



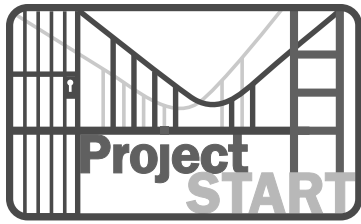
## Appendix I ► Client Forms

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### **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





## ► Agreement for Services and Grievance Procedures

### **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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## ► Agreement for Services and Grievance Procedures, *continued*

### 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.

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## ► **Agreement for Services and Grievance Procedures,** *continued*

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.

*continued on back*



## ► Agreement for Services and Grievance Procedures, *continued*

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

<hr/>	<hr/>	<hr/>
Date	Client Printed Name	Client Signature

<hr/>	<hr/>	<hr/>
Date	Witness Printed Name	Witness Signature



## ► Intake Form

Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Correctional ID # \_\_\_\_\_ Housing Unit: \_\_\_\_\_

Incarceration Date: \_\_\_\_\_ Anticipated Release Date: \_\_\_\_\_

Release City: \_\_\_\_\_ Actual Release Date: \_\_\_\_\_

### 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)

#### Race

☐ African American

☐ Asian

☐ American Indian/Alaska Native

☐ Caucasian

☐ Native Hawaiian/Pacific Islander

☐ Other (specify): \_\_\_\_\_

\_\_\_\_\_

#### Gender

☐ Male ☐ Transgender—MTF

☐ Female ☐ Transgender—FTM

#### 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

*continued on back*



Parole with electronic monitoring..... ☐ Yes ☐ No

Parole without electronic monitoring ..... ☐ Yes ☐ No

Flat time or discharge (*no parole*)..... ☐ Yes ☐ No

Probation ..... ☐ Yes ☐ No

☐ Other (*specify*):\_\_\_\_\_ ☐ Yes ☐ No

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.





## ► Locator Information Form

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*



## ► Locator Information Form, *continued*

### **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 \_\_\_\_\_



## ► Release of Information Form

(to communicate with contacts listed on Locator Form only)

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 \_\_\_\_\_





## ► Service Request - Release of Information Form

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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Assessment / evaluation | <input type="checkbox"/> Medications                               | <input type="checkbox"/> History of substance abuse        |
| <input type="checkbox"/> Medical history         | <input type="checkbox"/> All records available                     | <input type="checkbox"/> History of mental health services |
| <input type="checkbox"/> Financial history       | <input type="checkbox"/> Employment history                        | <input type="checkbox"/> Housing history                   |
| <input type="checkbox"/> Criminal background     | <input type="checkbox"/> Other information (please specify): _____ |  |

Please **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?**

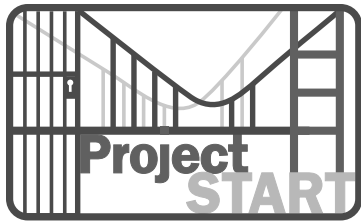
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**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:**

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

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**How will I know if I meet my goal?**

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<input checked="" type="checkbox"/> <b>To DO List</b>	<b>By When</b>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
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<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____





## ▶ **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.

Client ID #: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Date of Session: \_\_\_\_\_

Topics Covered During Session ▶	<b>Covered ▶</b> 0 = No 1 = Yes 2 = NA	Comments
<b>HIV/STI/Hepatitis Information</b>		
<b>A1 ▶ Assess knowledge of HIV/STI/hepatitis transmission</b> <input type="checkbox"/> What do you know about transmission of HIV? <input type="checkbox"/> What do you know about transmission of STIs? <input type="checkbox"/> What do you know about transmission of hepatitis?		
<b>A2 ▶ Provide appropriate information regarding HIV/STI/hepatitis transmission and conduct condom demonstration and/or refer to condom use flowchart handout</b>		
<b>A3 ▶ Assess knowledge of HIV/STI/hepatitis diagnosis, testing and treatment, and hepatitis vaccination</b> <input type="checkbox"/> What do you know about HIV testing? STI testing? Hepatitis testing? <input type="checkbox"/> Have you been tested for HIV, STIs or hepatitis? <input type="checkbox"/> Are you interested in referrals for testing? <input type="checkbox"/> If you have tested negative for hepatitis B, have you been vaccinated for hepatitis B? <input type="checkbox"/> Do you want referrals for locations where you can get vaccinations?		
<b>A4 ▶ Provide appropriate information regarding HIV/STI/hepatitis diagnosis, testing and treatment and hepatitis vaccination</b>		

*continued on back*



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

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

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## ► HIV/STI/Hepatitis Risk Assessment (Pre-Release Session 1)

Topics Covered During Session ►	Covered ► 0 = No 1 = Yes 2 = NA	Comments
<p><b>HIV/STI/Hepatitis Risk Assessment, continued</b></p> <p><b>B2 ► Assess non-injecting drug use risk behavior</b></p> <p><input type="checkbox"/> What are your plans around alcohol and other drugs <i>(non-injecting)</i> after release?</p> <p><input type="checkbox"/> If you plan to use alcohol and/or other drugs, how often?</p> <p><input type="checkbox"/> If you plan to be clean and sober, how will you accomplish this? Will you need any support to do this?</p> <p><input type="checkbox"/> Do you need drug treatment? If so, what kind?</p> <p><input type="checkbox"/> Are there situations for you in which using alcohol or non-injecting drugs leads to sexual risk?</p> <p><input type="checkbox"/> Do you think your use of alcohol or other drugs <i>(non-injecting)</i> might lead you to syringe use?</p> <p><input type="checkbox"/> If you drink or use other drugs, do you see a need to reduce potential risk for you?</p> <p><input type="checkbox"/> How do you plan to reduce the potential risks involved in drinking or drug use <i>(such as not using during sexual activities, not drinking and driving)</i>?</p>		
<p><b>B3 ► Assess injection drug-use risk behavior</b></p> <p><input type="checkbox"/> What are your plans around injection drug use <i>(using drug injecting paraphernalia)</i> after your release?</p> <p><input type="checkbox"/> If you plan to be clean and sober, how will you accomplish this? Will you need any support to do this?</p> <p><input type="checkbox"/> Do you think you need drug treatment? If so, what kind?</p> <p><input type="checkbox"/> If you will be injecting, where will you obtain your drug injecting paraphernalia and works?</p> <p><input type="checkbox"/> Are you likely to be sharing drug injecting paraphernalia? With whom?</p> <p><input type="checkbox"/> Do you see the need to reduce your risk of giving or getting infections?</p> <p><input type="checkbox"/> Have you used a syringe exchange program or tried to reduce your risk in any other way <i>(such as cleaning drug injecting paraphernalia, limiting syringe sharing partners)</i>?</p>		

*continued on back*



## ► **HIV/STI/Hepatitis Risk Assessment** *(Pre-Release Session 1)*

Topics Covered During Session ►	Covered ►	0 = No 1 = Yes 2 = NA	Comments
<b>HIV/STI/Hepatitis Risk Assessment, continued</b>			
<b>B3 ► Assess injection drug-using risk behavior, continued</b> <input type="checkbox"/> Are your friends, significant others, family members injection drug users? How might this interfere with your sobriety plans or risk reduction plans? <b>For HIV-positive clients</b> <input type="checkbox"/> Do you see the need to disclose your HIV status to syringe sharing partners? <input type="checkbox"/> What is your plan to dispose of your drug injecting paraphernalia?			
<b>B4 ► Identify the contexts in which specific risk behaviors identified in B1–3 are likely to occur</b> <input type="checkbox"/> 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)?			
<b>B5 ► Identify possible barriers and facilitators to risk reduction</b> <input type="checkbox"/> What might interfere or be barriers to your efforts in reducing your risk ( <i>situations, environments, people, access to risks</i> )? <input type="checkbox"/> What might help support or be facilitators with your efforts to reduce your risk ( <i>situations, environments, people/support systems, access to resources</i> )?			
<b>B6 ► Identify and reinforce previous behavior change attempts (discuss during risk assessment and development of risk reduction plan)</b> <input type="checkbox"/> What specifically did you try to do? <input type="checkbox"/> How did it go? <input type="checkbox"/> Did anything interfere or act as barriers to your efforts? <input type="checkbox"/> Did anything help support you or act as facilitators in your efforts? <input type="checkbox"/> What might you do differently if you were to try this again?			

