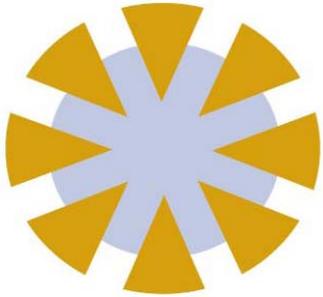




Presentation slides available at  
[www.effectiveinterventions.org](http://www.effectiveinterventions.org)

- **Select Safety Counts**
- **Select Resources/Tools**



# Monitoring **Safety Counts**: An Intervention for Drug Users Who Are Not in Drug Treatment Programs

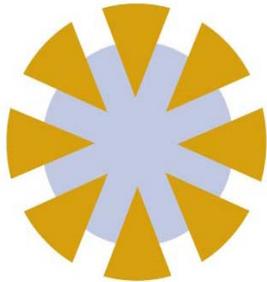
Jonny F. Andia, PhD  
Science Application Team-Capacity Building Branch  
Division of HIV/AIDS Prevention  
National Center for HIV, Hepatitis, STD, & TB Prevention  
Centers for Disease Control and Prevention

# Objectives

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- Provide an overview of **Safety Counts**
- Discuss training, resources and requirements
- Discuss methods to monitor **Safety Counts** programs
- Share tools for monitoring **Safety Counts**

# Safety Counts Overview



- **Funded by NIDA**
- **Study conducted by Centers for Behavioral Research and Services at California State University, Long Beach. Researchers-Fen Rhodes (P.I.); Michele Wood (P.D.)**
- **Sample 1,237 not-in-treatment crack and IDUs**
- **Study used two groups of participants: One group received counseling and testing services; the other received Safety Counts in addition to counseling and testing services**
- **Participants who received Safety Counts were 1.5 times more likely to reduce drug- and sex-related risk behaviors than participants who did not.**

## *Safety Counts* is designed for...

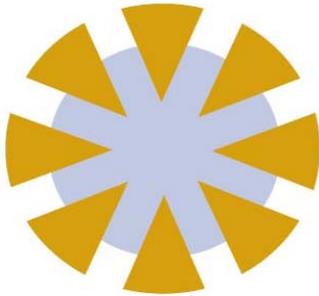
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### Individuals who are:

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- **Currently using any non-prescribed drugs (within the last 90 days)**
- **Not currently enrolled in any drug treatment programs**
- **Adults**

# Safety Counts Overview



- Utilizes the Stages of Change, Theory of Reasoned Action, Social Cognitive Theory, Health Belief Model

**Hershberger, S. L., Wood, M. M., Fisher, D. G. (2003). A cognitive-behavioral intervention to reduce HIV risk behaviors in crack and injection drug users. *AIDS and Behavior*, 7, 229-243.**

# SAFETY COUNTS BEHAVIOR CHANGE LOGIC MODEL



## THEORETICAL FOUNDATIONS

- HEALTH BELIEF MODEL: e.g., Perceived Risk
- STAGES OF CHANGE: e.g., Readiness for Change
- SOCIAL COGNITIVE THEORY: e.g., Self-Efficacy, Social Support
- THEORY OF REASONED ACTION: e.g., Behavioral Intentions, Behavioral Beliefs (PROS & CONS)

## INTERVENTION ACTIVITIES – CORE ELEMENTS

- GROUP ONE: e.g., Where do I stand in reducing my risk?
- GROUP TWO: e.g., Developing risk reduction goals
- INDIVIDUAL SESSION: e.g., Help client identify/overcome barriers
- SOCIAL EVENTS: e.g., Risk reduction activity
- FOLLOW-UP CONTACTS: e.g., Verify & validate client's goal/progress

## BEHAVIORAL DETERMINANTS OF RISK

- Low perceived risk in getting HIV/Hepatitis-PERCEIVED RISK
- Readiness to reduce number of IDU with drug related partners-STAGES OF CHANGE
- Condom negotiation skills-SKILLS
- Knowledge about HIV risk behaviors (exchange dirty needles, injection paraphernalia)-KNOWLEGE
- I am not confident to convince my partner to use a condom during sex- SELF-EFFICACY
- Recognized network of people related to social support
- don't believe that using condoms will completely prevent HIV-ATTITUDE
- My partner does not intend to use condom with me- BELIEF

