

HOW MUCH WILL VOICES/VOCES COST TO IMPLEMENT?

This worksheet will help you estimate what it will cost to implement VOICES/VOCES at your agency. It covers the cost of VOICES/VOCES during the first year, as you proceed from preparing to implement VOICES (P) to keeping it going (M). These first-year costs are likely to be higher than the costs of maintaining VOICES in later years, since they include your initial investment in purchasing the VOICES/VOCES packages and training staff to run the program. We commend that you have a minimum of two facilitators per delivery setting, in order to have back-up persons, and that each facilitator have a VOICES/VOCES package. Please adjust the worksheet to your circumstances.

<u>Orientation and Training (P)</u>		Subtotals
Facilitators' 2-day training	$2 \text{ staff} \times (\text{rate}/\text{hour} \times 16 \text{ hours training}) + \text{rate}/\text{hr} \times \text{billable travel hours}) =$	\$
Administrators' _ day orientation	$1 \text{ staff} \times (\text{rate}/\text{hour} \times 4 \text{ hrs}) + (\text{rate}/\text{hr} \times \# \text{ Billable travel hrs}) =$	\$

Travel Training & Technical Assistance

Note: Cost will vary depending upon how your agency becomes involved with VOICES/VOCES

<u>Equipment (P)</u>		
TV/DVD (if not available now)	$\$350 \text{ or } **/\text{unit} \times \# \text{ of units needed} =$	\$
VOICES/VOCES package	$\$250/\text{package} \times 2 \text{ packages} =$	\$

Personnel (salary & fringe benefits) (M)

Facilitators:

If VOICES is part of duties	\$0	
If VOICES is billable activity	$2 \text{ staff} \times \text{rate}/\text{hr} \times 1.25 \text{ hrs}/\text{session} \times \# \text{ of sessions}/\text{wk} \times 40 \text{ wks} =$	\$

Supervisor:

If VOICES is part of duties	\$0	\$
If VOICES is billable activity	$1 \text{ staff} \times \text{rate}/\text{hr} \times 1 \text{ hr}/\text{wk} \times 40 \text{ wks} =$	\$

Facilities (M)

Fee for the room where VOICES sessions will be held		
If have room available for use	\$0	\$
If the room is a billable expense cost [†] /session x # sessions/wk x 40 wks		\$

Supplies (M)

Specialty condoms	$3/\text{clients} \times \# \text{ clients} \times \text{cost} =$	\$
Photocopied handouts	$1/\text{client} \times \# \text{ clients} \times \text{page cost} =$	\$
Other (if desired), e.g., refreshments	$\# \text{ clients} \times \text{cost}$	\$

Travel (M)

If VOICES is delivered at a site other than facilitator's regular workplace		
Miles to site x mileage rate x #		\$
Trips/wk x 40 wks =	TOTAL \$	

Travel, Training and Technical Assistance

Note: Costs will vary depending upon how your agency becomes involved with VOICES/VOCES.

* 0.15 hrs to prepare materials + 0.25 to recruit participants + 0.75 to deliver session + 0.10 to finish = 1.25 hrs/session

[†]The price in your area

MAXIMIZING THE COST EFFECTIVENESS OF VOICES/VOCES AT YOUR SITE

VOICES/VOCES has been demonstrated to be cost effective when used in a STD clinic with clients who are likely to engage in unprotected sex. Based on our research on factors influencing cost effectiveness, here are some steps you can take to maximize the cost effectiveness of implementing VOICES/VOCES in your agency.

Make VOICES/VOCES a part of routine services, and offer it on a regular basis to many clients who may benefit as possible every week. The more at-risk clients you reach, the greater the potential of the intervention to prevent new cases of HIV and other STD's in your community. The more HIV and STD cases averted, the greater the return you will have for your initial investment in VOICES/VOCES material and training.

Identify clients who may benefit VOICES/VOCES and enroll them into group sessions. Often, the men and women who are the easiest to recruit for groups aren't those at highest risk. Yet clients who have multiple sex partners, have sex frequently and don't use condoms regularly are the most likely to get and spread HIV and other STDs. By taking steps to include these "high-risk" clients, you may increase the cost effectiveness. If you can't offer VOICES/VOCES to all of your clients, one strategy may be to recruit persons who have had a recently diagnosed STD. Another may be to recruit those who have made repeated visits to the clinic.

Maintain fidelity to the core elements of the intervention by conducting ongoing quality assurance. An intervention can't be cost effective unless it is EFFECTIVE in reducing risky behaviors and new cases of HIV and STD. Yet effectiveness may vary with how well and how consistently the intervention is implemented. By periodically observing sessions and helping facilitators understand the importance of adhering to the protocols in the manual, you can help increase effectiveness. The more effective you make VOICES/VOCES at your agency, the greater the reductions in the number of STD and HIV cases you will prevent for the money spent.

Locate VOICES/VOCES where rates of HIV and other STD are high. In geographic areas where there are high levels of HIV and STDs, persons are at greater risk of getting infected when they have unprotected sex. The higher the prevalence of HIV and other STDs in the community, the more cost effective VOICES/VOCES is likely to be.

Think creatively and collaboratively about ways to find and assign staff to run VOICES/VOCES. The single most expensive component of VOICES/VOCES is the staff time required to run sessions. But good facilitators can come from many different sources. Are there community health educators who can come to your clinic to run some groups? Are there ways to share facilitators across several agencies, having them run groups on days or times when different clinics are in operation?

Collaborate with other agencies to adopt VOICES/VOCES on a community wide level. This may be especially important for agencies in smaller cities and rural areas. By pooling resources to purchase VOICES/VOCES and train staff, it is possible to reduce the initial costs of implementation. And by reaching larger numbers of clients throughout the community, whether they attend a STD clinic or can be recruited elsewhere, the potential for reducing the spread of STDs and HIV is greater. These two factors – a reduction in your initial investment and an increase in the number of clients served – can increase cost effectiveness.