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## ► **HIV/STI/Hepatitis Risk Assessment** *(Pre-Release Session 1)*

Topics Covered During Session ►	Covered ►	0 = No 1 = Yes 2 = NA	Comments
HIV/STI/Hepatitis Risk Assessment, <i>continued</i>			
<b>B7 ► Review/summarize results of the personalized risk assessment</b>			
<b>HIV/STI/Hepatitis Risk Reduction Plan</b>			
<b>C1 ► Prioritize risk behaviors for risk reduction planning (if necessary)</b>			
<b>C2 ► Problem solve and set goals for priority risk behaviors</b>			
<b>C3 ► Negotiate a realistic risk reduction plan with incremental steps</b> <input type="checkbox"/> What behaviors do you want to change? <input type="checkbox"/> Who will you need to talk to about this change <i>(partner, family, friends)?</i> <input type="checkbox"/> What resources/materials/referrals will you need? <input type="checkbox"/> What incremental step do you want to take first?			
<b>C4 ► Transfer risk reduction plan to Problem Solving Worksheet/ Goal Sheet</b>			
<b>C5 ► Provide community resource guide and direct client to resources in the guide that support the risk reduction plan</b>			
<b>HIV/STI/Hepatitis Risk Reduction Skills</b>			
<b>D1 ► Discuss/practice use of condoms or other barriers</b>			
<b>D2 ► Discuss/role play risk reduction/negotiation skills</b> <input type="checkbox"/> Getting tested for HIV/STI/hepatitis <input type="checkbox"/> Talking about sexual histories <input type="checkbox"/> Refusing unsafe sex or syringe use <input type="checkbox"/> Talking about clean drug injecting paraphernalia use or condom use <input type="checkbox"/> Discussing sexual practices			

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## Notes

[illegible]





# 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.

Need Assessed ► Information/Education	Session 2 ► _____ Staff Initials		Session 3 ► _____ Staff Initials		Session 4 ► _____ Staff Initials		Session 5 ► _____ Staff Initials		Session 6 ► _____ Staff Initials	
	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes
<b>A ► HIV/STI/Hepatitis Information/Education</b> <i>(transmission, symptoms, testing, treatment, prevention, non-facilitated referral)</i>										
A1 ► HIV information										
A2 ► STI information										
A3 ► Hepatitis information										
A4 ► Syringe cleaning/exchange information										
<b>B ► Other Information/Education</b>										
B1 ► Health & Fitness										
B2 ► Other (specify)										
B3 ► Other (specify)										
B4 ► Other (specify)										

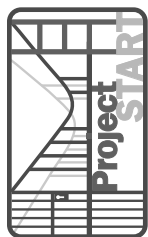
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## ► Transitional Needs Assessment, continued

	Session 2 ► _____ Staff Initials		Session 3 ► _____ Staff Initials		Session 4 ► _____ Staff Initials		Session 5 ► _____ Staff Initials		Session 6 ► _____ Staff Initials	
<b>Need Assessed ►</b> <b>Information/Education, continued</b>	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes
<b>C ► HIV/STI/Hepatitis Risk Assessment and Plan (barriers and facilitators)</b>										
<b>C1 ► Risk assessment</b>										
<b>C2 ► Risk reduction plan</b>										
<b>C3 ► Barriers to plan</b>										
<b>C4 ► Facilitators of plan</b>										
<b>Need Assessed ►</b> <b>Skills</b>	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes
<b>D ► HIV/STI/Hepatitis Risk Reduction Skills (condom use, drug injection paraphernalia, risk refusal-negotiation)</b>										
<b>D1 ► Male condom use, access</b>										
<b>D2 ► Female condom use, access</b>										
<b>D3 ► Barrier use (dams, plastic wrap, access to materials)</b>										
<b>D4 ► HIV testing talk with partner</b>										
<b>D5 ► Sexual history talk with partner</b>										
<b>D6 ► Introducing safer sex talk with partner</b>										
<b>D7 ► Unsafe sex refusal</b>										

continued next page



## ► Transitional Needs Assessment, continued

	Session 2 ► _____ _____ _____ Staff Initials		Session 3 ► _____ _____ _____ Staff Initials		Session 4 ► _____ _____ _____ Staff Initials		Session 5 ► _____ _____ _____ Staff Initials		Session 6 ► _____ _____ _____ Staff Initials	
<b>Need Assessed ► Skills, continued</b>	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes 2 = NA
<b>D ► HIV/STI/Hepatitis Risk Reduction Skills</b> (condom use, drug injection paraphernalia, risk refusal-negotiation), continued										
<b>D8 ►</b> Initiating clean drug injection paraphernalia use talk										
<b>D9 ►</b> Unsafe injection refusal										
<b>D10 ►</b> Drug injection paraphernalia, cleaning skills										
<b>E ► Other Skills</b>										
<b>E1 ►</b> Problem Solving										
<b>E2 ►</b> Communication										
<b>E3 ►</b> Other (specify):										
<b>E4 ►</b> Other (specify):										
<b>Need Assessed ► Facilitated Referral</b>	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes	<b>Discuss</b> 0 = No 1 = Yes 2 = NA	<b>Action Taken</b> 0 = No 1 = Yes
<b>F ► HIV/STI/Hepatitis</b>										
<b>F1 ►</b> HIV/STI/hepatitis prevention counseling, testing, or treatment										
<b>F2 ►</b> Syringe exchange referral										
<b>F3 ►</b> Other (specify):										

continued next page



## ► **Transitional Needs Assessment, continued**

Need Assessed ► Facilitated Referral, continued	Session 2 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 3 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 4 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 5 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 6 ► _____ _____ _____ _____ _____ _____  Staff Initials	
	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes
<b>G ► Substance Abuse and Mental Health Treatment</b>										
<b>G1 ►</b> Substance abuse prevention counseling or treatment										
<b>G2 ►</b> Mental health treatment or counseling										
<b>H ► Educational or Vocational Training/Placement</b>										
<b>H1 ►</b> High school/GED										
<b>H2 ►</b> College										
<b>H3 ►</b> Vocational training										
<b>H4 ►</b> Employment/placement										
<b>H5 ►</b> Job application skills										
<b>I ► Housing, Food Programs, Financial Assistance</b>										
<b>I1 ►</b> Housing										
<b>I2 ►</b> Food programs										
<b>I3 ►</b> Financial assistance										
<b>I4 ►</b> Other (specify):										

continued next page



## ► Transitional Needs Assessment, *continued*

	Session 2 ► _____ _____ _____ Staff Initials		Session 3 ► _____ _____ _____ Staff Initials		Session 4 ► _____ _____ _____ Staff Initials		Session 5 ► _____ _____ _____ Staff Initials		Session 6 ► _____ _____ _____ Staff Initials	
	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes
<b>J ► Social Services</b>										
<b>J1 ►</b> Social services/ benefits counseling										
<b>J2 ►</b> Prescription reimbursement										
<b>J3 ►</b> Legal issues (not related to incarceration, e.g., housing, child custody)										
<b>J4 ►</b> Identification/SS card										
<b>J5 ►</b> Driver's License										
<b>J6 ►</b> Other ( <i>specify</i> ):										
<b>J7 ►</b> Other ( <i>specify</i> ):										
<b>K ► Physical Health, Family Issues, Spiritual Issues</b>										
<b>K1 ►</b> Medical health										
<b>K2 ►</b> Family relationships										
<b>K3 ►</b> Spiritual support										
<b>K4 ►</b> Physical health and wellness										
<b>K5 ►</b> Other ( <i>specify</i> ):										
<b>K6 ►</b> Other ( <i>specify</i> ):										

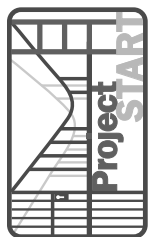
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## ► **Transitional Needs Assessment, continued**

	Session 2 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 3 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 4 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 5 ► _____ _____ _____ _____ _____ _____  Staff Initials		Session 6 ► _____ _____ _____ _____ _____ _____  Staff Initials	
	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes
<b>Need Assessed ►</b>										
<b>Facilitated Referral, continued</b>										
<b>L ► Probation, Parole, Legal Issues Related to Incarceration</b>										
<b>L1 ►</b> Probation/Parole										
<b>L2 ►</b> Legal Issues (related to prior or current arrest)										
<b>L3 ►</b> Other (specify)										
<b>L4 ►</b> Other (specify)										
<b>M ► Violence/Domestic Violence</b>										
<b>M1 ►</b> Anger Management										
<b>M2 ►</b> Domestic Violence										
<b>M3 ►</b> Restraining Orders										
<b>M4 ►</b> Other (specify)										
<b>M5 ►</b> Other (specify)										

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## ► **Transitional Needs Assessment**, *continued*

	Session 2 ► _____ _____ _____ Staff Initials		Session 3 ► _____ _____ _____ Staff Initials		Session 4 ► _____ _____ _____ Staff Initials		Session 5 ► _____ _____ _____ Staff Initials		Session 6 ► _____ _____ _____ Staff Initials	
<b>Need Assessed ► Other Actions Taken</b>	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes	Discuss 0 = No 1 = Yes 2 = NA	Action Taken 0 = No 1 = Yes
<b>N ► Other Actions</b>										
<b>N1 ►</b> Problem Solving/Goal Sheet Completed										
<b>N2 ►</b> Condoms and Lubricant provided										
<b>N3 ►</b> Community Resource Guide Provided										
<b>N4 ►</b> Other (specify)										
<b>O ► Tools Utilized</b>										
<b>O1 ►</b> Condom Use Flowchart										
<b>O2 ►</b> Breaking the Chain										
<b>O3 ►</b> Decision Making Sheet										
<b>O4 ►</b> Role Plays										
<b>O5 ►</b> Other (specify)										

*continued next page*



► **Transitional Needs Assessment**, *continued*

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

Session 2

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Session 3

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Session 4

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Session 5

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*continued on next page*





► **Transitional Needs Assessment**, *continued*

**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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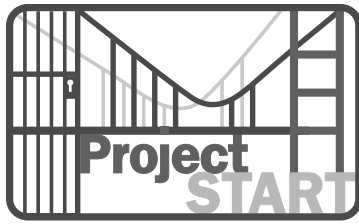
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## ► Immediate Release Checklist

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

### Immediate Release Checklist

#### ☐ 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?

**Plan A**

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**Plan B**

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#### ☐ 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?

**Plan A**

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**Plan B**

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#### ☐ 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?

**Plan A**

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**Plan B**

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*continued on back*



## ► Immediate Release Checklist, *continued*

### 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?

**Plan A**

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**Plan B**

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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*)?

**Plan A**

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**Plan B**

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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*)?

**Plan A**

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**Plan B**

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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*)?

