meet my goal?**
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
# HIV/STI/Hepatitis Risk Assessment (Pre-Release Session 1)

**Directions**
Program staff should fill out the HIV/STI/Hepatitis Risk Assessment during (or after) Session 1. Staff should provide the client name, staff name and date of session. After each topic, staff should indicate whether or not the topic was discussed in the session and provide comments of important information given by the client and/or observations by staff.

<table>
<thead>
<tr>
<th>Client ID#: ______________________________________</th>
<th>Staff Name: ________________________________</th>
<th>Date of Session: ____________</th>
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</thead>
</table>

## Topics Covered During Session

<table>
<thead>
<tr>
<th>HIV/STI/Hepatitis Information</th>
<th>Covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1</strong> Assess knowledge of HIV/STI/hepatitis transmission</td>
<td></td>
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</tr>
<tr>
<td>☐ What do you know about transmission of HIV?</td>
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<tr>
<td>☐ What do you know about transmission of STIs?</td>
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<tr>
<td>☐ What do you know about transmission of hepatitis?</td>
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<tr>
<td><strong>A2</strong> Provide appropriate information regarding HIV/STI/hepatitis transmission and conduct condom demonstration and/or refer to condom use flowchart handout</td>
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<tr>
<td><strong>A3</strong> Assess knowledge of HIV/STI/hepatitis diagnosis, testing and treatment, and hepatitis vaccination</td>
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<tr>
<td>☐ What do you know about HIV testing? STI testing? Hepatitis testing?</td>
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<tr>
<td>☐ Have you been tested for HIV, STIs or hepatitis?</td>
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<tr>
<td>☐ Are you interested in referrals for testing?</td>
<td></td>
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<tr>
<td>☐ If you have tested negative for hepatitis B, have you been vaccinated for hepatitis B?</td>
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<tr>
<td>☐ Do you want referrals for locations where you can get vaccinations?</td>
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<tr>
<td><strong>A4</strong> Provide appropriate information regarding HIV/STI/hepatitis diagnosis, testing and treatment and hepatitis vaccination</td>
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### Topics Covered During Session

<table>
<thead>
<tr>
<th>HIV/STI/Hepatitis Risk Assessment</th>
<th>Covered</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>B1 <strong>Assess sexual risk behavior</strong>&lt;br&gt;☐ Are you married or in a current relationship?&lt;br&gt;☐ Are you planning on having sex after your release?&lt;br&gt;☐ Who do you plan to have sex with? <em>(get specifics: primary partner, casual partners, anonymous partners, prostitutes, how many partners?)</em>&lt;br&gt;☐ If the client has a primary partner: does your partner have sex with other people?&lt;br&gt;☐ Has your partner(s) been tested for HIV or other STIs? Do you think you would like to be tested together?&lt;br&gt;☐ What has been your experience with condoms?&lt;br&gt;<strong>For HIV-negative or status unknown clients</strong>&lt;br&gt;☐ What have you done to protect yourself and others?&lt;br&gt;☐ Do you feel a need to use condoms?&lt;br&gt;☐ Do you know where to get condoms in the community?&lt;br&gt;☐ Have you tried to protect yourself or reduce your risk in other ways? <em>(such as reducing numbers of partners, sex without penetration, abstinence, a monogamous relationship with an uninfected partner)</em>&lt;br&gt;<strong>For HIV-positive clients</strong>&lt;br&gt;☐ Have you had sex since learning of your HIV status?&lt;br&gt;☐ Did you disclose your HIV status to sexual partners? If yes, what has it been like?&lt;br&gt;☐ If no, are you interested in disclosing this information to future sexual partners?&lt;br&gt;☐ Do you see a need to disclose to any past partners?&lt;br&gt;☐ Do you feel a need to use condoms?&lt;br&gt;☐ Do you know where to get condoms in the community?&lt;br&gt;☐ Have you tried to reduce transmission or reduce risk in other ways? <em>(such as reducing numbers of partners, sex without penetration, abstinence)</em></td>
<td>0 = No&lt;br&gt;1 = Yes&lt;br&gt;2 = NA</td>
<td>1 = Yes&lt;br&gt;0 = No&lt;br&gt;2 = NA&lt;br&gt;1 = No&lt;br&gt;2 = NA</td>
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### B2 Assess non-injecting drug use risk behavior

- What are your plans around alcohol and other drugs (non-injecting) after release?
- If you plan to use alcohol and/or other drugs, how often?
- If you plan to be clean and sober, how will you accomplish this? Will you need any support to do this?
- Do you need drug treatment? If so, what kind?
- Are there situations for you in which using alcohol or non-injecting drugs leads to sexual risk?
- Do you think your use of alcohol or other drugs (non-injecting) might lead you to syringe use?
- If you drink or use other drugs, do you see a need to reduce potential risk for you?
- How do you plan to reduce the potential risks involved in drinking or drug use (such as not using during sexual activities, not drinking and driving)?

### B3 Assess injection drug-use risk behavior

- What are your plans around injection drug use (using drug injecting paraphernalia) after your release?
- If you plan to be clean and sober, how will you accomplish this? Will you need any support to do this?
- Do you think you need drug treatment? If so, what kind?
- If you are injecting, where will you obtain your drug injecting paraphernalia and works?
- Are you likely to be sharing drug injecting paraphernalia? With whom?
- Do you see the need to reduce your risk of giving or getting infections?
- Have you used a syringe exchange program or tried to reduce your risk in any other way (such as cleaning drug injecting paraphernalia, limiting syringe sharing partners)?
**Topics Covered During Session**

<table>
<thead>
<tr>
<th>HIV/STI/Hepatitis Risk Assessment, continued</th>
<th>Covered</th>
<th>0 = No</th>
<th>1 = Yes</th>
<th>2 = NA</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td><strong>B3</strong></td>
<td>Assess injection drug-using risk behavior, continued</td>
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<tr>
<td>Are your friends, significant others, family members injection drug users? How might this interfere with your sobriety plans or risk reduction plans?</td>
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<tr>
<td><strong>For HIV-positive clients</strong></td>
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<tr>
<td>Do you see the need to disclose your HIV status to syringe sharing partners?</td>
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<td>What is your plan to dispose of your drug injecting paraphernalia?</td>
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<td><strong>B4</strong></td>
<td>Identify the contexts in which specific risk behaviors identified in B1–3 are likely to occur</td>
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<td>In terms of _________ [fill in blank with identified risk factors.], what are the particular circumstances in which you are likely to engage in this behavior (e.g. where, when, with whom)?</td>
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<td><strong>B5</strong></td>
<td>Identify possible barriers and facilitators to risk reduction</td>
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<td>What might interfere or be barriers to your efforts in reducing your risk (situations, environments, people, access to risks)?</td>
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<td>What might help support or be facilitators with your efforts to reduce your risk (situations, environments, people/support systems, access to resources)?</td>
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<td><strong>B6</strong></td>
<td>Identify and reinforce previous behavior change attempts (discuss during risk assessment and development of risk reduction plan)</td>
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<td>What specifically did you try to do?</td>
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<td>How did it go?</td>
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<td>Did anything interfere or act as barriers to your efforts?</td>
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<td>Did anything help support you or act as facilitators in your efforts?</td>
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<td>What might you do differently if you were to try this again?</td>
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<tr>
<td>Topics Covered During Session</td>
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<tr>
<td><strong>HIV/STI/Hepatitis Risk Assessment</strong></td>
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<tr>
<td>B7 ▶ Review/summarize results of the personalized risk assessment</td>
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<tr>
<td><strong>HIV/STI/Hepatitis Risk Reduction Plan</strong></td>
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<tr>
<td>C1 ▶ Prioritize risk behaviors for risk reduction planning <em>(if necessary)</em></td>
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<td>C2 ▶ Problem solve and set goals for priority risk behaviors</td>
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<td>C3 ▶ Negotiate a realistic risk reduction plan with incremental steps</td>
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<tr>
<td>□ What behaviors do you want to change?</td>
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<tr>
<td>□ Who will you need to talk to about this change <em>(partner, family, friends)</em>?</td>
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<tr>
<td>□ What resources/materials/referrals will you need?</td>
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<tr>
<td>□ What incremental step do you want to take first?</td>
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<tr>
<td>C4 ▶ Transfer risk reduction plan to Problem Solving Worksheet/Goal Sheet</td>
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<tr>
<td>C5 ▶ Provide community resource guide and direct client to resources in the guide that support the risk reduction plan</td>
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<tr>
<td><strong>HIV/STI/Hepatitis Risk Reduction Skills</strong></td>
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<tr>
<td>D1 ▶ Discuss/practice use of condoms or other barriers</td>
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<tr>
<td>D2 ▶ Discuss/role play risk reduction/negotiation skills</td>
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<tr>
<td>□ Getting tested for HIV/STI/hepatitis</td>
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<tr>
<td>□ Talking about sexual histories</td>
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<tr>
<td>□ Refusing unsafe sex or syringe use</td>
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<tr>
<td>□ Talking about clean drug injecting paraphernalia use or condom use</td>
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<tr>
<td>□ Discussing sexual practices</td>
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</table>

*continued on back*
### HIV/STI/Hepatitis Risk Assessment (Pre-Release Session 1)

#### Topics Covered During Session

<table>
<thead>
<tr>
<th>HIV/STI/Hepatitis Risk Reduction Skills</th>
<th>Covered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2</td>
<td>Discuss or role play safer sex talk/negotiation skills, continued</td>
<td></td>
</tr>
<tr>
<td>For HIV-positive clients</td>
<td>Practice disclosure skills</td>
<td></td>
</tr>
<tr>
<td>D3</td>
<td>Discuss/practice drug injecting paraphernalia cleaning skills (e.g. needle or syringe cleaning)</td>
<td></td>
</tr>
<tr>
<td>D4</td>
<td>Discuss/practice “causes” (related to HIV/STI/hepatitis risk behaviors)</td>
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#### Notes

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### Transitional Needs Assessment

**Client ID#: ____________________________**

**Directions** Program staff should fill out the transitional needs assessment during Sessions 2–6. The date each session was completed along with the initials of the program staff conducting the session should be filled in at the top of each session column. After each topic, staff should indicate whether or not the topic was discussed in the session and if any action was taken by either the staff or the client. Examples of action taken may include: providing a referral, making a phone call, providing educational material, or completing an appointment. There is space at the end of the assessment to make notes for each session. Notes should highlight major topics discussed, client accomplishments, and client or staff concerns. There is also space to document other sessions if they occur with clients.

<table>
<thead>
<tr>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
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</thead>
<tbody>
<tr>
<td>Staff Initials</td>
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</table>

#### Need Assessed

**Information/Education**

<table>
<thead>
<tr>
<th>Need Assessed</th>
<th>Discussion</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/STI/Hepatitis Information/Education</td>
<td>(transmission, symptoms, testing, treatment, prevention, non-facilitated referral)</td>
<td></td>
</tr>
</tbody>
</table>

**A**

- **A1** HIV information
- **A2** STI information
- **A3** Hepatitis information
- **A4** Syringe cleaning/exchange information

**B**

- **B1** Health & Fitness
- **B2** Other (specify)
- **B3** Other (specify)
- **B4** Other (specify)

**continued next page**
### APPENDIX I

#### Client Forms

- **Transitional Needs Assessment**

  **C**  
  **HIV/STI/Hepatitis Risk Assessment and Plan** *(barriers and facilitators)*
  - C1  
    - Risk assessment
  - C2  
    - Risk reduction plan
  - C3  
    - Barriers to plan
  - C4  
    - Facilitators of plan

  **D**  
  **HIV/STI/Hepatitis Risk Reduction Skills** *(condom use, drug injection paraphernalia, risk refusal-negotiation)*
  - D1  
    - Male condom use, access
  - D2  
    - Female condom use, access
  - D3  
    - Barrier use *(dams, plastic wrap, access to materials)*
  - D4  
    - HIV testing talk with partner
  - D5  
    - Sexual history talk with partner
  - D6  
    - Introducing safer sex talk with partner
  - D7  
    - Unsafe sex refusal

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**Need Assessed**

**Information/Education, continued**

<table>
<thead>
<tr>
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<tbody>
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**Action Taken**

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**Transitional Needs Assessment, continued**
### Need Assessed ▶ Skills, continued

#### D ▶ HIV/STI/Hepatitis Risk Reduction Skills (condom use, drug injection paraphernalia, risk refusal-negotiation), continued

- **D8** Initiating clean drug injection paraphernalia use talk
- **D9** Unsafe injection refusal
- **D10** Drug injection paraphernalia, cleaning skills

#### E ▶ Other Skills

- **E1** Problem Solving
- **E2** Communication
- **E3** Other (specify):
- **E4** Other (specify):

#### Need Assessed ▶ Facilitated Referral

<table>
<thead>
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<th>Session 3</th>
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#### F ▶ HIV/STI/Hepatitis

- **F1** HIV/STI/hepatitis prevention counseling, testing, or treatment
- **F2** Syringe exchange referral
- **F3** Other (specify):

continued next page
### Transitional Needs Assessment, continued

**G ▶ Substance Abuse and Mental Health Treatment**

**G1 ▶** Substance abuse prevention counseling or treatment  
**G2 ▶** Mental health treatment or counseling

**H ▶ Educational or Vocational Training/Placement**

**H1 ▶** High school/GED  
**H2 ▶** College  
**H3 ▶** Vocational training  
**H4 ▶** Employment/placement  
**H5 ▶** Job application skills

**I ▶ Housing, Food Programs, Financial Assistance**

**I1 ▶** Housing  
**I2 ▶** Food programs  
**I3 ▶** Financial assistance  
**I4 ▶** Other (specify):
<table>
<thead>
<tr>
<th>Session</th>
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<tbody>
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</table>

**J ▲ Social Services**
- J1 ▲ Social services/benefits counseling
- J2 ▲ Prescription reimbursement
- J3 ▲ Legal issues (not related to incarceration, e.g., housing, child custody)
- J4 ▲ Identification/SS card
- J5 ▲ Driver’s License
- J6 ▲ Other (specify):  
- J7 ▲ Other (specify):  

**K ▲ Physical Health, Family Issues, Spiritual Issues**
- K1 ▲ Medical health
- K2 ▲ Family relationships
- K3 ▲ Spiritual support
- K4 ▲ Physical health and wellness
- K5 ▲ Other (specify):  
- K6 ▲ Other (specify):  

**Staff Initials**

<table>
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<tr>
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<tbody>
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**Discuss**
- 0 = No
- 1 = Yes
- 2 = NA
### Transitional Needs Assessment, continued

#### Need Assessed ▶

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<th>Session 3 ▶</th>
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</table>

#### L ▶ Probation, Parole, Legal Issues Related to Incarceration

- **L1** ▶ Probation/Parole
- **L2** ▶ Legal Issues (related to prior or current arrest)
- **L3** ▶ Other (specify)
- **L4** ▶ Other (specify)

#### M ▶ Violence/Domestic Violence

- **M1** ▶ Anger Management
- **M2** ▶ Domestic Violence
- **M3** ▶ Restraining Orders
- **M4** ▶ Other (specify)
- **M5** ▶ Other (specify)

*continued next page*
### Transitional Needs Assessment, continued

<table>
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<tr>
<th>Need Assessed</th>
<th>Other Actions Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1</td>
<td>Problem Solving/Goal Sheet Completed</td>
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<tr>
<td>N2</td>
<td>Condoms and lubricant provided</td>
</tr>
<tr>
<td>N3</td>
<td>Community Resource Guide Provided</td>
</tr>
<tr>
<td>N4</td>
<td>Other (specify)</td>
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<tr>
<td>O1</td>
<td>Condom Use Flowchart</td>
</tr>
<tr>
<td>O2</td>
<td>Breaking the Chain</td>
</tr>
<tr>
<td>O3</td>
<td>Decision Making Sheet</td>
</tr>
<tr>
<td>O4</td>
<td>Role Plays</td>
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<tr>
<td>O5</td>
<td>Other (specify)</td>
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Discuss 0 = No 1 = Yes 2 = NA
Session Notes (special observations, unique situations, significant events, areas for follow-up)

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Session 5
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Session Notes, continued (special observations, unique situations, significant events, areas for follow-up)

Session 6

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Other Session (Date: ___ | ___ | ___)

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Other Session (Date: ___ | ___ | ___)

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Immediate Release Checklist

Directions: Use the following checklist to determine what needs and resources your clients will need in the first 48 hours after release.