## RISK BEHAVIORS

- Needle sharing
- Unprotected sex
- Sharing injection paraphernalia

## OUTCOMES

- IDENTIFY PERSONAL RISK BEHAVIORS
- SET PERSONAL RISK REDUCTION GOALS
- STRENGTHEN INTENTIONS TO ACHIEVE RISK REDUCTION GOALS
- REDUCE SYRINGE SHARINGBEHAVIORS AND
- REDUCE UNPROTECTED SEX

# Safety Counts Overview - Goals

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Behaviors that are directly linked to transmission of HIV and viral hepatitis:

- Unprotected sex
- Sharing needles
- Sharing drug preparation equipment (e.g., cotton, cookers, rinse water)

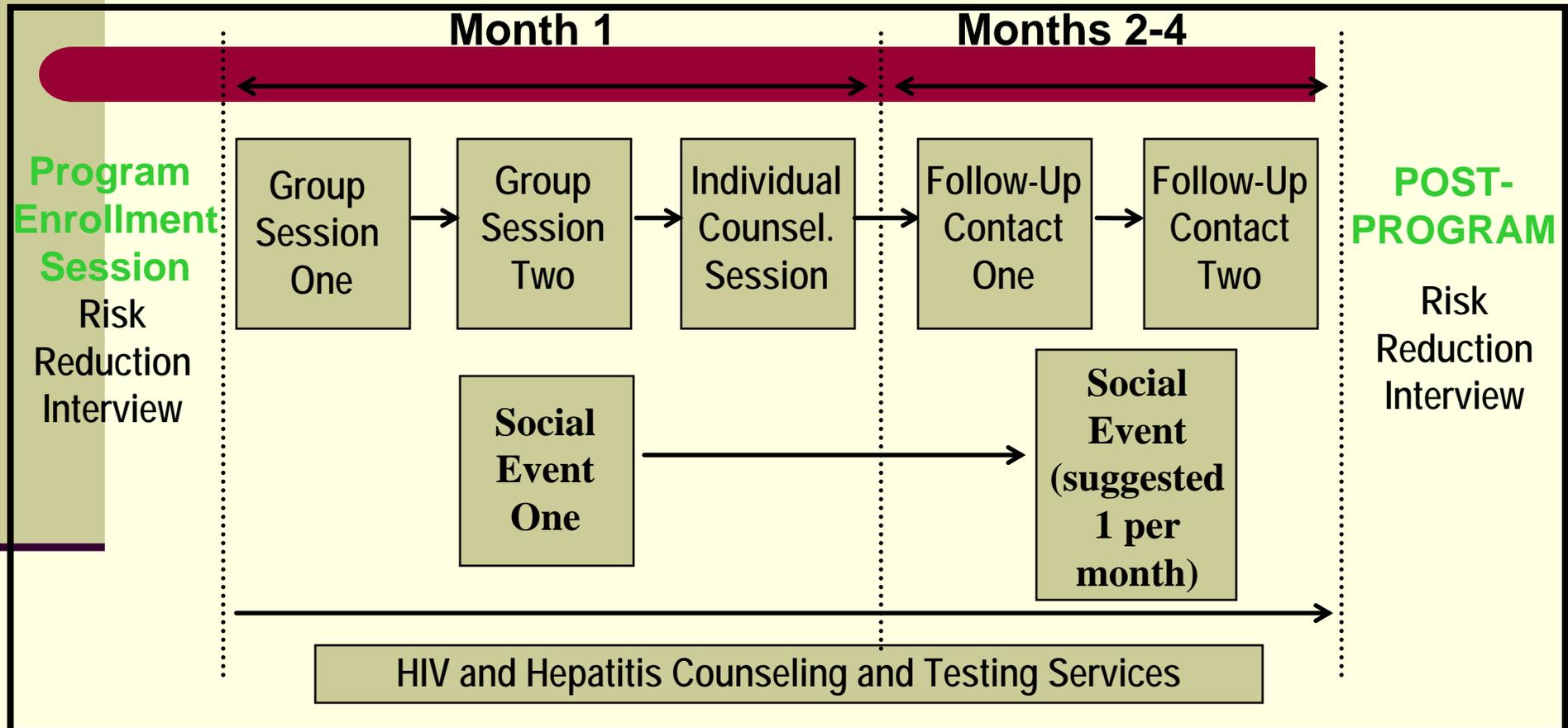
# Core Elements

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- 1. Group Sessions One and Two (One Session Each)**
- 2. Individual Counseling Session (One or More)**
- 3. Social Events (Two or More)**
- 4. Follow-up Contacts (Two or More)**
- 5. HIV/HCV Counseling and Testing**

**MINIMUM CLIENT PARTICIPATION: 4 MONTHS**

# How A Client Moves Through *Safety Counts*



Each client stays in *Safety Counts* for at least four months, and may participate in additional Social Events, Follow-up Contacts, and Individual Counseling Sessions. <sup>9</sup>

# Training and Resources Needs



# Diffusing Safety Counts



- **Began 2003**
- **AED/CBAs – Master Trainers/Technical Assistance**
- **Safety Counts TOT English & Spanish**
- **5 CBAs (highly trained in Safety Counts for TA and training)**
  - **Harm Reduction Coalition (NE)=3 master trainers**
    - **Adaptation: MSM meth users for AA**
  - **Latino Commission on AIDS\* (NE/CARIBEAN)=2 master trainers**
    - **Adaptation: SC Spanish population + MSM meth users multiracial**
  - **PROCEED\* (NW)=3 master trainers**
    - **Adaptation: SC Spanish population (social marketing)**
  - **Border Health Foundation\* (SW)=3 master trainers**
    - **Adaptation: SC Migrant Workers/Spanish population**
  - **APLA\* (W)=2 master trainers**
    - **Adaptation: SC MSM Latino meth user/Spanish population**