**Plan A**

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**Plan B**

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### ☐ HIV-positive clients

- ### Plan A

### Plan B

## Notes





## Appendix II ► Supplemental Program Tools and Worksheets

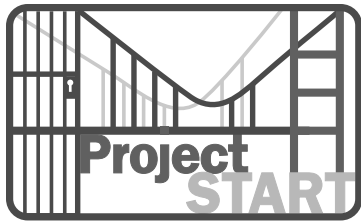
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### **This appendix includes:**

- Condom Use Flowchart
- Breaking the Chain Worksheet
- Decision Making Worksheet
- Effective Communication Skills Handout
- Community Resource Guide Example: Napa County
- Certificate of Completion







## ► Condom Use Flowchart

### ***Before having sex and before getting an erection . . .***

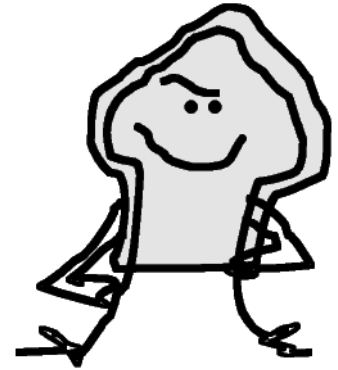
- Get a **new** latex or polyurethane condom
- Check the expiration date, packaging and condom. If the package has been punctured or opened in any way, or is out of date, throw it out. If the condom seems out of shape, get a new one.

### ***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-penile 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

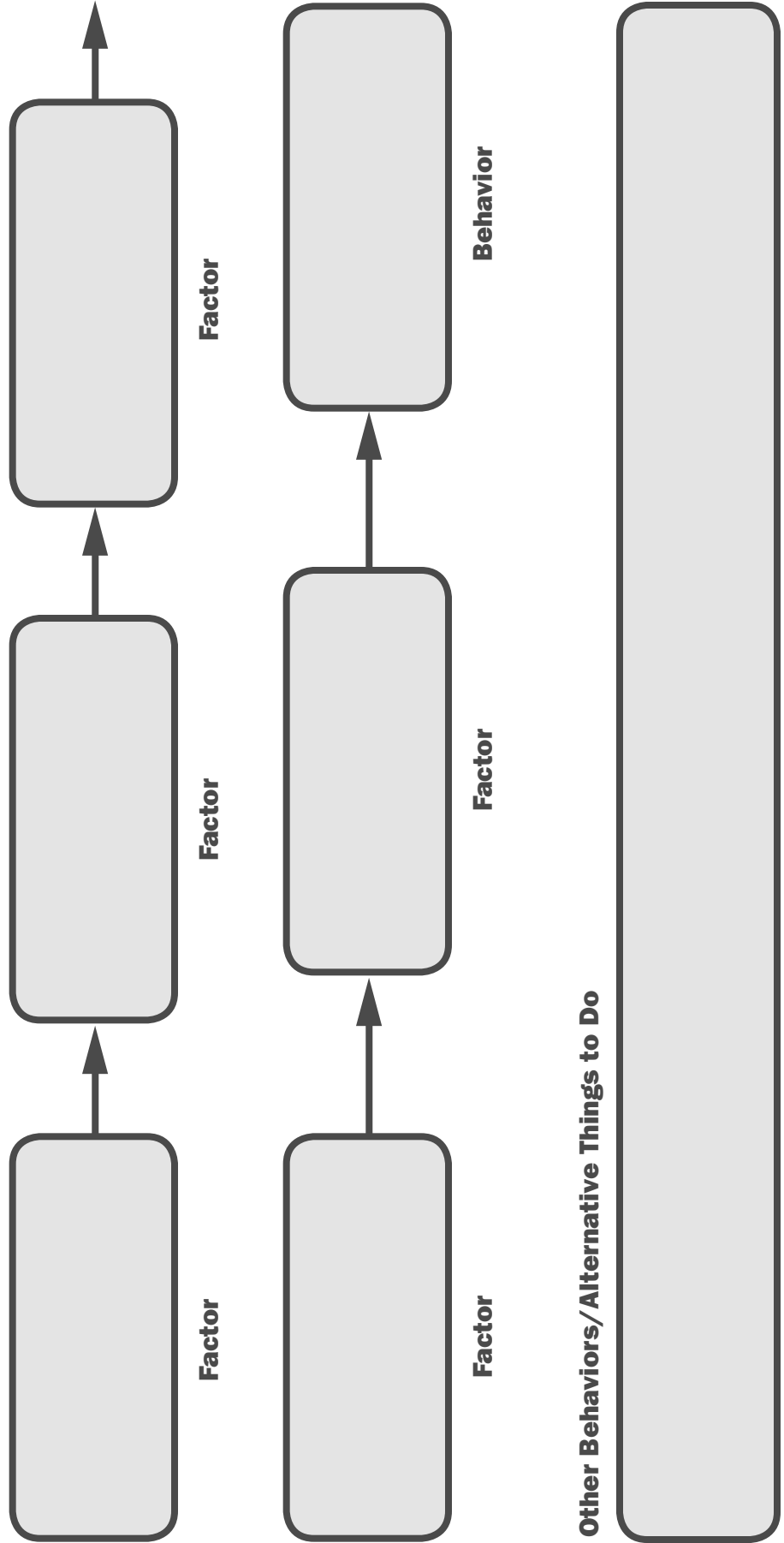
▶ Places

▶ Events

▶ Thoughts

▶ Emotions

▶ Physical Feelings







# Decision Making Worksheet

Write your decision here

## 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?)

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_

## 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?)

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_

### 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?)

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_

### Costs of Continuing to:

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

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_







## ► Effective Communication Skills

**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 ►** \_\_\_\_\_

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# NAPA COUNTY



## A GUIDE TO VARIOUS HIV COMMUNITY SERVICES AND RESOURCES

Distributed By:  
Centerforce  
2955 Kerner Blvd., 2nd Floor  
San Rafael, CA 94901  
(415) 456-9980

### ALCOHOL & DRUG

**Alcoholics Anonymous Napa**  
(707) 255-4900  
Call for AA meeting times and locations in your area

**Narcotics Anonymous Napa/Solano**  
(707) 575-7837  
Call for NA meeting times and locations in your area

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

Target Group: Low-income persons needing drug and alcohol services. Anyone over 18yrs  
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) 544-3295  
Target Group: Adult & Youth  
Provides: Syringe exchange  
Hours: Fri 5:30-8pm  
Fee: None, donations accepted  
Other Languages: Spanish

### CASE MANAGEMENT

#### Napa County HIV Care Consortium

2281 Elm St., Bldg. G  
Napa, CA 94559  
(707) 253-4072  
Target Group: Persons living with HIV/AIDS  
Provides: Case management, benefits counseling, medical care referrals  
Hours: Mon-Fri 8am-5pm  
Fee: None  
Other Languages: Spanish

### SUPPORT

See Napa County HIV Care Consortium

#### Project Inform

24-hour hotline 800-422-7422

### LGBTQ

**Sonoma County Gay & Lesbian Info. Referral Line**  
(707) 526-0442

### HIV/ STD TESTING

#### Planned Parenthood

1735 Jefferson St.  
Napa, CA 94559  
(707) 252-8050 or (800) 967-7526  
Target Group: All  
Provides: HIV/STD testing, health education  
Hours: Mon 8:30am-5pm, Tues 1-4pm, Wed Noon-7pm,  
Thurs 9am-3:30pm, Fri 8am-4pm  
Fee: Varies, sliding scale, Medi-Cal  
Other Languages: Spanish

### MEDICAL

#### Clinic Olé

1141 Pear Tree Lane, Suite 100  
Napa, CA 94558  
(707) 254-1770  
Target Group: Low-income persons needing medical care  
Provides: Low-cost health care  
Hours: M 8am-5pm, T-TH 8am-8pm, F 8am-5pm  
Fee: Sliding scale, Medi-Cal, \$35 walk-in fee if not insured  
Other Languages: Spanish

#### Napa County HIV Care Consortium

3448 Villa Lane Suite 102  
Napa, CA 94559  
(707) 251-2021  
Target Group: Persons living with HIV/ AIDS  
Provides: Case management, benefits counseling, Medi-cal

### HOUSING/SHELTER

#### Catholic Charities

1219 Jefferson #2  
Napa, CA 94558  
(707) 224-4403  
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

### FOOD

#### Napa Food Bank

1755 Industrial Way, Suite 1  
Napa, CA 94558  
(707) 253-6128  
Target Group: Low-income Napa County residents  
Provides: Food  
Hours: Wed 1-4pm, Thurs & Fri 9am-Noon and Free Market Fri 1-2:30pm  
Fee: None  
Other Languages: Spanish  
Bring something with your name and proof of address (can be release paperwork)

### MISCELLANEOUS

#### Napa County Social Services

2261 Elm St.  
Napa, CA 94559  
(707) 253-4511  
Target Group: Anyone needing assistance  
Provides: Food stamps, financial assistance, vocational support, 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

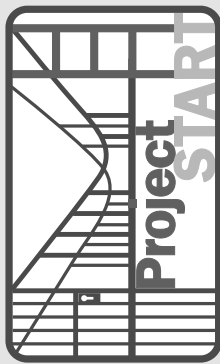
900 Combs, Suite 257  
Napa, CA 94558  
(707) 253-6072  
Target Group: Honorably discharged veterans  
Provides: Medical referrals, referrals  
Hours: Mon-Fri 8am-5pm  
Fee: None  
Other Languages: Spanish, Tagalog