Transportation from the Correctional Facility

- Will someone be picking you up? Who? How reliable are they?
- If not, do you know what type of transportation the facility will be providing? Where will they drop you off?
- How will you get from this point to your final destination?
- Do you know what public transportation is available? Do you know the schedule? Do you know how much it will cost? Do you have money for public transportation?

Housing for the First Night Out

- Do you know where you are staying your first night out? Do they know you are coming? Do they know what time you are coming? Will they be home when you get there? If not, do you have a way to get in?
- How long will you be able to stay there?
- Do you have a back-up plan if this place doesn’t work out?
- If you do not have a place to stay, do you have contacts for short-term housing?
- Do you have money to pay for housing?

Money

- Will you have any money when you get out? Where will the money come from (e.g., personal account at the correctional facility, family, savings you have on the outside)? How will you get the $? Do you have transportation to get it?
- What form will your money be in (cash or check)? If it is a check, do you know where you will cash the check? Do you have an ID so you can cash a check?
## Immediate Release Checklist

### Basic Needs (e.g., medications, clothing, toiletries, food)
- Do you have any daily medications that you will need to have a supply of immediately upon release? Will the correctional facility be giving you any medications to take with you? If so, do you know how long of a supply they will give you?
- Do you need clothing or shoes to change into when you are released? Is anyone bringing you clothes? What size are you?
- Do you need food for when you first get out?
- Do you need toiletry items (e.g., soap, toothbrush, toothpaste, comb) for when you first get out?

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<th>Plan A</th>
<th>Plan B</th>
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### Required Appointments
(e.g., checking in with Parole, medical appointments, registering as a sex offender)
- What required appointments will you have in the first few days you are out (e.g., checking in with Parole, registering as a sex offender)?
- Will you have any other important appointments in your first few days out (e.g., medical appointments, court appearances, AA/NA meetings)?

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<thead>
<tr>
<th>Plan A</th>
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### Connecting with Family and Friends
- Who do you plan to see when you first get out (e.g., family, friends, kids)?
- Is there anything that will impact your ability to see anyone (e.g., custody or restraining order)?

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<tr>
<th>Plan A</th>
<th>Plan B</th>
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### HIV/STI/Hepatitis Risk Reduction Materials
- What materials might you need when you get out to help reduce your risk of getting or transmitting HIV/STI/hepatitis (e.g., condoms, lubrication, other barriers, clean drug injection paraphernalia, cleaning supplies, referral to syringe exchange program)?

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan B</th>
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### Immediate Release Checklist

#### HIV-positive clients

- Will you have a supply of medications when you are released? If not, how do you plan to get the medications you need?
- Do you have a medical provider in the community? Do you need a referral?
- Do you have a community case manager to help you with all of your benefits (e.g., ADAP)?
- Will you be dealing with any disclosure issues?

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<thead>
<tr>
<th>Plan A</th>
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#### Notes

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Appendix II ▶
Supplemental Program Tools and Worksheets

This appendix includes:
▶ Condom Use Flowchart
▶ Breaking the Chain Worksheet
▶ Decision Making Worksheet
▶ Effective Communication Skills Handout
▶ Community Resource Guide Example: Napa County
▶ Certificate of Completion
Before having sex and before getting an erection . . .

» Get a new latex or polyurethane condom

» Check the expiration date, packaging and condom. If the package has been punctured or opened in any way, or is out of date, throw it out. If the condom seems out of shape, get a new one.

Then, when you’re erect . . .

» Put the condom on before your penis touches—or goes into any part of—your partner’s body

» Open the package carefully with your hands.

» Use only water based lube (KY Jelly etc).

» Do not use oil based lube (Vaseline, oil etc).

» You can lube inside and outside the condom.

» Make sure the condom is right side up and is positioned to easily roll down your penis.

» Squeeze tip of the condom to remove air and leave room for ejaculate. “Pinch an inch.”

» Set the condom on the head of your penis and—with your free hand—unroll all the way to the base of your penis. Hold the tip of the condom with one hand to keep air from collecting in the tip while you unroll it.

After you ejaculate . . .

» Take your penis out of your partner’s body . . . while your penis is still erect

» Hold the condom tightly at the base of your penis while you are pulling out

» Hold the rim of the condom as you remove it to keep the ejaculate from coming out

» Wrap the condom in tissue, and/or tie a knot in it, and throw it in the trash.

» Wash your hands and be sure your partner does, too.

» Wash your penis.

» REMEMBER

Use a condom every time you have sex . . .

For your sake and your partner’s.

» Consider using nonlubricated condoms for oral-genital sex, too. It’s one more thing you can do to protect yourself and your partner.
Breaking the Chain Worksheet

1. What is the behavior or situation you want to avoid?
2. What are the factors that lead up to that behavior or situation?
3. How do the causes fit together to make a chain?
4. Where can you break the chain? (Remember, earlier is better)

Factors
- People
- Places
- Events
- Thoughts
- Emotions
- Physical Feelings

Other Behaviors/Alternative Things to Do
## Motivators for Staying the Same

**Benefits of Continuing to:**

(What are some of the good things about the way things are now? What might you miss if you were to change?)

- 
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- 
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**Costs of Changing to:**

(What efforts or costs would be involved in making this change? Are these likely to be short-term or long-term costs, or both?)

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- 
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## Motivators for Changing

**Benefits of Changing to:**

(What would be good about making this change? What might be better in the short run? What might be better in the long run?)

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- 
- 
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**Costs of Continuing to:**

(What are the “not-so-good things” about the way things are?)

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- 

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**Write your decision here**
**Time** ➤ Pick a good time to talk. Make sure to pick a time when you are both calm and can be sure of not being interrupted. Communicating does not work as well when you are angry, drunk, high, or depressed. Make sure you are both ready to talk. Also, it is a good idea to plan ahead when you are going to have a talk. It is not a good idea to wait until the last minute to bring up a subject.

*Example:* Beginning a conversation about using condoms when you are sitting naked on the edge of the bed, aroused and do not have condoms available is probably *not* the best time—although it's certainly better than not having the conversation at all.

**Use “I” Language** ➤ In general, other people find it easier to accept your point of view when you use the word “I” to start a sentence instead of “you should.” People you are talking with are likely to feel less attacked or put down if you use “I” language rather than “you should” language. “I” language helps get to what you are feeling. It also lets the other person know how you are feeling.

*Example:* Instead of saying: “You need to spend less time with your friends and you need to spend more time with me.”

*Try saying:* “I know that you like spending time with your friends, but I would like to spend more time with you.”

**Acknowledgement** ➤ Show that you hear and understand the other person’s point of view, even if you don’t agree with it.

*Example:* Instead of you saying: “I am going to use condoms from now on.”

*Try saying:* “I know you are upset that I want to use condoms. We have not used condoms before and you are wondering why I am bringing this up now. I want to start using condoms now because . . .”
Reasoning ▶ Give a reason for what you are saying. It is very important to think out some of your reasons for why you feel the way that you do.

Example: You might consider saying to your partner, “If we save money now to buy a car, I will have more options for work and could get a better paying job.”

Conversation Openers ▶ Think about ways you can bring up the topic that makes it easier for both you and your partner.

Example: Try bringing up a topic by stating that you “heard” something recently and you were wondering what your partner might think about it or whether they knew more about it. You might consider saying to your partner: “You know, I heard on the television (or was talking to a friend, read in the paper or simply heard somewhere) that there is a condom designed for women to wear. What do you think about that? Do you know more about that?”

Active Listening ▶ Try to stay focused on what the other person is saying. Many times we only listen to half of what the other person is saying. Then we tune them out so we can concentrate on what our response will be. It is also fine to have a slight pause between comments so that you have time to think about your response after the person has finished talking.

Notes ▶
NAPA COUNTY

A GUIDE TO VARIOUS HIV COMMUNITY SERVICES AND RESOURCES

ALCOHOL & DRUG

Alcoholics Anonymous Napa
(707) 253-8600
Call for AA meeting times and locations in your area

Narcotics Anonymous Napa/Solano
(707) 575-9377
Call for NA meeting times and locations in your area

Napa County Public Health Dept. Drug & Alcohol Program
2344 Old Sonoma Rd., Bldg C (meet) or Bldg J (women)
Napa, CA 94559
(707) 253-4279

Target Group: Low-income persons needing drug and alcohol services. Anyone over 18cm
Provides: Outpatient referrals
Hours: Mon-Fri 8am-5pm, plus evening programs
Fee: Sliding scale
Other Languages: Spanish
Call for more information on programs

Drug Abuse Alternative Center
2403 Professional Dr.
Santa Rosa, CA 95403
(707) 544-3285

Target Group: Adult & Youth
Provides: Syringe exchange
Hours: Fri 9-5:30pm
Fee: None, donations accepted
Other Languages: Spanish

CASE MANAGEMENT

Napa County HIV Care Consortium
2206 Eam St., Apt D
Napa, CA 94559
(707) 251-2011

Case Manager: Dale
Target Group: Persons living with HIV/AIDS
Provides: Case management, benefits counseling, medical care referrals
Hours: Mon-Thurs 9am-4pm
Other Languages: Spanish

SUPPORT

See Napa County HIV Care Consortium

Project Inform
24/7 hotline 1-800-342-0222

LGBTQ

Sonoma County Gay & Lesbian Info.
Referral Line
(707) 526-0400

HIV/STD TESTING

Planned Parenthood
1735 Jefferson St.
Napa, CA 94559
(707) 253-8050 or (800) 967-7526

Target Group: All
Provides: HIV testing, health education
Hours: Mon-Thurs 8am-5pm, Fri 9am-12pm
Fee: None
Other Languages: Spanish

MEDICAL

Clinic Oli
1141 Pear Tree Lane, Suite 100
Napa, CA 94559
(707) 254-1700

Target Group: Low-income persons needing medical care
Provides: Low-cost health care
Hours: Mon-Fri 8am-5pm, Fri 1-5pm, Sat 9am-12pm
Fee: Sliding scale, Medi-Cal, 135 walk in fee if not insured
Other Languages: Spanish

Napa County HIV Care Consortium
3446 Villa Lane Suite 102
Napa, CA 94559
(707) 251-2021

Target Group: Persons living with HIV/AIDS
Provides: Case management, benefits counseling, Medical

HOUSING/SHELTER

Catholic Charities
1219 Jefferson St.
Napa, CA 94559
(707) 224-4403

Target Group: Persons needing housing
Provides: Emergency services referrals
Hours: Mon-Thurs 9am-4pm, Fri and all other times by appointment only
Fee: None, donation
Other Languages: Spanish

HOUSING CONTINUED...

Housing Authority
1115 Simonton St.
Napa, CA 94559
(707) 253-3071

Target Group: Persons needing housing assistance
Provides: Section 8 housing, referrals
Hours: Mon-Thurs 8am-5pm
Fee: None
Other Languages: Spanish

American Family Center
2521 Old Sanoma Rd.
Napa, CA 94559
(707) 253-8145

Target Group: Adults needing shelter
Provides: Emergency housing for adults
Hours: 24hr
Fee: None
Other Languages: Spanish

You will be expected to be working on plans for case management. Call for information.

EMPLOYMENT

Department of Rehabilitation
1001 3rd St., Suite 246
Napa, CA 94558
(707) 253-4924

Target Group: Persons with disabilities, including mental health and drug and alcohol issues
Provides: Vocational assistance, job placement, referrals
Hours: Mon-Fri 8am-5pm
Fee: None
Other Languages: Spanish

Job Connection
500 Imperial Way, Suite 101
Napa, CA 94559
(707) 224-4034

Target Group: Persons needing housing and referrals
Provides: Emergency services referrals
Hours: Mon-Thurs 9am-4pm, Fri and all other times by appointment only
Fee: None, donation
Other Languages: Spanish

TRANSPORTATION

Vine-Go Para Transit
1151 Pearl St.
Napa, CA 94559
(707) 253-9977

Referral Line
(707) 253-0400

Other Languages: Spanish, Tagalog

FOOD

Napa Food Bank
1755 Industrial Way, Suite 1
Napa, CA 94559
(707) 253-6128

Target Group: Low-income Napa County residents
Provides: Food
Hours: Mon-1pm, Tues 8am-12pm and Free Market Fri 1-3pm
Fee: None
Other Languages: Spanish

Bring something with your name and proof of address (can be release paper)

MISCELLANEOUS

Napa County Social Services
2201 Eam St.
Napa, CA 94559
(707) 253-4511

Target Group: Anyone needing assistance
Provides: Food stamps, financial assistance, vocational training, and other services.
Hours: Mon-Fri 8am-5pm
Other Languages: Spanish

Social Security Administration
(800) 772-1213

Hours: Mon-Fri 7am-7pm,
Eastern standard time
Call for a location near you, to make an appointment, or to speak to a representative.