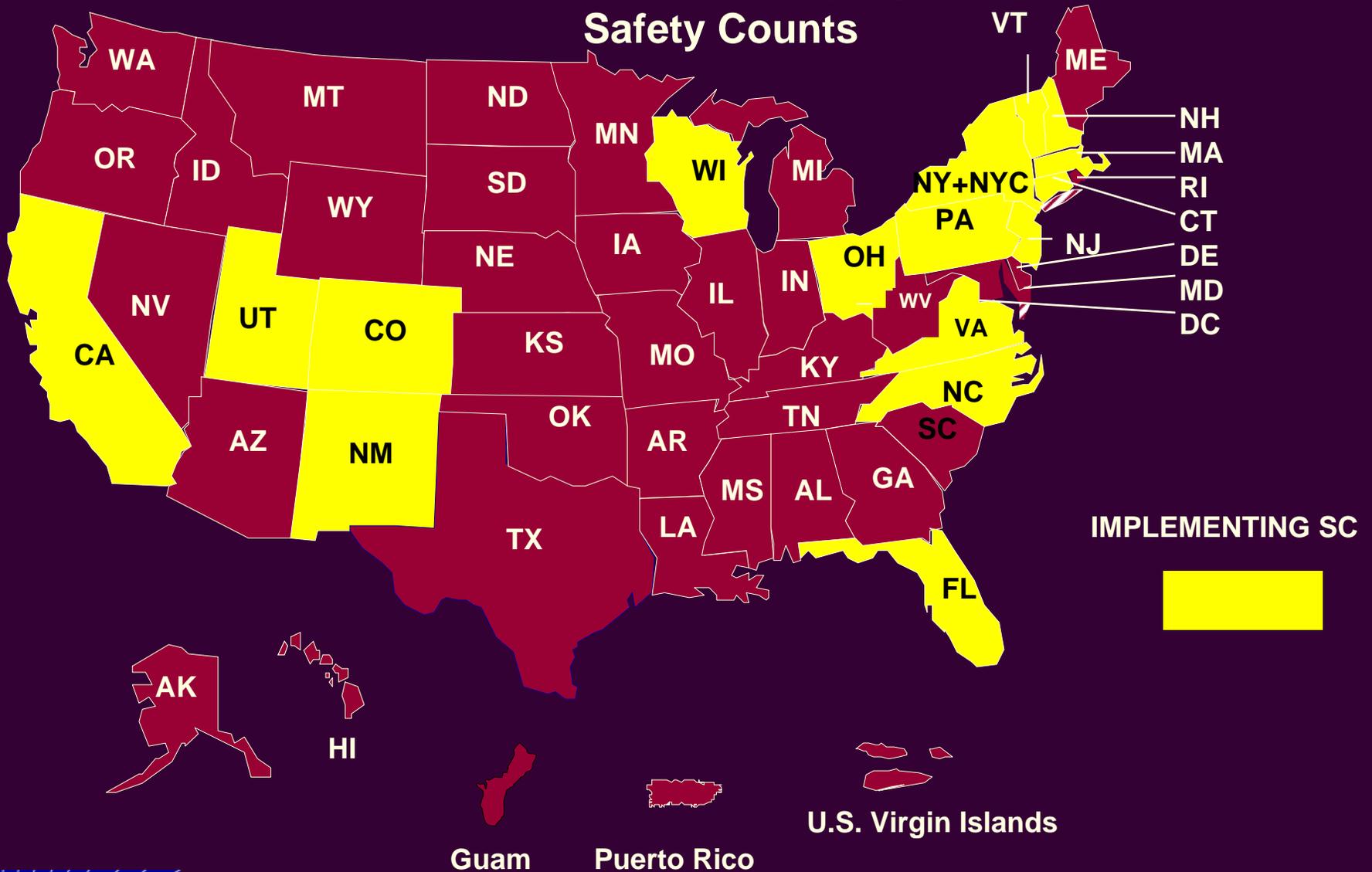
\* Spanish Speaking master trainers

# CDC-sponsored **Safety Counts** Trainings

- **From January 1, 2003 to October 31, 2006:**
  - 36 trainings
  - 2 trainings monolingual Spanish
  - 920 participants
  - 373 agencies
    - **47 HDs (107 staff)**
    - 257 CBOs (656 staff)
    - 69 Other-CBAs, PTCs, Universities (157 staff)

19 Health Jurisdictions out of 33 surveyed

# Health Jurisdictions Funding Agencies to Implement Safety Counts





# Resources & Training

- 2-day training for facilitators (TOF).
- Currently piloting a 3-day Safety Counts training (TOF).
- Currently developing a customized recruitment and retention module.
- Currently piloting Spanish intervention materials (available Fall 2007)
- Intervention materials (program manual, TA guide & forms-English/Spanish) available free of charge at website [www.effectiveinterventions.org](http://www.effectiveinterventions.org)
- Sign up for training at [www.effectiveinterventions.org](http://www.effectiveinterventions.org)
- **CDC/AED/CBAs provides: Master Trainers and hard copies/electronic copies of intervention materials**
- **HDs provide: Training space and A/V equipment**

# Resources & Training

## **Safety Counts** Intervention Materials (English and Spanish versions)

- Distributed to training participants – hard copy and electronic versions (CD-roms)
- Contains
  - Safety Counts Facilitator's Manual
  - Video (VHS-DVD formats)
  - Evaluation Forms
  - Technical Assistance Guide
  - English CD-rom (electronic version plus Spanish forms)

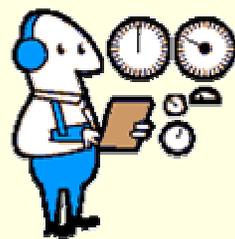


# Resources & Training

- Suggested staff for **Safety Counts**  
([www.effectiveinterventions.org](http://www.effectiveinterventions.org) estimating SC cost)
  - A Program Manager
  - A Program Assistant
  - A Behavioral Counselor  
(Individual Session and Group Sessions)
  - A Group Facilitator (Group Sessions and Social Events)
  - Two Outreach Workers (Follow-up Contacts)



# Monitoring Safety Counts



# Potential Provider Barriers

- **Field Implementation may look different than the original research**
  - Populations may vary
  - Settings may vary
  - Resources will likely affect implementation
    - Dollar amount agencies will need to effectively implement
    - Incentives
    - Capacity of provider to implement