### TRANSPORTATION

#### VineGo Para Transit

1151 Pearl St.  
Napa, CA 94559  
(707) 252-2600  
Ride line (800) 686-6643  
Target Group: Persons with disabilities and the elderly  
Provides: Door-to-door transportation assistance  
Hours: Mon-Fri 6:30am-9:30pm,  
Sat 6:30am-9pm, Sun 7:30am-9pm  
Fee: None  
Other Languages: Spanish, None  
Call for an application





## ► Certification of Completion

*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

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**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 \_\_\_\_\_ Session Length \_\_\_\_\_ (minutes)  
**Location** ☐ Correctional Facility ☐ Other ☐ In Person ☐ Phone ☐ Other

### 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 \_\_\_\_\_ Staff Name \_\_\_\_\_ Client ID# \_\_\_\_\_  
 Incarceration Date \_\_\_\_\_ Anticipated Release Date \_\_\_\_\_ Session Length \_\_\_\_\_ (minutes)  
**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: \_\_\_\_\_

continued on back



## ▶ **Session 2 Completion Form,** *continued*

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

### **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 (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

Session Date \_\_\_\_\_ Staff Name \_\_\_\_\_ Client ID# \_\_\_\_\_  
 Incarceration Date \_\_\_\_\_ Anticipated Release Date \_\_\_\_\_ Session Length \_\_\_\_\_ (minutes)  
**Location** ☐ Correctional Facility ☐ Other **Delivery Method** ☐ In Person ☐ Phone ☐ Other

### 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.

If any objectives not met, explain why.

### 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: \_\_\_\_\_

continued on back



## Session 3 Completion Form, *continued*

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

#### 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



## Session 4 Completion Form

Session Date \_\_\_\_\_ Staff Name \_\_\_\_\_ Client ID# \_\_\_\_\_  
 Incarceration Date \_\_\_\_\_ Anticipated Release Date \_\_\_\_\_ Session Length \_\_\_\_\_ (minutes)  
**Location** ☐ Correctional Facility ☐ Other **Delivery Method** ☐ In Person ☐ Phone ☐ Other

### 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



## Session 4 Completion Form, *continued*

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

### 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



## Session 5 Completion Form

Session Date \_\_\_\_\_ Staff Name \_\_\_\_\_ Client ID# \_\_\_\_\_  
Incarceration Date \_\_\_\_\_ Anticipated Release Date \_\_\_\_\_ Session Length \_\_\_\_\_ (minutes)  
**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 Completion Form, continued

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

#### 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





## Session 6 Completion Form

Session Date \_\_\_\_\_ Staff Name \_\_\_\_\_ Client ID# \_\_\_\_\_  
 Incarceration Date \_\_\_\_\_ Anticipated Release Date \_\_\_\_\_ Session Length \_\_\_\_\_ (minutes)  
**Location** ☐ Correctional Facility ☐ Other **Delivery Method** ☐ In Person ☐ Phone ☐ Other

### 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: \_\_\_\_\_

continued on back



## ▶ **Session 6 Completion Form,** *continued*

**Session 6 Activities,** *continued (check all that were covered in session)*

### **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**

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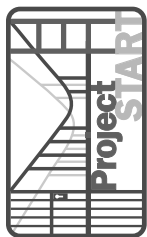
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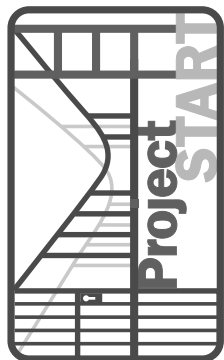


## ► Process Monitoring Quarterly Report

Report Date \_\_\_\_ | \_\_\_\_ | \_\_\_\_

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





## 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).

Core Elements	Achieved = 0 Modified = 1 Dropped = 2	Explanation (indicate how and why any of the core elements were modified or dropped)
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.		
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.		
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.		
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).		

continued on back

Core Elements, <i>continued</i>	Achieved = 0 Modified = 1 Dropped = 2	Explanation <i>(indicate how and why any of the core elements were modified or dropped)</i>
<p>5. 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.</p>		
<p>6. Conduct enrollment and schedule two pre-release program sessions within 60 days of a client's release, focusing on:</p> <ul style="list-style-type: none"> <li>a. giving HIV, sexually transmitted infection and hepatitis information</li> <li>b. reviewing a client's HIV, sexually transmitted infection and/or hepatitis risk</li> <li>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)</li> <li>d. working with each client to develop a personalized risk reduction and transitional plan</li> <li>e. making facilitated referrals as needed to community-based support services</li> </ul>		
<p>7. 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:</p> <ul style="list-style-type: none"> <li>a. reviewing and updating the risk reduction/transitional plan(s) developed during pre-release sessions</li> <li>b. discussing what prevents and supports clients in moving forward with their risk reduction/transitional plan(s)</li> <li>c. giving them facilitated referrals to needed services using a detailed resource guide</li> </ul>		

*continued on next page*

<b>Core Elements, continued</b>	<b>Achieved = 0 Modified = 1 Dropped = 2</b>	<b>Explanation</b> (indicate how and why any of the core elements were modified or dropped)
8. Provide condoms at each post-release session.		
9. Actively maintain contact with clients, using individual-based outreach and program flexibility to determine the best time and place to meet with them.		

## Notes

[illegible]







## ► 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

- |  |   |
|--|---|
| <input type="checkbox"/> Goals Achieved                          | <input type="checkbox"/> Re-incarcerated (finished intervention sessions) |
| <input type="checkbox"/> Transferred to community-based services | <input type="checkbox"/> Other: _____                                     |
| <input type="checkbox"/> Lost to follow up                       |   |
| <input type="checkbox"/> 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)

- |   |  |
|---|--|
| <input type="checkbox"/> Your own house or apartment<br>(includes rental)       | <input type="checkbox"/> Shelter   |
| <input type="checkbox"/> Someone else's house or apartment                      | <input type="checkbox"/> On the street (car/abandoned building/park,<br>other outside place or homeless) |
| <input type="checkbox"/> Hotel, motel, rooming/boarding house,<br>halfway house | <input type="checkbox"/> Other place (specify):<br>_____   |
| <input type="checkbox"/> Residential treatment program                          |  |

2. Which of the following best describes your current work situation? (Choose one)

- |  |  |
|--|--|
| <input type="checkbox"/> Employed full-time                | <input type="checkbox"/> Unemployed (looking for work) |
| <input type="checkbox"/> Unemployed (not looking for work) | <input type="checkbox"/> Self-employed                 |
| <input type="checkbox"/> Employed part-time                | <input type="checkbox"/> Other (specify):<br>_____     |
| <input type="checkbox"/> Unemployed (on Disability)        |  |

3. How would you describe your household's financial situation right now? (Choose one)

- |  |   |
|--|---|
| <input type="checkbox"/> Comfortable, with enough money<br>for "extras"                        | <input type="checkbox"/> Not enough to pay some bills no matter<br>how hard I try |
| <input type="checkbox"/> Enough to pay necessary bills without<br>cutting back but no "extras" | <input type="checkbox"/> Refuse to answer   |
| <input type="checkbox"/> Enough to pay bills, but have had to<br>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 ► *Skip to 6* ☐ Refuse to answer
- ☐ No
5. Are you planning on going to school or getting into a job training program?
- ☐ Yes ☐ Refuse to answer
- ☐ No
6. Since your release, did you have any legal problems that you needed help with?
- ☐ Yes ☐ Refuse to answer ► *Skip to 8*
- ☐ No ► *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 ☐ Refuse to answer
- ☐ No
8. Have you been in jail or prison for more than 24 hours since your release?
- ☐ Yes ☐ Refuse to answer
- ☐ 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 ☐ Refuse to answer
- ☐ No
10. Since your release, have you had any health problems that you wanted to see a healthcare provider for, but you did not?
- ☐ Yes ☐ Refuse to answer
- ☐ No
11. Do you have health insurance (including Medicaid)?
- ☐ Yes ☐ Refuse to answer
- ☐ No

*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

☐ Refuse to answer

☐ No

**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

☐ Refuse to answer

☐ No

### 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

☐ 3 to 5 times a week

☐ Less than once a week

☐ 6 or more times a week

☐ 1 to 2 times a week

☐ Refuse to answer

*continued on back*

## Outcomes Assessment, *continued*

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)

- |  |   |
|--|---|
| <input type="checkbox"/> Never                 | <input type="checkbox"/> 3 to 5 times a week    |
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> 6 or more times a week |
| <input type="checkbox"/> 1 to 2 times a week   | <input type="checkbox"/> Refuse to answer       |

18. Since your release, how often did you use any other drug besides alcohol or pot? (Choose one)

- |  |   |
|--|---|
| <input type="checkbox"/> Never ▶ Skip to 23    | <input type="checkbox"/> 3 to 5 times a week    |
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> 6 or more times a week |
| <input type="checkbox"/> 1 to 2 times a week   | <input type="checkbox"/> Refuse to answer       |

19. Since your release, which of the following drugs did you use but not inject (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Hallucinogens, such as LSD, acid or mushrooms | <input type="checkbox"/> Speedball (heroin and cocaine mixed together)     |
| <input type="checkbox"/> PCP or Angel Dust                             | <input type="checkbox"/> Sedatives, such as valium or oxycontin or downers |
| <input type="checkbox"/> Ecstasy or X                                  | <input type="checkbox"/> Anabolic steroids                                 |
| <input type="checkbox"/> Crack   | <input type="checkbox"/> Other: _____                                      |
| <input type="checkbox"/> Powder Cocaine                                | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Speed or uppers                               | <input type="checkbox"/> Refuse to answer                                  |
| <input type="checkbox"/> Crystal or Methamphetamine                    |  |
| <input type="checkbox"/> Heroin  |  |