VETERANS

Napa County Veterans Service Office
600 Coombs, Suite 257
Napa, CA 94559
(707) 253-0602

Target Group: All honorably discharged veterans
Provides: Benefits counseling, referrals
Hours: Mon-Fri 8am-5pm
Fee: None
Other Languages: Spanish

Call for an application

Distributed By:
Centerforce
2955 Kerner Blvd., 2nd Floor
San Rafael, CA 94901
(415) 466-9980

SAMPLE COMMUNITY RESOURCE GUIDE: Napa Co. A.49
This certificate is presented to

____________________________

On this date, ________________

In recognition of your completion of the Project START program.

In completing this program you have shown a true commitment and dedication to your health and well-being.

___________________________  _________________________
Program Manager                Executive Director
Appendix III ➤
Evaluation Forms

This appendix includes:
- Session Completion Forms
- Process Monitoring Quarterly Report
- Process Evaluation Form
- Project START Outcomes Assessment
# Session 1 Completion Form

**Session Date**: _____ | _____ | _____  
**Staff Name**: ________________________________  
**Client ID#**: ________________________________  
**Incarceration Date**: _____ | _____ | _____  
**Anticipated Release Date**: _____ | _____ | _____  
**Location**:  
- Correctional Facility  
- Other  
**Delivery Method**:  
- In Person  
- Phone  
- Other  
**Session Length**: _______ (minutes)

## Session 1 Objectives (check those that were met)

- Provide HIV/STI/hepatitis information.  
- Assess individual HIV/STI/hepatitis risk.  
- Develop a specific individualized risk reduction plan.  
- Identify resources and provide facilitated referrals to support the risk reduction plan.  
- Debrief session with client and staff as needed.

*If any objectives not met, explain why.*

## Session 1 Activities (check all that were covered in session)

### HIV/STI/Hepatitis Information

- Assessed knowledge of transmission  
- Provided appropriate transmission information  
- Assessed knowledge of diagnosis, testing, and treatment  
- Identified resources and provide facilitated referrals  
- Other: ________________________________

### HIV/STI/Hepatitis Risk Assessment

- Assessed sexual risk behavior  
- Assessed injection drug using risk behavior  
- Assessed non-injection drug using risk behavior  
- Identified contexts for risk behavior  
- Assessed barriers and facilitators of risk  
- Assessed previous behavior change  
- Summarized results of assessment  
- Other: ________________________________

### HIV/STI/Hepatitis Risk Reduction Plan

- Prioritized risk behaviors  
- Negotiated realistic risk reduction plan with incremental steps  
- Summarized risk reduction plan  
- Other: ________________________________

### HIV/STI/Hepatitis Risk Reduction Skills

- Condom/barrier demonstration  
- HIV testing communication skills practice  
- Partner safer sex communication skills practice  
- Clean syringe communication skills practice  
- Needle/syringe cleaning skills practice  
- Triggers and antecedents discussed  
- Other: ________________________________

### Other Actions

- Provided condoms and lubricant (if allowed)  
- Provided community resource guide  
- Other: ________________________________

### Tools Utilized

- HIV Risk Assessment  
- Goal Setting Worksheet  
- Condom Use Flowchart  
- Breaking the Chain Worksheet  
- Decision Making Worksheet  
- Communication Role Plays  
- Other: ________________________________
**Session 2 Completion Form**

**Session Date** ______ | ______ | ______
**Incarceration Date** ______ | ______ | ______
**Location** [ ] Correctional Facility [ ] Other
**Delivery Method** [ ] In Person [ ] Phone [ ] Other

**Session 2 Objectives** *(check those that were met)*

- [ ] Review individual HIV/STI/hepatitis risk reduction plan.
- [ ] Assess transitional needs within context of HIV/STI/hepatitis risk.
- [ ] Identify resources and provide facilitated referrals to support the risk reduction and transitional plans.
- [ ] Discuss immediate release issues and develop a plan for the first 48 hours after release.
- [ ] Debrief session with client and staff as needed.

If any objectives not met, explain why.

**Session 2 Activities** *(check all that were covered in session)*

### HIV/STI/Hepatitis Information
- [ ] HIV information provided
- [ ] STI information provided
- [ ] Hepatitis information provided
- [ ] Syringe cleaning or exchange information provided
- [ ] Other: ________________________________

### Other Health Information/Education
- [ ] Health & fitness information provided
- [ ] Health & wellness referral
- [ ] Other: ________________________________

### HIV/STI/Hepatitis Risk Assessment & Plan
- [ ] Additional risk assessment
- [ ] Risk reduction plan reviewed & modified
- [ ] Discussion of barriers to plan & how to address them
- [ ] Discussion of facilitators of plan & how to address them
- [ ] Other: ________________________________

### HIV/STI/Hepatitis Risk Reduction Skills
- [ ] Condom/barrier demonstration
- [ ] HIV testing communication skills practice
- [ ] Partner safer sex communication skills practice
- [ ] Clean syringe communication skills practice
- [ ] Needle/syringe cleaning skills practice
- [ ] Triggers and antecedents discussed
- [ ] Other: ________________________________

### HIV/STI/Hepatitis Referrals
- [ ] Testing referral
- [ ] Treatment referral
- [ ] Syringe exchange referral
- [ ] Other: ________________________________

### Substance Abuse and Mental Health Treatment
- [ ] Prevention counseling referral
- [ ] Treatment referral
- [ ] Mental health referral
- [ ] Self-help referral/meeting list
- [ ] Other: ________________________________

### Educational or Vocational Training
- [ ] High school/GED referral
- [ ] College referral
- [ ] Vocational training referral
- [ ] Employment/placement referral
- [ ] Job application skills practiced
- [ ] Interview skills practiced
- [ ] Other: ________________________________

### Housing, Food Programs, Financial Assistance
- [ ] Housing referral
- [ ] Food program referral
- [ ] Financial assistance referral
- [ ] Heat assistance referral
- [ ] Other: ________________________________

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*continued on back*
### Session 2 Activities, continued (check all that were covered in session)

**Social Services**
- Social services/benefits counseling referral
- Prescription reimbursement referral
- ID/drive’s license referral
- Other: ____________________________

**Physical Health/Family Issues/Spiritual Issues**
- Medical health referral
- Anger management referral
- Family relationships referral
- Spiritual support referral
- Other: ____________________________

**Probation, Parole, Legal Issues**
- Probation/parole follow-up
- Other legal issues referral
- Other: ____________________________

**Other Actions**
- Distributed condoms and lubricant (if allowed)
- Provided community resource guide
- Other: ____________________________

**Tools Utilized**
- HIV Risk Assessment
- Transitional Needs Assessment
- Goal Setting Worksheet
- Condom Use Flowchart
- Breaking the Chain Worksheet
- Decision Making Worksheet
- Communication Role Plays
- Other: ____________________________

### Notes

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### Session 3 Completion Form

<table>
<thead>
<tr>
<th>Session Date</th>
<th>______</th>
<th>______</th>
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</thead>
<tbody>
<tr>
<td>Incarceration Date</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Location</td>
<td>Correctional Facility</td>
<td>Other</td>
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</tr>
<tr>
<td>Delivery Method</td>
<td>In Person</td>
<td>Phone</td>
<td>Other</td>
</tr>
<tr>
<td>Staff Name</td>
<td>____________________________</td>
<td></td>
<td></td>
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<tr>
<td>Client ID#</td>
<td>____________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Session 3 Objectives (check those that were met)**

- Review and update risk reduction/transitional plans developed during pre-release sessions.
- Discuss facilitators and barriers to implementing risk reduction/transitional plans.
- Provide facilitated referrals to services as deemed appropriate.
- Distribute condoms.
- Debrief session with client and staff as needed.

**Session 3 Activities (check all that were covered in session)**

#### HIV/STI/Hepatitis Information
- HIV information provided
- STI information provided
- Hepatitis information provided
- Syringe cleaning or exchange information provided
- Other: ____________________________

#### Other Health Information/Education
- Health & fitness information provided
- Health & wellness referral
- Other: ____________________________

#### HIV/STI/Hepatitis Risk Assessment & Plan
- Additional risk assessment
- Risk reduction plan reviewed & modified
- Discussion of barriers to plan & how to address them
- Discussion of facilitators of plan & how to address them
- Other: ____________________________

#### HIV/STI/Hepatitis Risk Reduction Skills
- Condom/barrier demonstration
- HIV testing communication skills practice
- Partner safer sex communication skills practice
- Clean syringe communication skills practice
- Needle/syringe cleaning skills practice
- Triggers and antecedents discussed
- Other: ____________________________

#### HIV/STI/Hepatitis Referrals
- Testing referral
- Treatment referral
- Syringe exchange referral
- Other: ____________________________

#### Substance Abuse and Mental Health Treatment
- Prevention counseling referral
- Treatment referral
- Mental health referral
- Self-help referral/meeting list
- Other: ____________________________

#### Educational or Vocational Training
- High school/GED referral
- College referral
- Vocational training referral
- Employment/placement referral
- Job application skills practiced
- Interview skills practiced
- Other: ____________________________

#### Housing, Food Programs, Financial Assistance
- Housing referral
- Food program referral
- Financial assistance referral
- Heat assistance referral
- Other: ____________________________

If any objectives not met, explain why.

*continued on back*
### Session 3 Activities, continued (check all that were covered in session)

<table>
<thead>
<tr>
<th>Social Services</th>
<th>Probation, Parole, Legal Issues</th>
<th>Tools Utilized</th>
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</thead>
<tbody>
<tr>
<td>□ Social services/benefits counseling referral</td>
<td>□ Probation/parole follow-up</td>
<td>□ HIV Risk Assessment</td>
</tr>
<tr>
<td>□ Prescription reimbursement referral</td>
<td>□ Other legal issues referral</td>
<td>□ Transitional Needs Assessment</td>
</tr>
<tr>
<td>□ ID/driver’s license referral</td>
<td>□ Other: ___________________________</td>
<td>□ Goal Setting Worksheet</td>
</tr>
<tr>
<td>□ Other: ___________________________</td>
<td></td>
<td>□ Condom Use Flowchart</td>
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<tr>
<td></td>
<td></td>
<td>□ Breaking the Chain Worksheet</td>
</tr>
<tr>
<td>Physical Health/Family Issues/Spiritual Issues</td>
<td>Other Actions</td>
<td>□ Decision Making Worksheet</td>
</tr>
<tr>
<td>□ Medical health referral</td>
<td>□ Distributed condoms and lubricant</td>
<td>□ Communication Role Plays</td>
</tr>
<tr>
<td>□ Anger management referral</td>
<td>□ Provided community resource guide</td>
<td></td>
</tr>
<tr>
<td>□ Family relationships referral</td>
<td>□ Other: ___________________________</td>
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<tr>
<td>□ Spiritual support referral</td>
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<tr>
<td>□ Other: ___________________________</td>
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</tr>
</tbody>
</table>

### Tools Utilized
- HIV Risk Assessment
- Transitional Needs Assessment
- Goal Setting Worksheet
- Condom Use Flowchart
- Breaking the Chain Worksheet
- Decision Making Worksheet
- Communication Role Plays
- Other: ___________________________

### Notes

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**Session 4 Completion Form**

<table>
<thead>
<tr>
<th>Session Date</th>
<th>Staff Name</th>
<th>Client ID#</th>
<th>Location</th>
<th>Delivery Method</th>
<th>Session Length (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ / ____ / ____</td>
<td>__________</td>
<td>__________</td>
<td>Correctional Facility</td>
<td>In Person</td>
<td>_______</td>
</tr>
</tbody>
</table>

**Session 4 Objectives** (check those that were met)

- [ ] Review and update risk reduction/transitional plans.
- [ ] Discuss facilitators and barriers to implementing risk reduction/transitional plans.
- [ ] Provide facilitated referrals to services as deemed appropriate.
- [ ] Distribute condoms.
- [ ] Debrief session with client and staff as needed.

If any objectives not met, explain why.

**Session 4 Activities** (check all that were covered in session)

**HIV/STI/Hepatitis Information**

- [ ] HIV information provided
- [ ] STI information provided
- [ ] Hepatitis information provided
- [ ] Syringe cleaning or exchange information provided
- [ ] Other: ____________________________

**Other Health Information/Education**

- [ ] Health & fitness information provided
- [ ] Health & wellness referral
- [ ] Other: ____________________________

**HIV/STI/Hepatitis Risk Assessment & Plan**

- [ ] Additional risk assessment
- [ ] Risk reduction plan reviewed & modified
- [ ] Discussion of barriers to plan & how to address them
- [ ] Discussion of facilitators of plan & how to address them
- [ ] Other: ____________________________

**HIV/STI/Hepatitis Risk Reduction Skills**

- [ ] Condom/barrier demonstration
- [ ] HIV testing communication skills practice
- [ ] Partner safer sex communication skills practice
- [ ] Clean syringe communication skills practice
- [ ] Needle/syringe cleaning skills practice
- [ ] Triggers and antecedents discussed
- [ ] Other: ____________________________

**HIV/STI/Hepatitis Referrals**

- [ ] Testing referral
- [ ] Treatment referral
- [ ] Syringe exchange referral
- [ ] Other: ____________________________

**Substance Abuse and Mental Health Treatment**

- [ ] Prevention counseling referral
- [ ] Treatment referral
- [ ] Mental health referral
- [ ] Self-help referral/meeting list
- [ ] Other: ____________________________

**Educational or Vocational Training**

- [ ] High school/GED referral
- [ ] College referral
- [ ] Vocational training referral
- [ ] Employment/placement referral
- [ ] Job application skills practiced
- [ ] Interview skills practiced
- [ ] Other: ____________________________

**Housing, Food Programs, Financial Assistance**

- [ ] Housing referral
- [ ] Food program referral
- [ ] Financial assistance referral
- [ ] Heat assistance referral
- [ ] Other: ____________________________

*continued on back*
### Social Services
- Social services/benefits counseling referral
- Prescription reimbursement referral
- ID/driver’s license referral
- Other: ____________________________

### Physical Health/Family Issues/Spiritual Issues
- Medical health referral
- Anger management referral
- Family relationships referral
- Spiritual support referral
- Other: ____________________________

### Probation, Parole, Legal Issues
- Probation/parole follow-up
- Other legal issues referral
- Other: ____________________________

### Other Actions
- Distributed condoms and lubricant
- Provided community resource guide
- Other: ____________________________

### Tools Utilized
- HIV Risk Assessment
- Transitional Needs Assessment
- Goal Setting Worksheet
- Condom Use Flowchart
- Breaking the Chain Worksheet
- Decision Making Worksheet
- Communication Role Plays
- Other: ____________________________

### Notes

<table>
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</tbody>
</table>
Session 5 Completion Form

Session Date ______ |______ |______  Staff Name _____________________________________  Client ID# ________________________
Incarceration Date ______ |______ |______  Anticipated Release Date ______ |______ |______  Session Length _________
Location □ Correctional Facility □ Other  Delivery Method □ In Person □ Phone □ Other

Session 5 Objectives (check those that were met)

☐ Review and update risk reduction/transitional plans.
☐ Discuss facilitators and barriers to implementing risk reduction/transitional plans.
☐ Provide facilitated referrals to services as deemed appropriate.
☐ Distribute condoms.
☐ Debrief session with client and staff as needed.