# Safety Counts Monitoring Activities

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1. Planning (Pre-implementation) Activities
2. Program Implementation
3. Adaptations
4. Quality Assurance and Evaluation



# Planning: Pre-implementation Activities



- Is **Safety Counts** an appropriate intervention for the CBO?
  - Agency capacity
  - Target population
  - Ability for recruitment and retention
  - Skilled personnel
  - Cultural sensitivity
  - Access of photocopier, TV, physical space, etc.
- ([www.effectiveinterventions.org](http://www.effectiveinterventions.org)) SC agency readiness self-assessment form.
  
- Logic model

# Pre-implementation Activities

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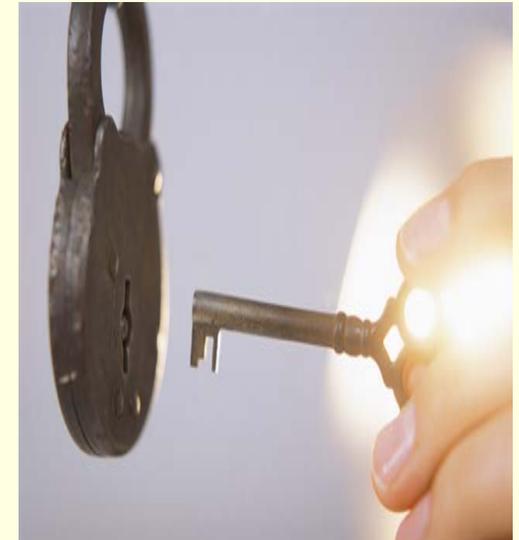
- Recruitment plan
- Retention plan
- Intervention materials reviewed and approved by their **Program Review Panel**
- Managers and group facilitators trained on intervention prior to conducting **Safety Counts**

# Pre-implementation Activities

1.

## *"ADAPTATIONS"*

**Before considering adaptation:  
Review original intervention, and  
ask, "What is the logic model?"  
How does this change address the  
problem statement/condition? How  
does this change affect outcomes?**



# Adaptations

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- **WHO:** Target population (i.e., using Safety Counts with crystal meth users)
- **WHERE:** Location (i.e., in the country, in a van)
- **HOW:** Method (i.e., deliver it in a different language or do single sex groups)

# Adaptations Materials for Special Populations

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- Safety Counts Guidelines for Adaptation for special populations ([www.effectiveinterventions.org](http://www.effectiveinterventions.org))
- Safety Counts for Hispanic Monolingual Speaking clients (general population) TOT expected Fall 2008
- Safety Counts for Migrant Workers Who Use Drugs, conducted by Border Health Foundation. TOT expected Fall 2008
- Safety Counts MSM Methamphetamine Users in progress by HRC, APLA, LCOA.

# Implementation Activities

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- Ongoing recruitment and retention
  
- Core elements implemented with fidelity:
  - Group session one
  - Group session two
  - Individual counseling session
  - Monthly social events
  - Follow-up contacts
  
- Program Monitoring

## SAFETY COUNTS PROGRAM MONITORING SUMMARY



GLI = Group Level Intervention  
 ILI = Individual Level Intervention  
 HE/RR= Health Education Risk Reduction

Period: \_\_\_\_\_ to \_\_\_\_\_

**Number of Clients Enrolled:**

Total clients enrolled during period ..... \_\_\_\_\_  
 Number having sex-related personal goals ..... \_\_\_\_\_  
 Number having drug-related personal goals ..... \_\_\_\_\_

**Number of Clients Completing Program<sup>1</sup>** ..... \_\_\_\_\_

**Number of Clients Attending Intervention Sessions:<sup>1</sup>**

Group Session One (GLI) ..... \_\_\_\_\_  
 Group Session Two (GLI) ..... \_\_\_\_\_  
 Individual Counseling Session (ILI) ..... \_\_\_\_\_  
 One or more Social Events (HE/RR) ..... \_\_\_\_\_  
 Two or more Social Events (HE/RR) ..... \_\_\_\_\_  
 One or more Follow-up Contacts (ILI) ..... \_\_\_\_\_  
 Two or more Follow-up Contacts (ILI) ..... \_\_\_\_\_  
 Group Sessions One and Two (GLI) ..... \_\_\_\_\_  
 Group Sessions One & Two (GLI) and Individual Counseling Session (ILI) ..... \_\_\_\_\_  
 All required sessions<sup>2</sup> ..... \_\_\_\_\_