20. Since your release, how many times did you inject drugs? \_\_\_\_\_ times

- |  |   |
|--|---|
| <input type="checkbox"/> Zero/never ▶ Skip to 23 | <input type="checkbox"/> Refuse to answer ▶ Skip to |
|--|---|

21. Since your release, what drugs did you inject? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Heroin                       | <input type="checkbox"/> Combination of Drugs used at the same time (Specify: _____ ) |
| <input type="checkbox"/> Powder Cocaine               | <input type="checkbox"/> Don't Know   |
| <input type="checkbox"/> Crack Cocaine                | <input type="checkbox"/> Refuse to answer   |
| <input type="checkbox"/> Methamphetamine              |   |
| <input type="checkbox"/> Other Drug (Specify: _____ ) |   |

*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.*)

[illegible]

► ***That's the end of the survey. Thank you very much for your participation.***







## Appendix IV ► Quality Assurance Forms

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**This appendix includes:**

- Content and Quality Assurance Checklists





## Session 1 ► Content and Quality Assurance Checklist

Form Completed by (please check one): ☐ Staff ☐ Observer ☐ Observer  
 Staff Code \_\_\_\_\_ Observer Code \_\_\_\_\_ Client ID \_\_\_\_\_ Date of Session \_\_\_\_\_ Date of Observation \_\_\_\_\_

Session Objectives	ACHIEVED 0 = No 1 = Yes 2 = N/A	Comments
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	COVERED 0 = No 1 = Yes 2 = N/A	
<b>A ► HIV, STI, Hepatitis Information</b> (assessing and providing information about transmission, prevention, symptoms, testing, treatment)		
<b>B ► HIV, STI, Hepatitis Risk</b> (Behaviors and environmental context, including barriers and facilitators)		
<b>C ► HIV, STI, Hepatitis Risk Reduction Plan</b> (Client goals, resources)		
<b>D ► HIV, STI, Hepatitis Skills</b> (condom use, cleaning syringes or obtaining sterile syringes, partner negotiation, risk refusal, "triggers," etc.)		

continued on back

<b>Skills Used During Session</b> <i>(Yes should be marked if the target for each section is met)</i>	<b>USED</b> 0 = No 1 = Yes 2 = N/A	<b>Comments</b>
<b>Motivational Enhancement</b> ▶ (target: ≥ 3 areas) <input type="checkbox"/> <b>Develops Discrepancy:</b> highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet		
<input type="checkbox"/> <b>Expresses Empathy:</b> helping attitude, reflective listening		
<input type="checkbox"/> <b>Avoids Argumentation:</b> does not confront or judge		
<input type="checkbox"/> <b>Rolls with Resistance:</b> uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan		
<input type="checkbox"/> <b>Supports Self-Efficacy:</b> elicits self-motivating statements, reinforces successes, highlights points of confidence		
<b>Incremental Risk Reduction</b> ▶ (target: ≥ 2 areas) <input type="checkbox"/> <b>Helps client identify possible risk behaviors or situations</b>		
<input type="checkbox"/> <b>Increases client's perception of risk:</b> helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks		
<input type="checkbox"/> <b>Facilitates Risk Reduction Skills:</b> develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism		
<b>Problem Solving/Goal Setting</b> ▶ (target: ≥ 3 areas) <input type="checkbox"/> <b>Elicits list of possible, realistic, and achievable goals:</b> brainstorm goals based on reported risk, needs, or problem areas		
<input type="checkbox"/> <b>Helps client prioritize goals:</b> selection of top priority goals, short- vs. long-term goals		

continued on next page







## Session 2 ► 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 \_\_\_\_\_

Session Objectives	ACHIEVED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> Review individual HIV/STI/hepatitis risk reduction plan.		
<input type="checkbox"/> Assess transitional needs within the context of HIV/STI/hepatitis risk (e.g. housing, employment, substance abuse treatment plan).		
<input type="checkbox"/> Identify resources and provide facilitated referrals to support the risk reduction and transitional plan.		
<input type="checkbox"/> Discuss any unique immediate release issues and develop a plan for the first 48 hours after release.		
<input type="checkbox"/> Debrief session with client and staff as needed.		
<b>Topics Covered During Session</b>	<b>COVERED</b> 0 = No 1 = Yes 2 = N/A	
<input type="checkbox"/> <b>HIV, STI, Hepatitis Information</b> (transmission, prevention, symptoms, testing, non-facilitated referrals)		
<input type="checkbox"/> <b>Other Information/Education</b> (e.g., health & fitness)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan</b> (including barriers and facilitators)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Skills</b> (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)		

continued on back

Topics Covered During Session, <i>continued</i>	COVERED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> <b>Other Skills</b> (e.g., probation/parole, communication)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Facilitated Referral</b> (testing, treatment, syringe exchange, other prevention services, etc.)		
<input type="checkbox"/> <b>Substance Abuse and Mental Health Treatment Referral</b> (prevention, counseling, treatment, self help groups)		
<input type="checkbox"/> <b>Educational and Vocational Training/Placement Referral</b> (job readiness program, GED program, employment placement services)		
<input type="checkbox"/> <b>Housing, Food Programs, Financial Assistance Referral</b> (shelter, short and long term housing, food vouchers, general assistance, food stamps)		
<input type="checkbox"/> <b>Social Services Referral</b> (social service benefits, identification, driver's license, prescription reimbursement)		
<input type="checkbox"/> <b>Physical Health, Family Issues, and Spiritual Issues Referral</b> (medical health, family support, spiritual support, physical wellness)		
<input type="checkbox"/> <b>Parole, Probation, Legal Issues Referral</b> (associated with prior/current arrest, staying out of trouble)		
<input type="checkbox"/> <b>Condoms provided</b> (if allowed)		
<b>Skills Used During Session</b> (Yes should be marked if the target for each section is met)	<b>USED</b> 0 = No 1 = Yes 2 = N/A	
<b>Motivational Enhancement</b> ▲ (target: ≥ 3 areas) <input type="checkbox"/> <b>Develops Discrepancy:</b> highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet		

*continued on next page*



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

*continued on back*

<b>Skills Used During Session, continued</b>		<b>USED</b> 0 = No 1 = Yes 2 = N/A	<b>Comments</b>
<b>Problem Solving/Goal Setting, continued</b>			
<input type="checkbox"/> Helps client identify sources of support/plans for increasing support			
<input type="checkbox"/> Helps client identify barriers to success/plan for reducing barriers			

## Notes

[illegible]



## Session 3 ► 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 \_\_\_\_\_

Session Objectives	ACHIEVED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> Review and update the risk reduction/transitional plan(s) developed during pre-release sessions.		
<input type="checkbox"/> Discuss facilitators and barriers to implementing the risk reduction/transitional plan(s).		
<input type="checkbox"/> Provide facilitated referrals to services as deemed appropriate.		
<input type="checkbox"/> Debrief session with client and staff as needed.		
<input type="checkbox"/> Distribute condoms.		
<b>Topics Covered During Session</b>	<b>COVERED</b> 0 = No 1 = Yes 2 = N/A	
<input type="checkbox"/> <b>HIV, STI, Hepatitis Information</b> (transmission, prevention, symptoms, testing, non-facilitated referrals)		
<input type="checkbox"/> <b>Other Information/Education</b> (e.g., health & fitness)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan</b> (including barriers and facilitators)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Skills</b> (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)		

continued on back

Topics Covered During Session, <i>continued</i>	COVERED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> <b>Other Skills</b> (e.g., probation/parole, communication)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Facilitated Referral</b> (testing, treatment, syringe exchange, other prevention services, etc.)		
<input type="checkbox"/> <b>Substance Abuse and Mental Health Treatment Referral</b> (prevention, counseling, treatment, self help groups)		
<input type="checkbox"/> <b>Educational and Vocational Training/Placement Referral</b> (job readiness program, GED program, employment placement services)		
<input type="checkbox"/> <b>Housing, Food Programs, Financial Assistance Referral</b> (shelter, short and long term housing, food vouchers, general assistance, food stamps)		
<input type="checkbox"/> <b>Social Services Referral</b> (social service benefits, identification, driver's license, prescription reimbursement)		
<input type="checkbox"/> <b>Physical Health, Family Issues, and Spiritual Issues Referral</b> (medical health, family support, spiritual support, physical wellness)		
<input type="checkbox"/> <b>Parole, Probation, Legal Issues Referral</b> (associated with prior/current arrest, staying out of trouble)		
<b>Skills Used During Session</b> (Yes should be marked if the target for each section is met)	<b>USED</b> 0 = No 1 = Yes 2 = N/A	
<b>Motivational Enhancement</b> ▲ (target: ≥ 3 areas)		
<input type="checkbox"/> <b>Develops Discrepancy:</b> highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet		
<input type="checkbox"/> <b>Expresses Empathy:</b> helping attitude, reflective listening		