If any objectives not met, explain why.

Session 5 Activities (check all that were covered in session)

HIV/STI/Hepatitis Information
☐ HIV information provided
☐ STI information provided
☐ Hepatitis information provided
☐ Syringe cleaning or exchange information provided
☐ Other: ____________________________

Other Health Information/Education
☐ Health & fitness information provided
☐ Health & wellness referral
☐ Other: ____________________________

HIV/STI/Hepatitis Risk Assessment & Plan
☐ Additional risk assessment
☐ Risk reduction plan reviewed & modified
☐ Discussion of barriers to plan & how to address them
☐ Discussion of facilitators of plan & how to address them
☐ Other: ____________________________

HIV/STI/Hepatitis Risk Reduction Skills
☐ Condom/barrier demonstration
☐ HIV testing communication skills practice
☐ Partner safer sex communication skills practice
☐ Clean syringe communication skills practice
☐ Needle/syringe cleaning skills practice
☐ Triggers and antecedents discussed
☐ Other: ____________________________

HIV/STI/Hepatitis Referrals
☐ Testing referral
☐ Treatment referral
☐ Syringe exchange referral
☐ Other: ____________________________

Substance Abuse and Mental Health Treatment
☐ Prevention counseling referral
☐ Treatment referral
☐ Mental health referral
☐ Self-help referral/meeting list
☐ Other: ____________________________

Educational or Vocational Training
☐ High school/GED referral
☐ College referral
☐ Vocational training referral
☐ Employment/placement referral
☐ Job application skills practiced
☐ Interview skills practiced
☐ Other: ____________________________

Housing, Food Programs, Financial Assistance
☐ Housing referral
☐ Food program referral
☐ Financial assistance referral
☐ Heat assistance referral
☐ Other: ____________________________

continued on back
### Session 5 Activities, continued (check all that were covered in session)

<table>
<thead>
<tr>
<th>Social Services</th>
<th>Probation, Parole, Legal Issues</th>
<th>Tools Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social services/benefits counseling referral</td>
<td>Probation/parole follow-up</td>
<td>HIV Risk Assessment</td>
</tr>
<tr>
<td>Prescription reimbursement referral</td>
<td>Other legal issues referral</td>
<td>Transitional Needs Assessment</td>
</tr>
<tr>
<td>ID/driver’s license referral</td>
<td>Other:</td>
<td>Goal Setting Worksheet</td>
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<tr>
<td>Other:</td>
<td></td>
<td>Condom Use Flowchart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breaking the Chain Worksheet</td>
</tr>
<tr>
<td><strong>Physical Health/Family Issues/Spiritual Issues</strong></td>
<td><strong>Other Actions</strong></td>
<td>Decision Making Worksheet</td>
</tr>
<tr>
<td>Medical health referral</td>
<td>Distributed condoms and lubricant</td>
<td>Communication Role Plays</td>
</tr>
<tr>
<td>Anger management referral</td>
<td>Provided community resource guide</td>
<td>Other:</td>
</tr>
<tr>
<td>Family relationships referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual support referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tools Utilized
- HIV Risk Assessment
- Transitional Needs Assessment
- Goal Setting Worksheet
- Condom Use Flowchart
- Breaking the Chain Worksheet
- Decision Making Worksheet
- Communication Role Plays
- Other: ____________________________________

### Notes

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__________________________________________________________________________________________
### Session 6 Completion Form

**Session Date** ______ | ______ | ______  
**Incarceration Date** ______ | ______ | ______  
**Location**  
[ ] Correctional Facility  
[ ] Other  
**Delivery Method**  
[ ] In Person  
[ ] Phone  
[ ] Other  
**Staff Name** _____________________________________  
**Client ID#** ________________________  
**Anticipated Release Date** ______ | ______ | ______  
**Session Length** ______ (minutes)

## Session 6 Objectives (check those that were met)

- Review and update risk reduction/transitional plans.
- Discuss facilitators and barriers to implementing risk reduction/transitional plans.
- Provide facilitated referrals to services as deemed appropriate.
- Distribute condoms.
- Conduct closure with client.
- Debrief session with client and staff as needed.

**If any objectives not met, explain why.**

## Session 4 Activities (check all that were covered in session)

### HIV/STI/Hepatitis Information

- [ ] HIV information provided  
- [ ] STI information provided  
- [ ] Hepatitis information provided  
- [ ] Syringe cleaning or exchange information provided  
- [ ] Other: ____________________________

### Other Health Information/Education

- [ ] Health & fitness information provided  
- [ ] Health & wellness referral  
- [ ] Other: ____________________________

### HIV/STI/Hepatitis Risk Assessment & Plan

- [ ] Additional risk assessment  
- [ ] Risk reduction plan reviewed & modified  
- [ ] Discussion of barriers to plan & how to address them  
- [ ] Discussion of facilitators of plan & how to address them  
- [ ] Other: ____________________________

### HIV/STI/Hepatitis Risk Reduction Skills

- [ ] Condom/barrier demonstration  
- [ ] HIV testing communication skills practice  
- [ ] Partner safer sex communication skills practice  
- [ ] Clean syringe communication skills practice  
- [ ] Needle/syringe cleaning skills practice  
- [ ] Triggers and antecedents discussed  
- [ ] Other: ____________________________

### HIV/STI/Hepatitis Referrals

- [ ] Testing referral  
- [ ] Treatment referral  
- [ ] Syringe exchange referral  
- [ ] Other: ____________________________

### Substance Abuse and Mental Health Treatment

- [ ] Prevention counseling referral  
- [ ] Treatment referral  
- [ ] Mental health referral  
- [ ] Self-help referral/meeting list  
- [ ] Other: ____________________________

### Educational or Vocational Training

- [ ] High school/GED referral  
- [ ] College referral  
- [ ] Vocational training referral  
- [ ] Employment/placement referral  
- [ ] Job application skills practiced  
- [ ] Interview skills practiced  
- [ ] Other: ____________________________

### Housing, Food Programs, Financial Assistance

- [ ] Housing referral  
- [ ] Food program referral  
- [ ] Financial assistance referral  
- [ ] Heat assistance referral  
- [ ] Other: ____________________________

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continued on back
### Session 6 Activities, continued (check all that were covered in session)

<table>
<thead>
<tr>
<th>Social Services</th>
<th>Probation, Parole, Legal Issues</th>
<th>Tools Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social services/benefits counseling referral</td>
<td>Probation/parole follow-up</td>
<td>HIV Risk Assessment</td>
</tr>
<tr>
<td>Prescription reimbursement referral</td>
<td>Other legal issues referral</td>
<td>Transitional Needs Assessment</td>
</tr>
<tr>
<td>ID/driver’s license referral</td>
<td>Other: ______________________</td>
<td>Goal Setting Worksheet</td>
</tr>
<tr>
<td>Other: ______________________________</td>
<td></td>
<td>Condom Use Flowchart</td>
</tr>
<tr>
<td>Physical Health/Family Issues/Spiritual Issues</td>
<td></td>
<td>Breaking the Chain Worksheet</td>
</tr>
<tr>
<td>Medical health referral</td>
<td>Other actions</td>
<td>Decision Making Worksheet</td>
</tr>
<tr>
<td>Anger management referral</td>
<td></td>
<td>Communication Role Plays</td>
</tr>
<tr>
<td>Family relationships referral</td>
<td></td>
<td>Other: ______________________</td>
</tr>
<tr>
<td>Spiritual support referral</td>
<td></td>
<td></td>
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<tr>
<td>Other: ______________________________</td>
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<td></td>
</tr>
</tbody>
</table>

### Other Actions
- Distributed condoms and lubricant
- Provided community resource guide
- Other: ______________________

### Tools Utilized
- HIV Risk Assessment
- Transitional Needs Assessment
- Goal Setting Worksheet
- Condom Use Flowchart
- Breaking the Chain Worksheet
- Decision Making Worksheet
- Communication Role Plays
- Other: ______________________

### Notes

________________________________________________________________________
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## Process Monitoring Quarterly Report

### Evaluation Forms

**Process Monitoring Quarterly Report**

<table>
<thead>
<tr>
<th></th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>number of individuals contacted as part of client recruitment</td>
<td></td>
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<tr>
<td>number eligible for service</td>
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<tr>
<td>number new clients</td>
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<tr>
<td>number released from a correctional setting</td>
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<tr>
<td>number completed session one</td>
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<tr>
<td>number completed session two</td>
<td></td>
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<tr>
<td>number reached three months post-release</td>
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<tr>
<td>number completed session 3</td>
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<tr>
<td>number completed session 4</td>
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<td>number completed session 5</td>
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<tr>
<td>number completed session 6</td>
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<tr>
<td>number clients discharged</td>
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</tr>
<tr>
<td>number clients withdrew</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>number clients lost to follow-up</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number clients completed program</td>
<td></td>
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</tbody>
</table>

Report Date ______ / ______ / ______
Process Evaluation Quarterly Report

**Directions**  
Project START has nine Core Elements that are critical to the fidelity of the intervention. In the table below, indicate whether any of the Core Elements have been modified or dropped by putting the appropriate number in the middle column. In the right column, explain how and why any of the Core Elements were modified or why they were dropped. This form is to be completed quarterly by a program manager (with input from program staff).

<table>
<thead>
<tr>
<th>Core Elements</th>
<th>Achieved = 0</th>
<th>Modified = 1</th>
<th>Dropped = 2</th>
<th>Explanation (indicate how and why any of the core elements were modified or dropped)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hold program sessions with clients transitioning back to the community from a correctional setting prior to release and continue holding sessions with clients after they are released into the community.</td>
<td></td>
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</tr>
<tr>
<td>2. Use a client-focused, personalized, incremental risk reduction approach that helps clients to develop step-by-step solutions to minimize risk behaviors within their individual life circumstances.</td>
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<tr>
<td>3. Use assessment and documentation tools to provide a structured program which includes risk assessment, problem solving and goal setting, strengthening motivation and decision making, and facilitated referrals.</td>
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<tr>
<td>4. Staff your program with people who are familiar with HIV, sexually transmitted infection and hepatitis prevention activities and with the specific needs of people being released from correctional settings (for example, parole/probation, substance abuse prevention and treatment, homelessness and mental health issues).</td>
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</tr>
</tbody>
</table>

continued on back
### Core Elements, continued

<table>
<thead>
<tr>
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<th>Modified = 1</th>
<th>Dropped = 2</th>
<th>Explanation (indicate how and why any of the core elements were modified or dropped)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.</strong> Staff-client relationships and rapport developed during pre-release sessions must be maintained during post-release sessions to promote client trust and willingness to continue with the program. Thus, the same staff member should conduct both pre-release and post-release sessions with his or her clients. In the case of staff turnover or extended illness, every effort should be made to ensure a smooth staffing transition.</td>
<td></td>
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<tr>
<td><strong>6.</strong> Conduct enrollment and schedule two pre-release program sessions within 60 days of a client’s release, focusing on:</td>
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<tr>
<td>a. giving HIV, sexually transmitted infection and hepatitis information</td>
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<tr>
<td>b. reviewing a client’s HIV, sexually transmitted infection and/or hepatitis risk</td>
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<tr>
<td>c. identifying other transitional needs that may affect your client’s HIV, sexually transmitted infection or hepatitis risk (for example housing, employment, or substance abuse issues)</td>
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</tr>
<tr>
<td>d. working with each client to develop a personalized risk reduction and transitional plan</td>
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<tr>
<td>e. making facilitated referrals as needed to community-based support services</td>
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<tr>
<td><strong>7.</strong> Schedule four post-release sessions. Hold the first as soon as possible, ideally within 48 hours of release. The next three sessions should be spaced out over 3 months after release. The post-release sessions should focus on:</td>
<td></td>
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</tr>
<tr>
<td>a. reviewing and updating the risk reduction/transitional plan(s) developed during pre-release sessions</td>
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<tr>
<td>b. discussing what prevents and supports clients in moving forward with their risk reduction/transitional plan(s)</td>
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<tr>
<td>c. giving them facilitated referrals to needed services using a detailed resource guide</td>
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</tbody>
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continued on next page
### Core Elements, continued

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<thead>
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<th>Dropped = 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Provide condoms at each post-release session.</td>
<td></td>
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<tr>
<td>9.</td>
<td>Actively maintain contact with clients, using individual-based outreach and program flexibility to determine the best time and place to meet with them.</td>
<td></td>
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</tr>
</tbody>
</table>

### Explanation

(indicate how and why any of the core elements were modified or dropped)

### Notes

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Outcomes Assessment

This assessment is a modified version based on the assessments used in the original research.

Client ID ___________________________________  Staff ID ____________________________________
Correctional Setting Release Date ____|____|____  Assessment Date ____|____|____

Reason for Discharge

☐ Goals Achieved  ☐ Re-incarcerated (finished intervention sessions)
☐ Transferred to community-based services  ☐ Other:____________________________________
☐ Lost to follow up  ☐ Re-incarcerated (dropped from program)

Life Circumstance Questions

The first questions are about your life since being released from a correctional setting. These questions deal with your living situation, school, work and healthcare.