**Number of Intervention Sessions Conducted:**

Group Session 1 (GLI) ..... \_\_\_\_\_  
 Group Session 2 (GLI) ..... \_\_\_\_\_  
 Individual Counseling Session (ILI) ..... \_\_\_\_\_  
 Social Events (HE/RR) ..... \_\_\_\_\_  
 Average attendance ..... \_\_\_\_\_  
 Follow-up Contacts (ILI) ..... \_\_\_\_\_

**Number of Referrals Provided/Used:<sup>1</sup>**

Referrals for HIV testing provided ..... \_\_\_\_\_  
 Referrals for HIV testing used ..... \_\_\_\_\_  
 Referrals for hepatitis testing/immunization provided ..... \_\_\_\_\_  
 Referrals for hepatitis testing/immunization used ..... \_\_\_\_\_

**Quantity of Materials Distributed:**

Safer sex kits ..... \_\_\_\_\_  
 Needle hygiene kits ..... \_\_\_\_\_  
 Brochures ..... \_\_\_\_\_  
 Incentives ( \_\_\_\_\_ ) ..... \_\_\_\_\_  
 Other ( \_\_\_\_\_ ) ..... \_\_\_\_\_

<sup>1</sup>Includes all current clients—whether enrolled during this period or enrolled earlier.  
<sup>2</sup>Group Sessions One & Two, Individual Counseling Session, 2+ Social Events, and 2+ Follow-up Contacts.

# Quality Assurance and Evaluation

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## WHY EVALUATE THE IMPLEMENTATION OF **Safety Counts**?

- To generate best practices for implementing interventions with this population
- To allow others to replicate
- To monitor progress toward the **Safety Counts** intervention goals
- To learn how to improve the **Safety Counts** intervention

# Quality Assurance and Evaluation

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## WHY EVALUATE THE IMPLEMENTATION OF Safety Counts?

- To demonstrate effectiveness of adaptations to the intervention
- To justify the need for further funding or support
- **To sustain accurate and consistent implementation of the intervention**

# Quality Assurance and Evaluation

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## **TASKS:**

- Develop and implement a quality assurance plan
- Creating and implementing an evaluation plan and evaluation forms
- Creating a database and entering data
- Analyzing data periodically and generating reports

# What Evaluation Activities are Expected?

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## 1. Formative Evaluation

- Identify the specific needs and circumstances of the target population

### Strategies

- Pilot testing
- Focus Groups
- Key informant interviews
- Target population surveys

# What Evaluation Activities are Expected?

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- 2. Process Monitoring** involves documentation of people served, sessions conducted, resources used, and modifications made
- 3. Process Evaluation** involves comparing what was planned to what was actually implemented
- 4. Outcome Monitoring** collects data about client outcomes before and after the intervention

# Safety Counts Process Questions

## *Examples*

- What activities were conducted? (process monitoring)
- What population was served? (process monitoring)
- What resources were used? (process monitoring)
- Was the intervention implemented with fidelity? (process evaluation)
- Did the intervention reach the intended audience? (process evaluation)
- What barriers did clients experience in accessing the intervention? (process evaluation)
- What proportion of women completed all seven sessions?