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Skills Used During Session, <i>continued</i>		USED 0 = No 1 = Yes 2 = N/A	Comments
<b>Motivational Enhancement, <i>continued</i></b>			
<input type="checkbox"/> <b>Avoids Argumentation:</b> does not confront or judge			
<input type="checkbox"/> <b>Rolls with Resistance:</b> uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan			
<input type="checkbox"/> <b>Supports Self-Efficacy:</b> elicits self-motivating statements, reinforces successes, highlights points of confidence			
<b>Incremental Risk Reduction</b> ► (target: ≥ 2 areas)			
<input type="checkbox"/> <b>Helps client identify possible risk behaviors or situations</b>			
<input type="checkbox"/> <b>Increases client's perception of risk:</b> helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks			
<input type="checkbox"/> <b>Facilitates Risk Reduction Skills:</b> develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism			
<b>Problem Solving/Goal Setting</b> ► (target: ≥ 3 areas)			
<input type="checkbox"/> <b>Elicits list of possible, realistic, and achievable goals:</b> brainstorm goals based on reported risk, needs, or problem areas			
<input type="checkbox"/> <b>Helps client prioritize goals:</b> selection of top priority goals, short- vs. long-term goals			
<input type="checkbox"/> <b>Helps client identify steps to achieve goals/realistic time frame for goals:</b> brainstorms possible solutions, highlights potential consequences of each, discusses potential harmful consequences			

*continued on back*

Skills Used During Session, <i>continued</i>		USED 0 = No 1 = Yes 2 = N/A	Comments
<b>Problem Solving/Goal Setting, <i>continued</i></b>			
<input type="checkbox"/> Helps client identify sources of support/plans for increasing support			
<input type="checkbox"/> Helps client identify barriers to success/plan for reducing barriers			

## Notes

[illegible]



## Session 4 ► 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	ACHIEVED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> Review and update the risk reduction/transitional plan(s).		
<input type="checkbox"/> Discuss facilitators and barriers to implementing the risk reduction/transitional plan.		
<input type="checkbox"/> Provide facilitated referrals to services as deemed appropriate.		
<input type="checkbox"/> Debrief session with client and staff as needed.		
<input type="checkbox"/> Distribute condoms.		
<b>Topics Covered During Session</b>	<b>COVERED</b> 0 = No 1 = Yes 2 = N/A	
<input type="checkbox"/> <b>HIV, STI, Hepatitis Information</b> (transmission, prevention, symptoms, testing, non-facilitated referrals)		
<input type="checkbox"/> <b>Other Information/Education</b> (e.g., health & fitness)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan</b> (including barriers and facilitators)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Skills</b> (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)		
<input type="checkbox"/> <b>Other Skills</b> (e.g., probation/parole, communication)		

continued on back

Topics Covered During Session, <i>continued</i>	COVERED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> <b>HIV, STI, Hepatitis Facilitated Referral</b> (testing, treatment, syringe exchange, other prevention services, etc.)		
<input type="checkbox"/> <b>Substance Abuse and Mental Health Treatment Referral</b> (prevention, counseling, treatment, self help groups)		
<input type="checkbox"/> <b>Educational and Vocational Training/Placement Referral</b> (job readiness program, GED program, employment placement services)		
<input type="checkbox"/> <b>Housing, Food Programs, Financial Assistance Referral</b> (shelter, short and long term housing, food vouchers, general assistance, food stamps)		
<input type="checkbox"/> <b>Social Services Referral</b> (social service benefits, identification, driver's license, prescription reimbursement)		
<input type="checkbox"/> <b>Physical Health, Family Issues, and Spiritual Issues Referral</b> (medical health, family support, spiritual support, physical wellness)		
<input type="checkbox"/> <b>Parole, Probation, Legal Issues Referral</b> (associated with prior/current arrest, staying out of trouble)		
<b>Skills Used During Session</b>	<b>USED</b> 0 = No 1 = Yes 2 = N/A	
<b>Motivational Enhancement</b> ▲ (target: ≥ 3 areas) <input type="checkbox"/> <b>Develops Discrepancy:</b> highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet		

*continued on next page*



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

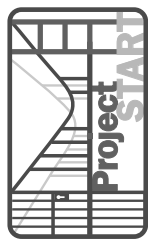
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Skills Used During Session, continued		USED 0 = No 1 = Yes 2 = N/A	Comments
<b>Problem Solving/Goal Setting, continued</b>			
<input type="checkbox"/>	Helps client identify sources of support/plans for increasing support		
<input type="checkbox"/>	Helps client identify barriers to success/plan for reducing barriers		

### Problem Solving/Goal Setting, continued

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Helps client identify sources of support/plans for increasing support |
| <input type="checkbox"/> | Helps client identify barriers to success/plan for reducing barriers  |

## Notes



## 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 \_\_\_\_\_

Session Objectives	ACHIEVED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> Review and update the risk reduction/transitional plan(s).		
<input type="checkbox"/> Discuss facilitators and barriers to implementing the risk reduction/transitional plan.		
<input type="checkbox"/> Provide facilitated referrals to services as deemed appropriate.		
<input type="checkbox"/> Debrief session with client and staff as needed.		
<input type="checkbox"/> Distribute condoms.		
<b>Topics Covered During Session</b>	<b>COVERED</b> 0 = No 1 = Yes 2 = N/A	
<input type="checkbox"/> <b>HIV, STI, Hepatitis Information</b> (transmission, prevention, symptoms, testing, non-facilitated referrals)		
<input type="checkbox"/> <b>Other Information/Education</b> (e.g., health & fitness)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan</b> (including barriers and facilitators)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Skills</b> (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)		
<input type="checkbox"/> <b>Other Skills</b> (e.g., probation/parole, communication)		

continued on back

Topics Covered During Session, <i>continued</i>	COVERED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> <b>HIV, STI, Hepatitis Facilitated Referral</b> (testing, treatment, syringe exchange, other prevention services, etc.)		
<input type="checkbox"/> <b>Substance Abuse and Mental Health Treatment Referral</b> (prevention, counseling, treatment, self help groups)		
<input type="checkbox"/> <b>Educational and Vocational Training/Placement Referral</b> (job readiness program, GED program, employment placement services)		
<input type="checkbox"/> <b>Housing, Food Programs, Financial Assistance Referral</b> (shelter, short and long term housing, food vouchers, general assistance, food stamps)		
<input type="checkbox"/> <b>Social Services Referral</b> (social service benefits, identification, driver's license, prescription reimbursement)		
<input type="checkbox"/> <b>Physical Health, Family Issues, and Spiritual Issues Referral</b> (medical health, family support, spiritual support, physical wellness)		
<input type="checkbox"/> <b>Parole, Probation, Legal Issues Referral</b> (associated with prior/current arrest, staying out of trouble)		
<b>Skills Used During Session</b>	<b>USED</b> 0 = No 1 = Yes 2 = N/A	
<b>Motivational Enhancement</b> ► (target: ≥ 3 areas) <input type="checkbox"/> <b>Develops Discrepancy:</b> highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet		

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

*continued on back*

<b>Skills Used During Session, continued</b>	<b>USED</b> 0 = No 1 = Yes 2 = N/A	<b>Comments</b>
<b>Problem Solving/Goal Setting, continued</b>  <input type="checkbox"/> Helps client identify sources of support/plans for increasing support		
<input type="checkbox"/> Helps client identify barriers to success/plan for reducing barriers		

## Notes

[illegible]



## Session 6 ► 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 \_\_\_\_\_

Session Objectives	ACHIEVED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> Review and update the risk reduction/transitional plan(s).		
<input type="checkbox"/> Discuss facilitators and barriers to implementing the risk reduction/transitional plan.		
<input type="checkbox"/> Provide facilitated referrals to services as deemed appropriate.		
<input type="checkbox"/> Debrief session with client and staff as needed.		
<input type="checkbox"/> Distribute condoms.		
<input type="checkbox"/> Conduct closure with client.		
<b>Topics Covered During Session</b>	<b>COVERED 0 = No 1 = Yes 2 = N/A</b>	
<input type="checkbox"/> <b>HIV, STI, Hepatitis Information</b> (transmission, prevention, symptoms, testing, non-facilitated referrals)		
<input type="checkbox"/> <b>Other Information/Education</b> (e.g., health & fitness)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Risk Assessment &amp; Risk Reduction Plan</b> (including barriers and facilitators)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Skills</b> (condom use, obtaining sterile syringes, partner negotiation, risk refusal, etc.)		

continued on back

Topics Covered During Session, <i>continued</i>	COVERED 0 = No 1 = Yes 2 = N/A	Comments
<input type="checkbox"/> <b>Other Skills</b> (e.g., probation/parole, communication)		
<input type="checkbox"/> <b>HIV, STI, Hepatitis Facilitated Referral</b> (testing, treatment, syringe exchange, other prevention services, etc.)		
<input type="checkbox"/> <b>Substance Abuse and Mental Health Treatment Referral</b> (prevention, counseling, treatment, self help groups)		
<input type="checkbox"/> <b>Educational and Vocational Training/Placement Referral</b> (job readiness program, GED program, employment placement services)		
<input type="checkbox"/> <b>Housing, Food Programs, Financial Assistance Referral</b> (shelter, short and long term housing, food vouchers, general assistance, food stamps)		
<input type="checkbox"/> <b>Social Services Referral</b> (social service benefits, identification, driver's license, prescription reimbursement)		
<input type="checkbox"/> <b>Physical Health, Family Issues, and Spiritual Issues Referral</b> (medical health, family support, spiritual support, physical wellness)		
<input type="checkbox"/> <b>Parole, Probation, Legal Issues Referral</b> (associated with prior/current arrest, staying out of trouble)		
<b>Skills Used During Session</b>	<b>USED</b> 0 = No 1 = Yes 2 = N/A	
<b>Motivational Enhancement</b> ▲ (target: ≥ 3 areas) <input type="checkbox"/> <b>Develops Discrepancy:</b> highlights ambivalence between where the client is and where the client wants to be, completes decision making worksheet		
<input type="checkbox"/> <b>Expresses Empathy:</b> helping attitude, reflective listening		