1. Which of the following best describes your current living situation? (Choose one)
   ☐ Your own house or apartment  (includes rental)
   ☐ Someone else’s house or apartment
   ☐ Hotel, motel, roaming/boarding house, halfway house
   ☐ Residential treatment program
   ☐ Shelter
   ☐ On the street (car/abandoned building/park, other outside place or homeless)
   ☐ Other place (specify):
       ______________________________________

2. Which of the following best describes your current work situation? (Choose one)
   ☐ Employed full-time
   ☐ Unemployed (not looking for work)
   ☐ Employed part-time
   ☐ Unemployed (on Disability)
   ☐ Unemployed (looking for work)
   ☐ Self-employed
   ☐ Other (specify):
       ______________________________________

3. How would you describe your household’s financial situation right now? (Choose one)
   ☐ Comfortable, with enough money for “extras”
   ☐ Not enough to pay some bills no matter how hard I try
   ☐ Enough to pay necessary bills without cutting back but no “extras”
   ☐ Refuse to answer
   ☐ Enough to pay bills, but have had to cut back

continued on back
Outcomes Assessment, continued

4. Since your release, have you been going to school for job training, a high school diploma, a GED, or a college degree?
   - Yes
   - No
   - Refuse to answer
   ▶ Skip to 6

5. Are you planning on going to school or getting into a job training program?
   - Yes
   - No
   - Refuse to answer

6. Since your release, did you have any legal problems that you needed help with?
   - Yes
   - No
   - Refuse to answer
   ◀ Skip to 8
   ▶ Skip to 8

7. Were you able to get the help you needed from someone in the legal system (e.g. a lawyer, mediator, judge, etc.)?
   - Yes
   - No
   - Refuse to answer

8. Have you been in jail or prison for more than 24 hours since your release?
   - Yes
   - No
   - Refuse to answer
   If yes, which of the following best describes the reason you were incarcerated?
   - Parole/probation violation
   - New offense
   - Other (specify): _______________________

9. Since your release, have you had any medical or health problems that you went to see a healthcare provider for?
   - Yes
   - No
   - Refuse to answer

10. Since your release, have you had any health problems that you wanted to see a healthcare provider for, but you did not?
    - Yes
    - No
    - Refuse to answer

11. Do you have health insurance (including Medicaid)?
    - Yes
    - No
    - Refuse to answer

continued on next page
Outcomes Assessment, continued

12. Since your release, have you received any mental health treatment (e.g. individual or group counseling, medication, etc.)?
   - Yes  If yes, please specify: ____________________________
   - No
   - Refuse to answer

13. Since your release, have you been in any kind of drug or alcohol treatment program? This would include things like AA, NA, detox, methadone, or any other kind of treatment program.
   - Yes  If yes, please specify: ____________________________
   - No
   - Refuse to answer

14. Since your release, have you been tested for Hepatitis C, HIV or any Sexually Transmitted Infection (STI)?
   - Yes
   - No
   - Refuse to answer

The next question is about social support you have in your life.

15. Do you have people in your life who you can ask to help you when you need help?
   - Yes
   - No
   - Refuse to answer

Sexual and Substance Use Behavior Questions
The next set of questions will ask you about your alcohol use since your release. A drink includes anything that you consumed containing alcohol including beer, wine, and other alcoholic drinks.

16. Since your release, how often did you have 5 or more drinks of alcohol in one day? (Choose one)
   - Never
   - Less than once a week
   - 1 to 2 times a week
   - 3 to 5 times a week
   - 6 or more times a week
   - Refuse to answer

continued on back
The next set of questions will ask you about drugs you may have used since your release.

17. Since your release, how often did you use pot?  *(Choose one)*
   - □ Never
   - □ Less than once a week
   - □ 1 to 2 times a week
   - □ 3 to 5 times a week
   - □ 6 or more times a week
   - □ Refuse to answer

18. Since your release, how often did you use any other drug besides alcohol or pot?  *(Choose one)*
   - □ Never  ➤ *Skip to 23*
   - □ Less than once a week
   - □ 1 to 2 times a week
   - □ 3 to 5 times a week
   - □ 6 or more times a week
   - □ Refuse to answer

19. Since your release, which of the following drugs did you use but not inject? *(Check all that apply)*
   - □ Hallucinogens, such as LSD, acid or mushrooms
   - □ PCP or Angel Dust
   - □ Ecstasy or X
   - □ Crack
   - □ Powder Cocaine
   - □ Speed or uppers
   - □ Crystal or Methamphetamine
   - □ Heroin
   - □ Speedball (heroin and cocaine mixed together)
   - □ Sedatives, such as valium or oxycontin or downers
   - □ Anabolic steroids
   - □ Other: ____________________________
   - □ Don’t know
   - □ Refuse to answer

20. Since your release, how many times did you inject drugs?  _____ times
   - □ Zero/never  ➤ *Skip to 23*
   - □ Refuse to answer  ➤ *Skip to*

21. Since your release, what drugs did you inject? *(Check all that apply)*
   - □ Heroin
   - □ Powder Cocaine
   - □ Crack Cocaine
   - □ Methamphetamine
   - □ Other Drug *(Specify:_________________________)*
   - □ Combination of Drugs used at the same time *(Specify:_________________________)*
   - □ Don’t Know
   - □ Refuse to answer

*continued on next page*
Outcomes Assessment, continued

22. Of the (Response to 20) times that you injected drugs, how many times did you use a new or sterile syringe/needle? _____ times

☐ Refuse to answer

In this section, you will be asked some questions about your sexual experiences since your release. The definition of sex only includes vaginal and anal sex. “Vaginal sex” means when you put your penis into a woman’s vagina or someone put their penis in your vagina.

“Anal sex” means when you put your penis into someone’s butt or when someone puts their penis into your butt. For the purpose of these questions, sex does not mean masturbation, “jacking-off”, oral sex or any other sexual activities.

The definition of “Main Partner” is a girlfriend, boyfriend, spouse, significant other or sexual partner with whom you have an emotional attachment. Any other type of partner is considered a “non-main” partner.

23. How many sexual partners did you have, including both men and women, since your release? _____ partners

☐ Zero ➤ Skip to end of survey  ☐ Refuse to answer ➤ Skip to end of survey

24. Of the [Response to 23] sexual partners you had, how many were female and a main partner? _____ female(s) and a main partner

☐ Zero ➤ Skip to 26  ☐ Refuse to answer ➤ Skip to 26

25. Since your release, how often did you use a condom when you had sex with a woman/women you considered a main partner?

☐ Always  ☐ Less than half the time
☐ More than half the time  ☐ Never
☐ Half the time  ☐ Refuse to answer

26. How many of your [Response to 23] sexual partners were women you considered a non-main partner? _____ women considered a non-main partner

☐ Zero ➤ Skip to 28  ☐ Refuse to answer ➤ Skip to 28

27. Since your release, how often did you use a condom when you had sex with a woman/women you considered a non-main partner?

☐ Always  ☐ Less than half the time
☐ More than half the time  ☐ Never
☐ Half the time  ☐ Refuse to answer

continued on back
Outcomes Assessment, continued

28. Of the [Response to 23] sexual partners you had, how many were male and a main partner?
   ______ male(s) and a main partner
   □ Zero  ► Skip to 30  □ Refuse to answer  ► Skip to 30

29. Since your release, how often did you use a condom when you had sex with a man/men you
   considered a main partner?
   □ Always  □ Less than half the time
   □ More than half the time  □ Never
   □ Half the time  □ Refuse to answer

30. How many of your [Response to 23] sexual partners were men you considered a non-main
   partner?  ______ men considered a non-main partner
   □ Zero  ► Skip to 32  □ Refuse to answer  ► Skip to 32

31. Since your release, how often did you use a condom when you had sex with a man/men you
   considered a non-main partner?
   □ Always  □ Less than half the time
   □ More than half the time  □ Never
   □ Half the time  □ Refuse to answer

32. Of the [Response to 23] sexual partners you had, how many were transgender and a main
   partner?  ______ transgender and a main partner
   □ Zero  ► Skip to 34  □ Refuse to answer  ► Skip to 34

33. Since your release, how often did you use a condom when you had sex with a transgender partner
   you considered a main partner?
   □ Always  □ Less than half the time
   □ More than half the time  □ Never
   □ Half the time  □ Refuse to answer

34. How many of your [Response to 23] sexual partners were transgender individual(s) you considered
   a non-main partner?  ______ transgender and a non-main partner
   □ Zero  ► Skip to end of survey  □ Refused to answer  ► Skip to end of survey
Outcomes Assessment, continued

35. Since your release, how often did you use a condom when you had sex with a transgender partner you considered a non-main partner?

☐ Always ☐ Less than half the time
☐ More than half the time ☐ Never
☐ Half the time ☐ Refuse to answer

36. Is there anything else you would like to tell us about your participation in the program? (things we can improve on; things you particularly liked about it, etc.)

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
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_________________________________________________________________________
_________________________________________________________________________

► That’s the end of the survey. Thank you very much for your participation.
Appendix IV ➤ Quality Assurance Forms

This appendix includes:

- Content and Quality Assurance Checklists
### Session 1 Content and Quality Assurance Checklist

Form Completed by (please check one): □ Staff □ Observer

Client ID __________________________________________________________

Staff Code ___________________  Observer Code ______________  Date of Session _____ | _____ | _____

**Session Objectives**

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<th>Comments</th>
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<tr>
<td>1 = Yes</td>
<td></td>
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<tr>
<td>2 = N/A</td>
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</tbody>
</table>

- Provide HIV/STI/hepatitis information.
- Assess individual HIV/STI/hepatitis risk.
- Develop a specific individualized risk reduction plan.
- Identify resources and provide facilitated referrals to support the risk reduction plan.
- Debrief session with client and staff as needed.

**Topics Covered During Session**

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<th>Covered</th>
<th>Comments</th>
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<td>1 = Yes</td>
<td></td>
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<tr>
<td>2 = N/A</td>
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</tbody>
</table>

- **A ▶ HIV, STI, Hepatitis Information** (assessing and providing information about transmission, prevention, symptoms, testing, treatment)
- **B ▶ HIV, STI, Hepatitis Risk** (Behaviors and environmental context, including barriers and facilitators)
- **C ▶ HIV, STI, Hepatitis Risk Reduction Plan** (Client goals, resources)
- **D ▶ HIV, STI, Hepatitis Skills** (condom use, cleaning syringes or obtaining sterile syringes, partner negotiation, risk refusal, “triggers,” etc.)

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<table>
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<th>Skills Used During Session</th>
<th>USED</th>
<th>Comments</th>
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<td>0 = No</td>
<td>1 = Yes</td>
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<tr>
<td><strong>Motivational Enhancement</strong> (target: ≥ 3 areas)</td>
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<tr>
<td>□ Develops Discrepancy: highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet</td>
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<tr>
<td>□ Expresses Empathy: helping attitude, reflective listening</td>
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<tr>
<td>□ Avoids Argumentation: does not confront or judge</td>
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<tr>
<td>□ Rolls with Resistance: uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan</td>
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<tr>
<td>□ Supports Self-Efficacy: elicits self-motivating statements, reinforces successes, highlights points of confidence</td>
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</tr>
<tr>
<td><strong>Incremental Risk Reduction</strong> (target: ≥ 2 areas)</td>
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</tr>
<tr>
<td>□ Helps client identify possible risk behaviors or situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Increases client's perception of risk: helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks</td>
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<tr>
<td>□ Facilitates Risk Reduction Skills: develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism</td>
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</tr>
<tr>
<td><strong>Problem Solving/Goal Setting</strong> (target: ≥ 3 areas)</td>
<td></td>
<td></td>
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<tr>
<td>□ Elicits list of possible, realistic, and achievable goals: brainstorms goals based on reported risk, needs, or problem areas</td>
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<tr>
<td>□ Helps client prioritize goals: selection of top priority goals, short- vs. long-term goals</td>
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<th>Skills Used During Session, continued</th>
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<tr>
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<tr>
<td>□ Helps client identify steps to achieve goals/realistic time frame for goals: brainstorms possible solutions, highlights potential consequences of each, discusses potential harmful consequences</td>
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</tr>
<tr>
<td>□ Helps client identify sources of support/plans for increasing support</td>
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</tr>
<tr>
<td>□ Helps client identify barriers to success/plan for reducing barriers</td>
<td></td>
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</tbody>
</table>

Notes

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## Session 2 ▶ Content and Quality Assurance Checklist

Form Completed by (please check one): □ Staff □ Observer

| Staff Code ___________________ | Observer Code ______________ | Client ID ____________________ | Date of Session _____|_____|_____ | Date of Observation _____|_____|_____ |
|--------------------------------|----------------------------|---------------------------------|---------------------|------------------|---------------------|---------------------|

### Session Objectives

<table>
<thead>
<tr>
<th>□ Review individual HIV/STI/hepatitis risk reduction plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Assess transitional needs within the context of HIV/STI/ hepatitis risk (e.g. housing, employment, substance abuse treatment plan).</td>
</tr>
<tr>
<td>□ Identify resources and provide facilitated referrals to support the risk reduction and transitional plan.</td>
</tr>
<tr>
<td>□ Discuss any unique immediate release issues and develop a plan for the first 48 hours after release.</td>
</tr>
<tr>
<td>□ Debrief session with client and staff as needed.</td>
</tr>
</tbody>
</table>

### Topics Covered During Session

<table>
<thead>
<tr>
<th>□ HIV, STI, Hepatitis Information (transmission, prevention, symptoms, testing, non-facilitated referrals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Other Information/Education (e.g., health &amp; fitness)</td>
</tr>
<tr>
<td>□ HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan (including barriers and facilitators)</td>
</tr>
<tr>
<td>□ HIV, STI, Hepatitis Skills (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)</td>
</tr>
</tbody>
</table>

### Achieved

**0 = No**  
**1 = Yes**  
**2 = N/A**

### Covered

**0 = No**  
**1 = Yes**  
**2 = N/A**

**Comments**
### Topics Covered During Session, continued

<table>
<thead>
<tr>
<th>Topics</th>
<th>COVERED</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 = No</td>
<td>1 = Yes</td>
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<tr>
<td></td>
<td>2 = N/A</td>
<td></td>
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</tbody>
</table>

### Skills Used During Session

(Yes should be marked if the target for each section is met)

<table>
<thead>
<tr>
<th>Skills Used During Session</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 = No</td>
<td>1 = Yes</td>
</tr>
<tr>
<td></td>
<td>2 = N/A</td>
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</table>