### Sample Process Monitoring and Evaluation Plan for *SAFETY COUNTS*

<b>Data Collection Method</b>	<b>When and by Whom</b>	<b>Information Provided</b>	<b>How Used</b>
Program Enrollment Form	At Enrollment Session, by Counselor or Facilitator	<ul style="list-style-type: none"> <li>• Demographic characteristics of clients (age, gender, ethnicity, etc.)</li> <li>• Injection and non-injection drugs used by clients at intake</li> <li>• Sexual activities and condom use at intake</li> </ul>	Ensure client demographics are representative of target population. Ensure intervention is reaching drug users at high risk of HIV/HCV.
Risk Reduction Interview	At Enrollment Session, by Counselor or Facilitator	<ul style="list-style-type: none"> <li>• Specific drug-related risk behaviors of clients at intake</li> <li>• Specific sex-related risk behaviors at intake</li> </ul>	Ensure emphasis placed on sex vs. drug risks in prog. is consistent with general client risks.
Client Participation Record	At the end of each session, by staff delivering the session	<ul style="list-style-type: none"> <li>• # of clients enrolled</li> <li>• % completing all sessions</li> <li>• % completing some sessions, by session</li> <li>• % completing no sessions</li> <li>• # referrals made, by type and session</li> </ul>	Assess retention of clients in intervention; identify sessions where participation is problematic. Ensure adequacy of referrals (# and types). Ensure % of telephone Follow-up Contacts is not excessive. Track materials distributed for procurement planning.
Program Monitoring Summary	Monthly and quarterly	<ul style="list-style-type: none"> <li>• % telephone Follow-up Contact(s)</li> <li>• # and types of materials distributed</li> <li>• # Group Sessions and Social Events held, and average attendance</li> </ul>	
Observation	Selected Groups and Follow-up Contacts, by Program Manager or Counselor	<ul style="list-style-type: none"> <li>• Assessment of each session element</li> <li>• Assessment of personal style</li> </ul>	Ensure adherence to intervention guidelines in terms of content and procedure.
Audio tape recording	Selected Individual Sessions, by Counselor	<ul style="list-style-type: none"> <li>• Assessment of each session element</li> <li>• Assessment of personal style</li> </ul>	Ensure adherence to intervention guidelines in terms of content and procedure.

## **Safety Counts Outcome Monitoring: Behavioral Outcomes** *Examples (after 4 months of intervention)*

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- To what extent was there a behavioral changed in
  - **Using Condoms for Vaginal Sex**
  - **Using Condoms for Anal Sex**
  - **Not having vaginal or anal sex**
  - **Having fewer sex partners**
  - **Having fewer sex partners I don't use a condom with**
  - **Having sex with only one partner**
  - **Having protected sex when drunk or high**
  - **Not sharing needles**
  - **Not sharing injection equipment (water, cotton, cookers)**

## **Safety Counts Outcome Monitoring:** **Behavioral Outcomes** *Examples (after 4 months of intervention)*

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- **Using a new needle for every drug injection**
- **Bleaching my needle before every use if a new needle is not available**
- **Decreasing or managing my drug use**
- **Getting into drug treatment**
- **Using HIV counseling and testing services every 3 months**
- **Using hepatitis counseling and testing services every 3 months**



# Safety Counts

## Monitoring Tools

# What's in the **Safety Counts** Evaluation Packet ?

## **PROCESS MONITORING AND EVALUATION:**

**Safety Counts Process Monitoring and Evaluation Plan AND Safety Counts Readiness Self Assessment**  
([www.effectiveinterventions.org](http://www.effectiveinterventions.org))

**Developing an Implementation Plan**  
([www.effectiveintervention.org](http://www.effectiveintervention.org))

**Safety Counts Program Monitoring Summary (program manual)**

## **BEHAVIORAL OUTCOMES:**

**Safety Counts Risk Reduction Interview (Pretest/Posttest)**

- Provides feedback in assessing readiness to adopt the Safety Counts intervention and what interventions activities were conducted and with what frequency.
- Provides feedback to improve intervention and improves understanding of target group
- Provides a breakdown and a process evaluation of all the intervention activities
- Assesses behavioral changes in knowledge, attitudes, and behaviors

# Acknowledgements

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- We would like to dedicate this presentation to our master trainers, CBA/TA providers, AED MACRO staff and the SC CQIT at CDC for their contribution to the success in the diffusion of this intervention.
- To the memory of David Alter.

# QUESTIONS? / ANSWERS!

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Presentation slides available at:

[www.effectiveinterventions.org](http://www.effectiveinterventions.org)

- Select **Safety Counts**
- Select **Resources/Tools**



THANK  
YOU



SAFETY COUNTS