*continued on next page*



Skills Used During Session, <i>continued</i>	USED 0 = No 1 = Yes 2 = N/A	Comments
<b>Motivational Enhancement, <i>continued</i></b> <input type="checkbox"/> <b>Avoids Argumentation:</b> does not confront or judge <input type="checkbox"/> <b>Rolls with Resistance:</b> uses presence of resistance as cue to reorient process, checks in with client re appropriateness of goals, plan		
<input type="checkbox"/> <b>Supports Self-Efficacy:</b> elicits self-motivating statements, reinforces successes, highlights points of confidence		
<b>Incremental Risk Reduction</b> ▶ (target: ≥ 2 areas) <input type="checkbox"/> <b>Helps client identify possible risk behaviors or situations</b> <input type="checkbox"/> <b>Increases client's perception of risk:</b> helps client identify harmful consequences of risk, highlights how change will reduce harm, highlights less obvious risks		
<input type="checkbox"/> <b>Facilitates Risk Reduction Skills:</b> develops plan with client to minimize sexual and drug-related risks and/or increase time in the community/decrease recidivism		
<b>Problem Solving/Goal Setting</b> ▶ (target: ≥ 3 areas) <input type="checkbox"/> <b>Elicits list of possible, realistic, and achievable goals:</b> brainstorm goals based on reported risk, needs, or problem areas		
<input type="checkbox"/> <b>Helps client prioritize goals:</b> selection of top priority goals, short- vs. long-term goals		
<input type="checkbox"/> <b>Helps client identify steps to achieve goals/realistic time frame for goals:</b> brainstorms possible solutions, highlights potential consequences of each, discusses potential harmful consequences		

*continued on back*

Skills Used During Session, <i>continued</i>	USED 0 = No 1 = Yes 2 = N/A	Comments
<b>Problem Solving/Goal Setting, <i>continued</i></b>  <input type="checkbox"/> Helps client identify sources of support/plans for increasing support		
<input type="checkbox"/> Helps client identify barriers to success/plan for reducing barriers		

## Notes

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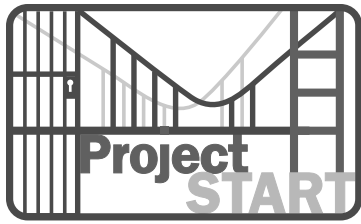
## Appendix V ► Articles and Resources

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**This appendix includes:**

- Sample Bibliography of Corrections Specific Topics
- Project START Publications and Presentations (2009)
- Research Articles
- Research Fact Sheet





## ► Sample Bibliography of Corrections Related Topics

- Breaking the Walls of Silence: AIDS and Women in a New York State Maximum-Security Prison* (1998). Book written by the women who work as peer health educators through the ACE Program at the Bedford Hills Correctional Facility. Woodstock & New York: The Overlook Press.
- 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.
- Doing Time Together: Love and Family in the Shadow of the Prison* (2007). Book by Megan Comfort that vividly details the ways that prisons shape and infiltrate the lives of women with husbands, fiancés, and boyfriends on the inside. University of Chicago Press, Chicago.
- 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.
- Transitions from Prison to Community: Understanding Individual Pathways* (2003). Journal article by Visser, C.A., & Travis, J. Annual Review of Sociology, 29, 89–113.
- When Prisoners Come Home: Parole and Prisoner Reentry (Studies in Crime and Public Policy)* (2003). Book by Joan Petersilia that provides a comprehensive and scholarly review of reentry back into the community including an extensive review of what is known (and not known) in the reentry literature. Oxford University Press.





## ► Project START Publications and Presentations (2009)

### Main Outcome Paper

Wolitski, R.J., & the Project START Writing Group, for the Project START Study Group (2006). Relative efficacy of a multi-session sexual risk-reduction intervention for young men released from prisons in 4 states. *American Journal of Public Health*, 96, 1854-1861.

### Journal Publications

Morrow, K.M., and the Project START Study Group (2009). HIV, STD, and hepatitis risk behaviors of young men before and after incarceration. *AIDS Care*, 21(2), 235-243.

Seal, D.W., Margolis, A.D., Belcher, L., Morrow, K., Sosman, J., Askew, J., & the Project START Sub-Study Group (2008). Substance use and sexual behavior during incarceration among 18- to 29-year old men: Prevalence and correlates. *AIDS and Behavior*, 12:27-40.

Grinstead, O., Eldridge, G., MacGowan, R., Morrow, K., Seal, D., Sosman, J., Zack, B., and the Project START Study Group (2008). An HIV, STD and Hepatitis Prevention Program for Young Men Leaving Prison: Project START. *Journal of Correctional Health Care*, 14:3 183–196.

Seal, D.W., Eldridge, G.D., Kacanek, D., Binson, D., MacGowan, R.J., & the Project START Study Group (2007) A longitudinal, qualitative analysis of the context of substance use and sexual behavior among 18- to 29-year-old men following their release from prison. *Social Science and Medicine*, 65, 2394–2406.

Morrow, K.M., Eldridge, G., Nealey-Moore, J., Grinstead, O., Belcher, L. & the Project START Study Group (2007). HIV, STD, and hepatitis risk in the week following release from prison: An event level analysis. *Journal of Correctional Health Care*, 14, 24–38.

Kacanek, D., Eldridge, G., Nealey-Moore, J., MacGowan, R., Binson, D., Flanigan, T., Fitzgerald, C., Sosman, J., & the Project START Study Group (2007). Young incarcerated men's perceptions of and experiences with HIV testing. *American Journal of Public Health*, 97, 1209–1215.

MacGowan, R., Eldridge, G., Sosman, J., Khan, R., Flanigan, T., Zack, B., Margolis, A., Askew, J., Fitzgerald, C., & the Project START Study Group (2006). HIV counseling and testing of young men in prison. *Journal of Correctional Health Care*, 12, 203–213.

Margolis, A.D., MacGowan, R.J., Grinstead, O., Sosman, J., Iqbal, K., Flanigan, T.P., Askew, J., & The Project START Study Group (2006). Unprotected sex with multiple partners: Implications for HIV prevention among young men with a history of incarceration. *Sexually Transmitted Diseases*, 33, 175–180.

Buck, J.M., Morrow, K.M., Margolis, A., Eldridge, G., Sosman, J., Binson, D., MacGowan, R., Kacanek, D., Flanigan, T.P., & The Project START Study Group (2006). Hepatitis B vaccination in prison: The perspective of formerly incarcerated men. *Journal of Correctional Health Care*. 12, 12–23.

- Sosman, J.M., MacGowan, R.J., Margolis, A.D., Eldridge, G., Flanigan, T., Vardaman, J., Fitzgerald, C., Kacanek, D., Binson, D., Seal, D.W., & The Project START Study Group (2005). The feasibility of STD and hepatitis screening among 18–29 year old men recently released from prison. *International Journal of STDs and AIDS*, 16, 117–122.
- Grinstead, O.A., Faigles, B., Comfort, M., Seal, D., Nealey-Moore, J., Belcher, L., Morrow, K., & the Project Start Study Group (2005). HIV, STD, and hepatitis risk to primary female partners of men being released from prison. *Women and Health*, 41, 63–80.
- Project START Study Group (2004). Prevention with young men being released from prison: The experience of Project START. *Community Psychologist*, 37, 16–18.
- Seal, D.W., Belcher, L., Morrow, K., Eldridge, G., Binson, D., Kacanek, D., Margolis, A., McAuliffe, T., Simms, R., & the Project START Study Group (2004). A qualitative study of substance use and sexual behavior among 18–29 year old men while incarcerated in the United States. *Health Education and Behavior*, 31, 775–789.
- MacGowan, R.J., Margolis, A.D., Gaiter, J., Morrow, K., Zack, B., Askew, J., McAuliffe, T., Sosman, J.M., Eldridge, G., & The Project START Study Group (2003). Predictors of risky sex of young men after release from prison. *International Journal of STDs and AIDS*, 14, 519–523.
- Grinstead, O., Seal, D., Wolitski, R., Flanigan, T., Fitzgerald, C., Nealey-Moore, J., Askew, J., & the Project START Study Group (2003). HIV and STD testing in prisons: Perspectives of in-prison service providers. *AIDS Education and Prevention*, 15, 547–560.
- Seal, D.W., Margolis, A.D., Sosman, J., Kacanek, D., Binson, D., and the Project START Study Group (2003). HIV and STD Risk Behavior among 18–25 Year Old Men Released From U.S. Prisons: Provider Perspectives. *AIDS and Behavior*, 7, 131–141.

## Conference Presentations

- Kramer, K., & Zack, B. (2008, November). *Project START: A Harm Reduction Program From Corrections to the Community*. Talk presented at the 2008 National Harm Reduction Conference, Miami, FL.
- Kramer, K., & Zack, B. (2008, August). *Project START: An HIV/STI/hepatitis risk reduction program for people returning to the community after incarceration*. Talk presented at the American Correctional Association's 138th Congress of Corrections, New Orleans, LA.
- Margolis, A.D., Wolitski, R.J., Seal, D.W., Belcher, L., Morrow, K., Sosman, J.M., Askew, J., MacGowan, R.J., & The Project START Study Group (2004, July). *Sexual behavior and substance use during incarceration*. Poster presented at the 2004 International AIDS Conference, Bangkok, Thailand.
- MacGowan, R., Sosman, J., Eldridge, G., Moss, S., Margolis, A., Flanigan, T., Gaydos, C., & The Project START Study Group (2004, July). *Sexually transmitted infections in men with a history of incarceration*. Poster presented at the 2004 International AIDS Conference, Bangkok, Thailand.
- Project START Study Group (2004, July). *Intervention before and following release from prison reduces HIV risk among young men*. Talk presented at the 2004 International AIDS Conference, Bangkok, Thailand.
- MacGowan for the Project START Study Group (2004, October). *HIV, STD, and hepatitis risk reduction intervention for young men leaving prison: Project START*. Talk presented at the United States Conference on AIDS, Philadelphia, PA.