**Motivational Enhancement** (target: ≥ 3 areas)

- **Develops Discrepancy:** highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet

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<table>
<thead>
<tr>
<th>Skills Used During Session, continued</th>
<th>USED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 = No&lt;br&gt;1 = Yes&lt;br&gt;2 = N/A</td>
</tr>
<tr>
<td><strong>Motivational Enhancement, continued</strong></td>
<td>Comments</td>
</tr>
<tr>
<td>☐ <strong>Expresses Empathy:</strong> helping attitude, reflective listening</td>
<td></td>
</tr>
<tr>
<td>☐ <strong>Avoids Argumentation:</strong> does not confront or judge</td>
<td></td>
</tr>
<tr>
<td>☐ <strong>Rolls with Resistance:</strong> uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan</td>
<td></td>
</tr>
<tr>
<td>☐ <strong>Supports Self-Efficacy:</strong> elicits self-motivating statements, reinforces successes, highlights points of confidence</td>
<td></td>
</tr>
<tr>
<td><strong>Incremental Risk Reduction</strong></td>
<td>(target: ≥ 2 areas)</td>
</tr>
<tr>
<td>☐ <strong>Helps client identify possible risk behaviors or situations</strong></td>
<td></td>
</tr>
<tr>
<td>☐ <strong>Increases client’s perception of risk:</strong> helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks</td>
<td></td>
</tr>
<tr>
<td>☐ <strong>Facilitates Risk Reduction Skills:</strong> develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism</td>
<td></td>
</tr>
<tr>
<td><strong>Problem Solving/Goal Setting</strong></td>
<td>(target: ≥ 3 areas)</td>
</tr>
<tr>
<td>☐ <strong>Elicits list of possible, realistic, and achievable goals:</strong> brainstorms goals based on reported risk, needs, or problem areas</td>
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</tr>
<tr>
<td>☐ <strong>Helps client prioritize goals:</strong> selection of top priority goals, short- vs. long-term goals</td>
<td></td>
</tr>
<tr>
<td>☐ <strong>Helps client identify steps to achieve goals/ realistic time frame for goals:</strong> brainstorms possible solutions, highlights potential consequences of each, discusses potential harmful consequences</td>
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</tr>
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<table>
<thead>
<tr>
<th>Skills Used During Session, continued</th>
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<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>□ Helps client identify sources of support/plans for increasing support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Helps client identify barriers to success/plan for reducing barriers</td>
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**Notes**

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### Session 3 ▶ Content and Quality Assurance Checklist

Form Completed by (please check one):  □ Staff  □ Observer  
Staff Code ___________________  Observer Code ______________

Client ID ____________________________  
Date of Session _____ | _____ | _____  Date of Observation _____ | _____ | _____

#### Session Objectives

- Review and update the risk reduction/transitional plan(s) developed during pre-release sessions.  
- Discuss facilitators and barriers to implementing the risk reduction/transitional plan(s).  
- Provide facilitated referrals to services as deemed appropriate.  
- Debrief session with client and staff as needed.  
- Distribute condoms.

**ACHIEVED**

- 0 = No  
- 1 = Yes  
- 2 = N/A

**Comments**

<table>
<thead>
<tr>
<th>Session Objectives</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Review and update the risk reduction/transitional plan(s) developed during pre-release sessions.</td>
<td></td>
</tr>
<tr>
<td>□ Discuss facilitators and barriers to implementing the risk reduction/transitional plan(s).</td>
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</tr>
<tr>
<td>□ Provide facilitated referrals to services as deemed appropriate.</td>
<td></td>
</tr>
<tr>
<td>□ Debrief session with client and staff as needed.</td>
<td></td>
</tr>
<tr>
<td>□ Distribute condoms.</td>
<td></td>
</tr>
</tbody>
</table>

#### Topics Covered During Session

- HIV, STI, Hepatitis Information (transmission, prevention, symptoms, testing, non-facilitated referrals)
- Other Information/Education (e.g., health & fitness)
- HIV, STI, Hepatitis Risk Assessment & Risk Reduction Plan (including barriers and facilitators)
- HIV, STI, Hepatitis Skills (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)

**COVERED**

- 0 = No  
- 1 = Yes  
- 2 = N/A

<table>
<thead>
<tr>
<th>Topics Covered During Session</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>□ HIV, STI, Hepatitis Information</td>
<td></td>
</tr>
<tr>
<td>□ Other Information/Education</td>
<td></td>
</tr>
<tr>
<td>□ HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan</td>
<td></td>
</tr>
<tr>
<td>□ HIV, STI, Hepatitis Skills</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Topics Covered During Session, continued</th>
<th>COVERED</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Skills (e.g., probation/parole, communication)</td>
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<td></td>
</tr>
<tr>
<td>HIV, STI, Hepatitis Facilitated Referral (testing, treatment, syringe exchange, other prevention services, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Substance Abuse and Mental Health Treatment Referral (prevention, counseling, treatment, self help groups)</td>
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<tr>
<td>Educational and Vocational Training/Placement Referral (job readiness program, GED program, employment placement services)</td>
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<td>Housing, Food Programs, Financial Assistance Referral (shelter, short and long term housing, food vouchers, general assistance, food stamps)</td>
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<td>Social Services Referral (social service benefits, identification, driver’s license, prescription reimbursement)</td>
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<tr>
<td>Physical Health, Family Issues, and Spiritual Issues Referral (medical health, family support, spiritual support, physical wellness)</td>
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<td></td>
</tr>
<tr>
<td>Parole, Probation, Legal Issues Referral (associated with prior/current arrest, staying out of trouble)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Skills Used During Session</th>
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</thead>
<tbody>
<tr>
<td>Motivational Enhancement (target: ≥ 3 areas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops Discrepancy: highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expresses Empathy: helping attitude, reflective listening</td>
<td></td>
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**Quality Assurance Forms**

### Session 3 Content and Quality Assurance Checklist

<table>
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<th>Skills Used During Session, continued</th>
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<tbody>
<tr>
<td><strong>Motivational Enhancement, continued</strong></td>
<td></td>
</tr>
<tr>
<td>A. Avoids Argumentation: does not confront or judge</td>
<td></td>
</tr>
<tr>
<td>B. Rolls with Resistance: uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan</td>
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<tr>
<td><strong>Supports Self-Efficacy</strong>: elicits self-motivating statements, reinforces successes, highlights points of confidence</td>
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<tr>
<td><strong>Incremental Risk Reduction</strong> (target: ≥ 2 areas)</td>
<td></td>
</tr>
<tr>
<td>A. Helps client identify possible risk behaviors or situations</td>
<td></td>
</tr>
<tr>
<td>B. Increases client's perception of risk: helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks</td>
<td></td>
</tr>
<tr>
<td>C. Helps client identify specific strategies to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism</td>
<td></td>
</tr>
<tr>
<td><strong>Problem Solving/Goal Setting</strong> (target: ≥ 3 areas)</td>
<td></td>
</tr>
<tr>
<td>A. Helps client prioritize goals: selection of top priority goals, short- vs. long-term goals</td>
<td></td>
</tr>
<tr>
<td>B. Elicits list of possible, realistic, and achievable goals: brainstorms possible solutions, highlights potential consequences of each</td>
<td></td>
</tr>
<tr>
<td>C. Facilitates Risk Reduction Skills: develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism</td>
<td></td>
</tr>
</tbody>
</table>

**Skills Used During Session, continued**

- USED
- 0 = No
- 1 = Yes
- 2 = N/A
### Skills Used During Session, continued

<table>
<thead>
<tr>
<th>Problem Solving/Goal Setting, continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Helps client identify sources of support/plans for increasing support</td>
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<tr>
<td>□ Helps client identify barriers to success/plan for reducing barriers</td>
</tr>
</tbody>
</table>

**USED**

0 = No  
1 = Yes  
2 = N/A

<table>
<thead>
<tr>
<th>Comments</th>
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</table>

**Notes**

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### Session 4 ▶ Content and Quality Assurance Checklist

**Form Completed by (please check one):**
- [ ] Staff
- [ ] Observer

**Client ID** ________________________________

**Staff Code** ___________________  **Observer Code** ______________

**Date of Session** _____|_____  **Date of Observation** _____|_____  

<table>
<thead>
<tr>
<th>Session Objectives</th>
<th>ACHIEVED</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Review and update the risk reduction/transitional plan(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Discuss facilitators and barriers to implementing the risk reduction/transitional plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Provide facilitated referrals to services as deemed appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Debrief session with client and staff as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Distribute condoms.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Topics Covered During Session | COVERED | |
|-------------------------------|---------||
| ☐ HIV, STI, Hepatitis Information (transmission, prevention, symptoms, testing, non-facilitated referrals) | | |
| ☐ Other Information/Education (e.g., health & fitness) | | |
| ☐ HIV, STI, Hepatitis Risk Assessment & Risk Reduction Plan (including barriers and facilitators) | | |
| ☐ HIV, STI, Hepatitis Skills (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.) | | |
| ☐ Other Skills (e.g., probation/parole, communication) | | |
### Topics Covered During Session, continued

<table>
<thead>
<tr>
<th>Topics</th>
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<tbody>
<tr>
<td>HIV, STI, Hepatitis Facilitated Referral (testing, treatment, syringe exchange, other prevention services, etc.)</td>
<td></td>
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<tr>
<td>Substance Abuse and Mental Health Treatment Referral (prevention, counseling, treatment, self help groups)</td>
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</tr>
<tr>
<td>Educational and Vocational Training/Placement Referral (job readiness program, GED program, employment placement services)</td>
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<td>Housing, Food Programs, Financial Assistance Referral (shelter, short and long term housing, food vouchers, general assistance, food stamps)</td>
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<td>Social Services Referral (social service benefits, identification, driver’s license, prescription reimbursement)</td>
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<td>Physical Health, Family Issues, and Spiritual Issues Referral (medical health, family support, spiritual support, physical wellness)</td>
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<td>Parole, Probation, Legal Issues Referral (associated with prior/current arrest, staying out of trouble)</td>
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</table>

<table>
<thead>
<tr>
<th>Skills Used During Session</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivational Enhancement (target: [3] areas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops Discrepancy: highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*continued on next page*
### Motivational Enhancement, continued

- **Expresses Empathy:** helping attitude, reflective listening
- **Avoids Argumentation:** does not confront or judge
- **Rolls with Resistance:** uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan
- **Supports Self-Efficacy:** elicits self-motivating statements, reinforces successes, highlights points of confidence

### Incremental Risk Reduction

- **(target: ≥ 2 areas)**
- **Helps client identify possible risk behaviors or situations**
- **Increases client’s perception of risk:** helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks
- **Facilitates Risk Reduction Skills:** develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism

### Problem Solving/Goal Setting

- **(target: ≥ 3 areas)**
- **Elicits list of possible, realistic, and achievable goals:** brainstorms goals based on reported risk, needs, or problem areas
- **Helps client prioritize goals:** selection of top priority goals, short- vs. long-term goals
- **Helps client identify steps to achieve goals/realistic time frame for goals:** brainstorms possible solutions, highlights potential consequences of each, discusses potential harmful consequences

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<table>
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<tr>
<th>Skills Used During Session, continued</th>
<th>USED</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0 = No</td>
<td>1 = Yes</td>
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<tr>
<td>Problem Solving/Goal Setting, continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Helps client identify sources of support/plans for increasing support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Helps client identify barriers to success/plan for reducing barriers</td>
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Notes

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## Session 5  ▶ Content and Quality Assurance Checklist

**Form Completed by (please check one):**  
☐ Staff  ☐ Observer

**Client ID** ________________________________  
**Staff Code** ___________________  **Observer Code** ______________  
**Date of Session** _____ | _____ | _____  
**Date of Observation** _____ | _____ | _____

<table>
<thead>
<tr>
<th>Session Objectives</th>
<th>ACHIEVED</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>☐ Review and update the risk reduction/transitional plan(s).</td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>☐ Discuss facilitators and barriers to implementing the risk reduction/transitional plan.</td>
<td>1 = Yes</td>
<td></td>
</tr>
<tr>
<td>☐ Provide facilitated referrals to services as deemed appropriate.</td>
<td>2 = N/A</td>
<td></td>
</tr>
<tr>
<td>☐ Debrief session with client and staff as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Distribute condoms.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Topics Covered During Session</th>
<th>COVERED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ HIV, STI, Hepatitis Information (transmission, prevention, symptoms, testing, non-facilitated referrals)</td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>☐ Other Information/Education (e.g., health &amp; fitness)</td>
<td>1 = Yes</td>
<td></td>
</tr>
<tr>
<td>☐ HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan (including barriers and facilitators)</td>
<td>2 = N/A</td>
<td></td>
</tr>
<tr>
<td>☐ HIV, STI, Hepatitis Skills (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)</td>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>☐ Other Skills (e.g., probation/parole, communication)</td>
<td>1 = Yes</td>
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<table>
<thead>
<tr>
<th>Topics Covered During Session, continued</th>
<th>COVERED</th>
<th>Comments</th>
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<tbody>
<tr>
<td>HIV, STI, Hepatitis Facilitated Referral (testing, treatment, syringe exchange, other prevention services, etc.)</td>
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<table>
<thead>
<tr>
<th>Skills Used During Session</th>
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</tr>
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<tbody>
<tr>
<td>Motivational Enhancement (target: ≥ 3 areas)</td>
<td></td>
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</tr>
<tr>
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<tbody>
<tr>
<td><strong>Motivational Enhancement</strong></td>
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<tr>
<td>☐ Expresses Empathy: helping attitude, reflective listening</td>
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<tr>
<td>☐ Avoids Argumentation: does not confront or judge</td>
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<td>☐ Rolls with Resistance: uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan</td>
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<td>☐ Supports Self-Efficacy: elicits self-motivating statements, reinforces successes, highlights points of confidence</td>
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<tr>
<td><strong>Incremental Risk Reduction</strong></td>
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<tr>
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<tr>
<td>☐ Increases client’s perception of risk: helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks</td>
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<tr>
<td>☐ Facilitates Risk Reduction Skills: develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism</td>
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<tr>
<td><strong>Problem Solving/Goal Setting</strong></td>
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<tr>
<td>☐ Elicits list of possible, realistic, and achievable goals: brainstorms goals based on reported risk, needs, or problem areas</td>
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<tr>
<td>☐ Helps client prioritize goals: selection of top priority goals, short- vs. long-term goals</td>
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<tr>
<td>☐ Helps client identify steps to achieve goals/realistic time frame for goals: brainstorms possible solutions, highlights potential consequences of each, discusses potential harmful consequences</td>
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<tr>
<td>Skills Used During Session, continued</td>
<td>USED</td>
<td>Comments</td>
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<tr>
<td><strong>Problem Solving/Goal Setting, continued</strong></td>
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<tr>
<td>□ Helps client identify sources of support/plans for increasing support</td>
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<tr>
<td>□ Helps client identify barriers to success/plan for reducing barriers</td>
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**Notes**