- Margolis, A.D., MacGowan, R.J., Flanigan, T.P., Sosman, J.M., Grinstead, O., Dey, A., Askew, J., and the Project START Study Group (2003, August). *HIV and STD risk behavior of young men prior to incarceration*. Talk presented at the National HIV Prevention Conference, Atlanta, Georgia.
- MacGowan, R.J., Khan, R., Margolis, A.D., Eldridge, G.D., Sosman, J.M., Flanigan, T.P., Askew, J., Fitzgerald, C., Zack, B., and the Project START Study Group (2003, August). *HIV counseling and testing among incarcerated young men in U.S. prisons*. Talk presented at the National HIV Prevention Conference, Atlanta, Georgia, July 27–30, 2003.
- Buck J.M., Morrow K.M., Margolis A., Eldridge G., Sosman J., Binson D., MacGowan R., Kacaneck, D., Flanigan T., and the Project START Study Group (2003, January). *Hepatitis B vaccination in prison: The perspective of former inmates*. Talk presented at the annual Hepatitis Coordinators Conference, San Antonio, Texas.
- Nealey-Moore, J., Morrow, K., Grinstead, O., Eldridge, G., Askew, J., Fitzgerald, C., and the Project START Study Group (2003, March). Sexual risk-taking of men released from prison. Poster presented at the 24th Annual Meeting of the Society of Behavioral Medicine, Salt Lake City, Utah.
- Seal, D.W., Margolis, A.D., Binson, D., Morrow, K., Eldridge, G., Kacaneck, D., Belcher, L., Sosman, J., and the Project START Study Group (2002, July). *HIV, STD, and hepatitis risk behavior among 18–29 year old men incarcerated in the United States*. Talk presented to the XIVth International Conference on AIDS, Barcelona, Spain.
- Kacaneck, D., Binson, D., Sosman, J., MacGowan, R., Eldridge, G., Fitzgerald, C., Nealey, J., Flanigan, T., and the Project START Study Group (2002, July). *Barriers and facilitators of HIV and STD testing among young incarcerated men in the United States*. Poster presented at the XIVth International Conference on AIDS, Barcelona, Spain.
- Sosman, J.M., MacGowan, R.J., Flanigan, T., Vardaman, J., Eldridge, G., Fitzgerald, C., Margolis, A., Kacaneck, D., Binson, D., Cunliffe, T., & the Project START Study Group (2001, August). *STD and hepatitis infections, and risk perceptions among 18–29 year old men recently released from prison*. National HIV Prevention Conference: Atlanta, Georgia.
- Seal D.W., Sosman J., Margolis A.D., and the Project START Study Group. *Provider Perceptions of HIV and STD Risk Behavior and Their Determinants Among 18–25 Year Old Men Leaving Prison*. National HIV Prevention Conference: Atlanta, Georgia, August 2001. Abstract 404, second symposium presenter.

## Journal Submissions

- Belcher, L., Moss, S.A., Wolitski, R.J., Seal, D., Morrow, K., Askew, J., Zack, B., & the Project START Study Group (Under review). *Heterosexual anal intercourse among young adult men prior to incarceration*. Manuscript submitted for publication.
- Grinstead, O.A., and the Project START Study Group (Under review). *The implementation of an HIV, STD, and hepatitis prevention program for young men leaving prison: Project START*. Manuscript submitted for publication.
- Sosman, J.M., MacGowan, R.J., Margolis, A.D., Gaydos, C., Eldridge, G., Moss, S., Flanigan, T., Iqbal, K., & the Project START Study Group (Under review). *Sexually transmitted infections in men with a history of incarceration*. Manuscript submitted for publication.

## Conference Symposiums

Kramer, K. & Zack, B. (2008, September). *Project START: The First Corrections-Based DEBI*.

Symposium presented to the United States Conference on AIDS, Ft. Lauderdale, FL.

Wolitski, R., Eldridge, G., Morrow, K., Seal, D., Zack, B., & The Project START Study Group (2001, August). *Developing interventions for young men being released from prison: research findings and lessons learned from Project START*. Symposium presentation to the National HIV Prevention Conference, Atlanta, Georgia.

Seal, D.W., Sosman, J., Margolis, A., & The Project START Study Group (2001, August). *Provider perceptions of HIV and STD risk behavior and their determinants among 18–25 year old men leaving prison*.

Morrow K, & the Project START Study Group (2001, August). *Developing interventions for young men being released from prison: Sexual and drug-related risk reported by Project START participants*.

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*.

Zack B, & the Project START Study Group (2001, August). *The unique challenges of prison research: Getting to feasible*.

## Unpublished Training Manuals

Carey, J.W., & Seal, D.W. (1998). *HIV and STD intervention research for young men leaving prison. Unpublished training manual for qualitative interviewers*. Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Atlanta, GA.



## Appendix VI ► CDC Disclaimer Statements

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### **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.





Centers for Disease Control and Prevention  
Your Online Source for Credible Health Information

## Male Latex Condoms and Sexually Transmitted Diseases

### On This Page

- [Sexually Transmitted Diseases, including HIV Infection \(#STD\)](#)
- [HIV / AIDS \(#HIV\)](#)
- [Gonorrhea, Chlamydia, and Trichomoniasis \(#GCT\)](#)
- [Genital Ulcer Diseases and HPV \(#HPV\)](#)

## Condoms and STDs: Fact Sheet for Public Health Personnel

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** ([brief.html#Consistent](#)). 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 (referenced 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 effect 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 \(references.html\)](#)

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# **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)**

## **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, Questioners, 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.)

NAME	OCCUPATION	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Health Department Representative)

\_\_\_\_\_  
Applicant/Grantee Name

\_\_\_\_\_  
Grant Number (If Known)

\_\_\_\_\_  
Signature: Project Director

\_\_\_\_\_  
Signature: Authorized Business Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CDC 0.1113(Revised 3/93)





Weekly

May 10, 2002 / 51(18);389-392

# 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 the use 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, had 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

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 reported 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 film 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 on 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 studies in Africa and the use of N-9--lubricated condoms is preferable to using no condom at all. In the future, purchase of condoms lubricated with N-9 is not recommended because of their 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 the contraceptives could not be extrapolated from these data. Second, data correlating use of N-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 or 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.

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**Table 1****TABLE 1. Number of women using male condoms or nonoxynol-9 (N-9) products as their primary method of contraception, by Title X Family Planning Region — United States, 1999**

Region*	No. of women served	Male condoms		N-9 products†	
		No.	(%)	No.	(%)
I	179,705	27,726	(15)	1,251	(1)
II	404,325	73,069	(18)	21,515	(5)
III	487,502	73,088	(15)	4,807	(1)
IV	1,011,126	93,011	(9)	29,630	(3)
V	522,312	61,756	(12)	2,489	(1)
VI	478,533	40,520	(8)	11,212	(2)
VII	238,971	15,949	(7)	1,386	(1)
VIII	133,735	15,131	(11)	4,885	(4)
IX	672,362	109,678	(17)	14,547	(2)
X	186,469	17,320	(9)	1,275	(2)
<b>Total</b>	<b>4,315,040</b>	<b>527,248</b>	<b>(12)</b>	<b>92,997</b>	<b>(2)</b>

\* 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, Missouri, Mexico, Oklahoma, Texas; Region VII=Iowa, Kansas, Missouri, Nebraska; Region VIII=Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming; Region IX=Arizona, California, Hawaii, Nevada, American Samoa, Guam, Mariana Islands, Marshall Islands, Micronesia, Palau; Region X=Alaska, Idaho, Oregon, Washington.

† Primary method of contraception reported by these women was one of the following: spermicidal foam, cream, jelly (with and without diaphragm), film suppositories.

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**Table 2****TABLE 2. Number of nonoxynol-9 (N-9) contraceptives purchased by Title X Family Planning Programs in selected states/territories, 1999**

State/territory	No. of clients served	Physical barrier method		N-9 chemical barrier methods				
		Condoms with N-9	Condoms without N-9	Gel	Vaginal		Jelly	Foam
					Film	Insert		
Puerto Rico	15,103	148,072	5,000	12,900	0	NA*	12,841	2,400
New York†	283,200	1,936,084	NA	0	73,788	NA	3,112	23,830
West Virginia	60,899	1,300,000	9,360	0	0	NA	1,200	9,900
Florida	193,784	3,920,000	560,000	0	468,720	NA	5,760	25,920
Tennessee	111,223	2,865,160§	717,088	0	94,500	12,528	756	2,758
Michigan	166,893	631,000	254,000	0	0	NA	1,000	1,200
Oklahoma	58,392	708,480	0	0	394,560	NA	1,200	0
Oregon	57,099	151,900	276,000	345	25,764	2,074	272	3,007

\* 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

1. van Damme L. Advances in topical microbicides. Presented at the XIII International AIDS Conference, July 9--14, 2000, Durban, South Africa.

\* Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

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