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### Session 6 ▶ Content and Quality Assurance Checklist

**Session Objectives**

<table>
<thead>
<tr>
<th>Session Objectives</th>
<th>ACHIEVED</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and update the risk reduction/transitional plan(s).</td>
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<tr>
<td>Discuss facilitators and barriers to implementing the risk reduction/transitional plan.</td>
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<tr>
<td>Provide facilitated referrals to services as deemed appropriate.</td>
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<tr>
<td>Debrief session with client and staff as needed.</td>
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<tr>
<td>Distribute condoms.</td>
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<tr>
<td>Conduct closure with client.</td>
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</tbody>
</table>

**Topics Covered During Session**

<table>
<thead>
<tr>
<th>Topics Covered During Session</th>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV, STI, Hepatitis Information (transmission, prevention, symptoms, testing, non-facilitated referrals)</td>
<td></td>
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<tr>
<td>Other Information/Education (e.g., health &amp; fitness)</td>
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<tr>
<td>HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan (including barriers and facilitators)</td>
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<td></td>
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<tr>
<td>HIV, STI, Hepatitis Skills (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)</td>
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<table>
<thead>
<tr>
<th>Topics Covered During Session, continued</th>
<th>COVERED</th>
<th>Comments</th>
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<tbody>
<tr>
<td>☐ Other Skills (e.g., probation/parole, communication)</td>
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<td></td>
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<tr>
<td>☐ HIV, STI, Hepatitis Facilitated Referral (testing, treatment, syringe exchange, other prevention services, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>☐ Substance Abuse and Mental Health Treatment Referral (prevention, counseling, treatment, self help groups)</td>
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<tr>
<td>☐ Educational and Vocational Training/Placement Referral (job readiness program, GED program, employment placement services)</td>
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<tr>
<td>☐ Housing, Food Programs, Financial Assistance Referral (shelter, short and long term housing, food vouchers, general assistance, food stamps)</td>
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<tr>
<td>☐ Social Services Referral (social service benefits, identification, driver’s license, prescription reimbursement)</td>
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<tr>
<td>☐ Physical Health, Family Issues, and Spiritual Issues Referral (medical health, family support, spiritual support, physical wellness)</td>
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<tr>
<td>☐ Parole, Probation, Legal Issues Referral (associated with prior/current arrest, staying out of trouble)</td>
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<table>
<thead>
<tr>
<th>Skills Used During Session</th>
<th>USED</th>
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<tbody>
<tr>
<td>☐ Motivational Enhancement (target: ≥ 3 areas)</td>
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<tr>
<td>☐ Develops Discrepancy: highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet</td>
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<tr>
<td>☐ Expresses Empathy: helping attitude, reflective listening</td>
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continued on next page
### Motivational Enhancement, continued

- **Avoids Argumentation:** does not confront or judge
- **Rolls with Resistance:** uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan
- **Supports Self-Efficacy:** elicits self-motivating statements, reinforces successes, highlights points of confidence

### Incremental Risk Reduction

- **Helps client identify possible risk behaviors or situations**
- **Increases client’s perception of risk:** helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks
- **Facilitates Risk Reduction Skills:** develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism

### Problem Solving/Goal Setting

- **Elicits list of possible, realistic, and achievable goals:** brainstorms goals based on reported risk, needs, or problem areas
- **Helps client prioritize goals:** selection of top priority goals, short- vs. long-term goals
- **Helps client identify steps to achieve goals/realistic time frame for goals:** brainstorms possible solutions, highlights potential consequences of each, discusses potential harmful consequences
### Skills Used During Session, continued

<table>
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<tr>
<td>1 = Yes</td>
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<tr>
<td>2 = N/A</td>
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</table>

#### Problem Solving/Goal Setting, continued

- ☐ Helps client identify sources of support/plans for increasing support
- ☐ Helps client identify barriers to success/plan for reducing barriers

### Notes

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Appendix V  ▶
Articles and Resources

This appendix includes:
► Sample Bibliography of Corrections Specific Topics
► Project START Publications and Presentations (2009)
► Research Articles
► Research Fact Sheet

Children of Incarcerated Parents (1995). Book edited by Katherine Gabel and Denise Johnston, MD that looks at many of the different issues of the children who are left behind when their parents go to prison or jail. Lexington Books.

Compelled to Crime: The Gender Entrapment of Battered, Black Women (1995). Book by Beth E. Richie that examines the stories of battered black women incarcerated at Rikers Island, New York City prison with specific focus on male violence, penalties for women’s actions, and paths which lead to crime. Routledge Press.


Lockdown America: Police and Prisons in the Age of Crisis (October 2000). Book by Christian Parenti that provides an analytical look at the criminal justice buildup in America over the past 30 years.

Makes Me Wanna Holler (June 1995). Book by Nathan McCall about his life growing up as a Black male in America including a discussion of education, crime, prison, and work.

New Jack: Guarding Sing Sing (June 2001). Book by Ted Conover. Chameleon journalist Ted Conover trains as a prison guard and works inside New York State Prison, Sing Sing. The book provides an intense look into prison life and the dynamics of the guards and the guarded.

Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities (2004). Book edited by Jeremy Travis and Michelle Waul that gives an in-depth look at the impact of incarceration and reentry on a more systematic level both within the family and the larger community.

Public Health Behind Bars (2007). Book edited Robert Greifinger that examines the burden of illness in the growing prison population, and looks at the considerable impact on public health as prisoners are released. Springer Publications.

The Farm—Documentary on Prison Life in Angola, Mississippi. Shows regularly on the cable channel A&E and is also available through A&E as a video.


Main Outcome Paper

Journal Publications


**Conference Presentations**


**Journal Submissions**


Conference Symposia


Eldridge G.D., & the Project START Study Group (2001, August). *Developing interventions for young men being released from prison: Recruitment and retention lessons learned from Project START.*


Unpublished Training Manuals
Appendix VI  
CDC Disclaimer Statements

This appendix includes:

- The ABCs of Smart Behavior
- Male Latex Condoms and Sexually Transmitted Diseases Fact Sheet
- Content of AIDS-Related Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention
- CDC Statement on Nonoxynol-9 Spermicide, May 10, 2002
- CDC Statement on Study Results of Products Containing Nonoxynol-9
The ABCs of Smart Behavior

*To avoid or reduce the risk for HIV*

- A stands for abstinence.
- B stands for being faithful to a single sexual partner.
- C stands for using condoms consistently and correctly.
Male Latex Condoms and Sexually Transmitted Diseases

Consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of STD transmission. To achieve the maximum protective effect, condoms must be used both consistently and correctly. Inconsistent use can lead to STD acquisition because transmission can occur with a single act of intercourse with an infected partner. Similarly, if condoms are not used correctly, the protective effect may be diminished even when they are used consistently. The most reliable ways to avoid transmission of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are to abstain from sexual activity or to be in a long-term mutually monogamous relationship with an uninfected partner. However, many infected persons may be unaware of their infections because STDs are often asymptomatic or unrecognized.

This fact sheet presents evidence concerning the male latex condom and the prevention of STDs, including HIV, based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies assessing condom use and STD risk. This fact sheet updates previous CDC fact sheets on male condom effectiveness for STD prevention by incorporating additional evidence-based findings from published epidemiologic studies.

Sexually Transmitted Diseases, Including HIV Infection

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS. In addition, consistent and correct use of latex condoms reduces the risk of other sexually transmitted diseases (STDs), including diseases transmitted by genital secretions, and to a lesser degree, genital ulcer diseases. Condom use may reduce the risk for genital human papillomavirus (HPV) infection and HPV-associated diseases, e.g., genital warts and cervical cancer.

There are two primary ways that STDs are transmitted. Some diseases, such as HIV infection, gonorrhea, chlamydia, and trichomoniasis, are transmitted when infected urethral or vaginal secretions contact mucosal surfaces (such as the male urethra, the vagina, or cervix). In contrast, genital ulcer diseases (such as genital herpes, syphilis, and chancroid) and human papillomavirus (HPV) infection are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical and empirical basis for protection. Condoms can be expected to provide different levels of protection for various STDs, depending on differences in how the diseases are transmitted. Condoms block transmission and acquisition of STDs by preventing contact between the condom wearer’s penis and a sex partner's skin, mucosa, and genital secretions. A greater level of protection is provided for the diseases transmitted by genital secretions. A lesser degree of protection is provided for genital ulcer diseases or HPV because these infections also may be transmitted by exposure to areas (e.g., infected skin or mucosal surfaces) that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing risk of STD transmission among condom users with nonusers who are engaging in sexual intercourse. Accurately estimating the effectiveness of condoms for prevention of STDs, however, is methodologically challenging. Well-designed studies address key factors such as the extent to which condom use has been consistent and correct and whether infection identified is incident (i.e., new) or prevalent (i.e. pre-existing). Of particular importance, the study design should assure that the population being evaluated has documented exposure to the STD of interest during the period that condom use is being assessed. Although consistent and correct use of condoms is inherently difficult to measure, because such studies would involve observations of private behaviors, several published studies have demonstrated that failure to measure these factors properly tends to result in underestimation of condom effectiveness.

Epidemiologic studies provide useful information regarding the magnitude of STD risk reduction associated with condom use. Extensive literature review confirms that the best epidemiologic studies of condom effectiveness address HIV infection. Numerous studies of discordant couples (where...
only one partner is infected) have shown consistent use of latex condoms to be highly effective for preventing sexually acquired HIV infection. Similarly, studies have shown that condom use reduces the risk of other STDs. However, the overall strength of the evidence regarding the effectiveness of condoms in reducing the risk of other STDs is not at the level of that for HIV, primarily because fewer methodologically sound and well-designed studies have been completed that address other STDs. Critical reviews of all studies, with both positive and negative findings (referred to here) point to the limitations in study design in some studies which result in underestimation of condom effectiveness; therefore, the true protective effect is likely to be greater than the effects observed.

Overall, the preponderance of available epidemiologic studies have found that when used consistently and correctly, condoms are highly effective in preventing the sexual transmission of HIV infection and reduce the risk of other STDs.

The following includes specific information for HIV infection, diseases transmitted by genital secretions, genital ulcer diseases, and HPV infection, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

**HIV, the virus that causes AIDS**

- **Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS**

HIV infection is, by far, the most deadly STD, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. The ability of latex condoms to prevent transmission of HIV has been scientifically established in “real-life” studies of sexually active couples as well as in laboratory studies.

**Laboratory studies** have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of HIV.

**Theoretical basis for protection.** Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as urethral and vaginal secretions, blocking the pathway of sexual transmission of HIV infection.

**Epidemiologic studies** that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate that the consistent use of latex condoms provides a high degree of protection.

**Other Diseases transmitted by genital secretions, including Gonorrhea, Chlamydia, and Trichomoniasis**

- **Latex condoms, when used consistently and correctly, reduce the risk of transmission of STDs such as gonorrhea, chlamydia, and trichomoniasis.**

STDs such as gonorrhea, chlamydia, and trichomoniasis are sexually transmitted by genital secretions, such as urethral or vaginal secretions.

**Laboratory studies** have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

**Theoretical basis for protection.** The physical properties of latex condoms protect against diseases such as gonorrhea, chlamydia, and trichomoniasis by providing a barrier to the genital secretions that transmit STD-causing organisms.

**Epidemiologic studies** that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of STDs such as chlamydia, gonorrhea and trichomoniasis.

**Genital ulcer diseases and HPV infections**

- **Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Consistent and correct use of latex condoms reduces the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. Condom use may reduce the risk for HPV infection and HPV-associated diseases (e.g., genital warts and cervical cancer).**

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through “skin-to-skin” contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/secretions. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are covered (protected by the condom) as well as those areas that are not.

**Laboratory studies** have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

**Theoretical basis for protection.** Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.
Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms provide limited protection against syphilis and herpes simplex virus-2 transmission. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers associated with increased condom use in settings where chancroid is a leading cause of genital ulcers.

Condom use may reduce the risk for HPV-associated diseases (e.g., genital warts and cervical cancer) and may mitigate the other adverse consequences of infection with HPV; condom use has been associated with higher rates of regression of cervical intraepithelial neoplasia (CIN) and clearance of HPV infection in women, and with regression of HPV-associated penile lesions in men. A limited number of prospective studies have demonstrated a protective effect of condoms on the acquisition of genital HPV.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer, nor should it be a substitute for HPV vaccination among those eligible for the vaccine.

Related Materials

- Selected References (references.html)
Basic Principles

Controlling the spread of HIV infection and 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 fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and 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 can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

a. Written materials (e.g., pamphlets, brochures, fliers), audio visual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.

Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels 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 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 encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) CONSTRUCTION. - Subsection (c) may not be construed to restrict the ability of an education 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. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

Program Review Panel

b. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This 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. Whenever feasible, CDC funded community-based organizations are encouraged to use a Program Review Panel established by a health department or another CDC-funded organization rather than establish their own panel. The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should:

(1) Understand how HIV is and is not transmitted; and

(2) Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for

which materials are intended.

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

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

(1) Identification of a panel of no less than five persons which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review panel, except as provided in subsection (d) below. In addition:

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

(b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, 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. If such an employee is not available, an individual with appropriate expertise, designated by the health department to represent the agency in this matter, must serve as a member of the panel.

(c) Panels which review materials for use with school-based populations should include representatives of groups such as teachers, school administrators, parents, and students.

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

(2) A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes:

(a) Concurrence with this guidance and assurance that its
provisions will be observed;

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

CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multi state), or statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review Panel to fulfill this requirement. Such national/regional/State panels must include as a member an employee of a State or local health department, or an appropriate designated representative of such department, consistent with the provisions of Section 2.c.(1). Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/State organization must adopt a national/regional/statewide standard when applying Basic Principles 1.a. and 1.b.

**When a cooperative agreement/grant is awarded, the recipient will:**

(1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used;

(2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which 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 Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel; and

(4) Provide to CDC in regular progress reports signed statement(s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

Filling out CDC Form 0.113 for Written Educational Materials on HIV/AIDS

In conjunction with the Centers for Disease Control and Prevention’s (CDC’s) efforts to increase awareness and use of evidence-based effective HIV prevention interventions, we are distributing copies of CDC form 0.113 (see attached). The following provides rationale and instructions on how to complete form 0.113.

Form 0.113 asks you to list the names and other identifying information for the individuals who make up your Program Review Panel. A Program Review Panel is a group of at least five people, representing a cross section of the population in a given area, who review written materials intended for HIV/AIDS educational programs. The Program Review Panel represents local standards and judgment as to what materials are appropriate for selected local audiences.

Should you need to form a Program Review Panel, see CDC’s “Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs (Interim Revisions June 1992).” Following are a few key points from that document:

- Written educational materials on HIV prevention should use language or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices regarding HIV transmission.
- Such materials should be reviewed by a Program Review Panel.
- Whenever possible, CDC-funded community-based organizations (CBOs) are encouraged to use a Program Review Panel formed by a health department or other CDC-funded organizations rather than establish a new one.

To complete the enclosed form 0.113:

1. List the name, occupation, and affiliation (organization, business, government agency, etc.) of each member of the Program Review Panel you are using. There must be at least five members of this panel. If there are more, list them on the back of the form.
2. List the name of your organization, your grant number (if known), and ensure the form is signed by both your project director and an authorized business official. Have each person date the form after signing it.
3. If you are not developing any new HIV/AIDS related materials and therefore do not need to use a Program Review Panel, complete the second page, “Statement of Compliance with Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions.” This states that your organization is using materials previously approved by the local Program Review Panel.

Please note that form 0.113 is currently undergoing revision. The revised version will soon be available. A key change in the new form is that it requires, rather than recommends, that CBOs use the Program Review Panel established by the local or state health department rather than forming a new one. Please contact us if you have questions or need technical support.

Once you have completed form 0.113, please return it to your Project Officer or maintain it in your files if you are not directly funded by CDC.
ASSURANCE OF COMPLIANCE

with the

"REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS"

By signing and submitting this form, we agree to comply with the specifications set forth in the "Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs," as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>OCCUPATION</th>
<th>AFFILIATION</th>
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(Health Department Representative)

Applicant/Grantee Name

Signature: Project Director

Grant Number (If Known)

Signature: Authorized Business Official

Date

CDC 0.1113(Revised 3/93)
Nonoxynol-9 Spermicide Contraception Use --- United States, 1999

Most women in the United States with human immunodeficiency virus (HIV) become infected through sexual transmission, and a woman's choice of contraception can affect her risk for HIV transmission during sexual contact with an infected partner. Most contraceptives do not protect against transmission of HIV and other sexually transmitted diseases (STDs) (1), and the use of some contraceptives containing nonoxynol-9 (N-9) might increase the risk for HIV sexual transmission. Three randomized, controlled trials of N-9 contraceptives by commercial sex workers (CSWs) in Africa failed to demonstrate any protection against HIV infection (2--4); one trial showed an increased risk (3). N-9 contraceptives also failed to protect against infection with Neisseria gonorrhoea and Chlamydia trachomatis in two randomized trials (5,6), one among African CSWs and one among U.S. women recruited from an STD clinic. Because most women in the African studies had frequent sexual activity, high-level exposure to N-9, and probably were exposed to a population of men with a high prevalence of HIV/STDs, the implications of these studies for U.S. women are uncertain. To determine the extent of N-9 contraceptive use among U.S. women, CDC assessed data provided by U.S. family planning clinics for 1999. This report summarizes the results of that assessment, which indicate that some U.S. women are using N-9 contraceptives. Sexually active women should consider their individual HIV/STD infection risk when choosing a method of contraception. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections.

CDC collected information on types of N-9 contraceptives purchased and family planning program (FPP) guidelines for N-9 contraceptive use. The national FPP, authorized by Title X of the Public Health Service Act, serves approximately 4.5 million predominantly low income women each year. Program data for 1999 were obtained from all 10 U.S. Department of Health and Human Services (HHS) regions on the number of female clients and the number of female clients who reported use of N-9 contraceptives or condoms as their primary method of contraception. CDC obtained limited purchase data for 1999 for specific N-9 contraceptives and program guidelines from eight state/territorial FPPs with six HHS regions. State health departments, family planning grantees, and family planning programs...
councils were contacted to request assistance in collecting data on purchasing patterns of the 91 Title X grantees; of the 12 FPPs that responded, eight provided sufficient data for analysis.

In 1999, a total of 7%--18% of women attending Title X clinics reported using condoms their primary method of contraception. Data on the percentage of condoms lubricated with N-9 were not available. A total of 1%--5% of all women attending Title X clinics report using N-9 contraceptives (other than condoms) as their primary method of contraception (Table 1). Among the eight FPPs that provided purchase data, most (87%) condoms were N-9--lubricated (Table 2). All eight FPPs purchased N-9 contraceptives (i.e., vaginal films and suppositories, jellies, creams, and foams) to be used either alone or in combination with diaphragms or other contraceptive products. Four of the eight clinics had protocols or program guidance stating that N-9--containing foam should be dispensed routinely with condoms; two additional programs reported that despite the absence of a clinic protocol, practice was common. Data for the other two programs were not available.

Reported by: The Alan Guttmacher Institute, New York, New York. Office of Population Affairs, U.S. Dept of Health and Human Services, Bethesda, Maryland. A Duerr, MD, C Beck-Sague, MD, Div Reproductive Health, National Center Chronic Disease and Public Health Promotion; Div of HIV and AIDS Prevention, National Center HIV/AIDS, STDs, and TB Prevention; B Carlton-Tohill, EIS Officer, CDC.

Editorial Note:

The findings in this report indicate that in 1999, before the release of recent publications N-9 and HIV/STDs (4,6,7), Title X family planning clinics in the U.S. purchased and distributed N-9 contraceptives. Among at least eight family planning clinics, most of the condoms purchased were N-9--lubricated; this is consistent with trends in condom purchases among the general public (8). The 2002 STD treatment guidelines state that condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV infection and other STDs (7). CDC recommends that previously purchased condoms lubricated with N-9 spermicide continue to be distributed provided the condoms have not passed their expiration date. The amount of N-9 on a spermicide-lubricated condom is small relative to the doses tested in the study in Africa and the use of N-9--lubricated condoms is preferable to using no condom at all. The future, purchase of condoms lubricated with N-9 is not recommended because of the increased cost, shorter shelf life, association with urinary tract infections in young women and lack of apparent benefit compared with other lubricated condoms (7).

Spermicidal gel is used in conjunction with diaphragms (1); only diaphragms combined with the use of spermicide are approved as contraceptives. The respective contributions of the physical barrier (diaphragm) and chemical barrier (spermicide) are unknown, but the combined use prevents approximately 460,000 pregnancies in the United States each year (1).
The findings in this report are subject to at least two limitations. First, data on specific products and patterns of contraceptive use were limited; CDC used a nonrepresentative sample of regions and states that voluntarily provided data, and specific use patterns of contraceptives could not be extrapolated from these data. Second, data correlating use of 9 contraceptives with individual HIV risk were not available.

Prevention of both unintended pregnancy and HIV/STD infection among U.S. women is needed. In 1994, a total of 49% of all pregnancies were unintended (9). Furthermore, 26% of women experience an unintended pregnancy during the first year of typical use of spermicide products (1). In 1999, a total of 10,780 AIDS cases, 537,003 chlamydia cases and 179,534 gonorrhea cases were reported among U.S. women. Contraceptive options should provide both effective fertility control and protection from HIV/STDs; however, the optimal choice is probably not the same for every woman.

N-9 alone is not an effective means to prevent infection with HIV or cervical gonorrhea and chlamydia (2,7). Sexually active women and their health-care providers should consider risk for infection with HIV and other STDs and risk for unintended pregnancy when considering contraceptive options. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections. In addition, women seeking a family planning method should be informed that latex condoms, when used consistently and correctly, are effective in preventing transmission of HIV and can reduce the risk for other STDs.

References


**Table 1**

<table>
<thead>
<tr>
<th>Region†</th>
<th>No. of women served</th>
<th>Male condoms</th>
<th>N-9 products*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. (%)</td>
<td>No. (%)</td>
</tr>
<tr>
<td>I</td>
<td>179,705</td>
<td>27,726</td>
<td>1,251</td>
</tr>
<tr>
<td>II</td>
<td>404,325</td>
<td>73,069</td>
<td>21,515</td>
</tr>
<tr>
<td>III</td>
<td>487,502</td>
<td>73,068</td>
<td>4,807</td>
</tr>
<tr>
<td>IV</td>
<td>1,011,126</td>
<td>93,011</td>
<td>26,630</td>
</tr>
<tr>
<td>V</td>
<td>522,312</td>
<td>61,756</td>
<td>2,489</td>
</tr>
<tr>
<td>VI</td>
<td>478,533</td>
<td>40,520</td>
<td>11,212</td>
</tr>
<tr>
<td>VII</td>
<td>238,871</td>
<td>15,949</td>
<td>1,386</td>
</tr>
<tr>
<td>VIII</td>
<td>133,375</td>
<td>15,131</td>
<td>4,885</td>
</tr>
<tr>
<td>IX</td>
<td>672,362</td>
<td>109,678</td>
<td>14,547</td>
</tr>
<tr>
<td>X</td>
<td>186,469</td>
<td>17,320</td>
<td>1,275</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,315,040</strong></td>
<td><strong>527,248</strong></td>
<td><strong>92,997</strong></td>
</tr>
</tbody>
</table>

* Region I=Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; Region II=New Jersey, New York, Puerto Rico, Virgin Islands; Region III=Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia; Region IV=Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee; Region V=Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin; Region VI=Arkansas, Louisiana, Mississippi, Missouri, New Mexico, Oklahoma, Texas; Region VII=Iowa, Kansas, Missouri, Nebraska, South Dakota, Utah, Wyoming; Region VIII=Arizona, California, Hawaii, Nevada, American Samoa, Guam, Mariana Islands, Marshall Islands, Micronesia, Palau; Region X=Alaska, Idaho, Montana, North Dakota, South Dakota, Washington, Wisconsin, Wyoming.
† Primary method of contraception reported by these women was one of the following: spermicidal foam, cream, jelly (with and without diaphragm), film, and suppositories.

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**Table 2**

<table>
<thead>
<tr>
<th>State/territory</th>
<th>No. of clients served</th>
<th>Condoms with N-9</th>
<th>Condoms without N-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puerto Rico</td>
<td>15,103</td>
<td>148,072</td>
<td>5,000</td>
</tr>
<tr>
<td>New York†</td>
<td>263,200</td>
<td>1,683,084</td>
<td>NA</td>
</tr>
<tr>
<td>West Virginia</td>
<td>60,899</td>
<td>1,300,000</td>
<td>9,360</td>
</tr>
<tr>
<td>Florida</td>
<td>193,784</td>
<td>3,920,000</td>
<td>560,000</td>
</tr>
<tr>
<td>Tennessee</td>
<td>111,223</td>
<td>2,865,160</td>
<td>717,088</td>
</tr>
<tr>
<td>Michigan</td>
<td>166,893</td>
<td>631,000</td>
<td>254,000</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>58,392</td>
<td>708,480</td>
<td>0</td>
</tr>
<tr>
<td>Oregon</td>
<td>57,099</td>
<td>151,900</td>
<td>276,000</td>
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<table>
<thead>
<tr>
<th>N-9 chemical barrier methods</th>
<th>Gel</th>
<th>Film</th>
<th>Insert</th>
<th>Jelly</th>
<th>Foam</th>
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<tbody>
<tr>
<td>Puerto Rico</td>
<td>12,900</td>
<td>0</td>
<td>NA*</td>
<td>12,841</td>
<td>2,400</td>
</tr>
<tr>
<td>New York†</td>
<td>0</td>
<td>73,756</td>
<td>NA</td>
<td>3,112</td>
<td>23,830</td>
</tr>
<tr>
<td>West Virginia</td>
<td>0</td>
<td>0</td>
<td>NA</td>
<td>1,200</td>
<td>9,900</td>
</tr>
<tr>
<td>Florida</td>
<td>0</td>
<td>468,720</td>
<td>NA</td>
<td>5,760</td>
<td>25,020</td>
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<tr>
<td>Tennessee</td>
<td>0</td>
<td>94,500</td>
<td>12,528</td>
<td>756</td>
<td>2,758</td>
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<tr>
<td>Michigan</td>
<td>0</td>
<td>0</td>
<td>NA</td>
<td>1,000</td>
<td>1,200</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>0</td>
<td>394,560</td>
<td>NA</td>
<td>1,200</td>
<td>0</td>
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<tr>
<td>Oregon</td>
<td>345</td>
<td>25,764</td>
<td>2,074</td>
<td>272</td>
<td>3,007</td>
</tr>
</tbody>
</table>

* Not available.
† 41 of 61 grantees responded.
§ Purchasing by family planning and sexually transmitted disease programs are combined and cannot be separated.

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Notice to Readers: CDC Statement on Study Results of Product Containing Nonoxynol-9

During the XIII International AIDS Conference held in Durban, South Africa, July 9--14, 2000, researchers from the Joint United Nations Program on AIDS (UNAIDS) presented results of a study of a product, COL-1492,* which contains nonoxynol-9 (N-9) (1). N-9 products are licensed for use in the United States as spermicides and are effective in preventing pregnancy, particularly when used with a diaphragm. The study examined the use of COL-1492 as a potential candidate microbicide, or topical compound to prevent the transmission of human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs). The study found that N-9 did not protect against HIV infection and may have caused more transmission. The women who used N-9 gel became infected with HIV at approximately a 50% higher rate than women who used the placebo gel.

CDC has released a "Dear Colleague" letter that summarizes the findings and implications of the UNAIDS study. The letter is available on the World-Wide Web, http://www.cdc.gov/hiv; a hard copy is available from the National Prevention Information Network, telephone (800) 458-5231. Future consultations will be held to re-evaluate guidelines for HIV, STDs, and pregnancy prevention in populations at high risk for HIV infection. A detailed scientific report will be released on the Web when additional findings are available.

Reference


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