

COMPREHENSIVE RISK COUNSELING & SERVICES

Program Preparation Worksheet

Agency or Organization

Name of Agency or organization _____

City, State _____

Mission of our agency or organization _____

Strengths of our agency or organization _____

Our other programs for HIV/STD prevention _____

We need buy-in from the following agency staff _____

Staff available for CRCS _____

Benefits of CRCS to our agency _____

Objectives for using CRCS at our agency _____

Biggest barrier for using CRCS in our agency _____

Experience conducting other prevention activities at our agency _____

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Agency HIV Knowledge, Attitudes, Beliefs and Behaviors (KABB)

What does our staff know about HIV transmission? _____

What does our staff know about methods for preventing HIV transmission? _____

What are our staff's opinions of those methods? _____

What is our staff's knowledge about behavior change theories? _____

What are our staff's opinions of people living with HIV/AIDS? _____

What does our staff consider 'sex'? _____

Our Clients and Community

Our primary clients are _____

Number of clients we see a day _____

Other at-risk population(s) in our community – will HIV-negative persons be allowed to attend? _____

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Potential clients to target for CRCS _____

Similar programs in our community _____

Potential client/community reactions or concerns _____

How does CRCS match the needs of our clients? _____

Sexual orientation(s) of our clients _____

Primary verbal and written languages of our clients _____

Literacy level of our clients – is it different in primary and secondary languages? _____

Specific behaviors that put our clients at risk for HIV _____

Co-factors that increase our clients' risk for HIV _____

Current epidemiological trends in our client base _____

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Social and peer norms around HIV for our clients _____

Interventions that are effective at changing behavior in our clients _____

Client HIV Knowledge, Attitudes, Beliefs and Behaviors (KABB)

What do our clients know about HIV transmission? _____

What do our clients know about methods for preventing HIV transmission? _____

What are our clients' opinions of those methods? _____

What are our clients' opinions of people living with HIV/AIDS? _____

What do our clients consider 'sex'? _____

How consistently do our clients engage in 'safer sex' or 'safer injection'? _____

If inconsistent, what motivates our clients to engage in safer behavior? _____

What are our clients' assessments of their own risk? _____

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Process Evaluation Objectives

How many clients do you intend to enroll in CRCS in one grant year? _____

When will you begin offering CRCS? _____

How many clients should your CRCS prevention counselor be assisting at any given time (case load)? _____

How will you determine if a client is active or inactive in CRCS? _____

How will you determine when a client is ready to terminate from CRCS? _____

Who will be responsible for achieving this objective (their job title)? _____

How will you document participation in CRCS? _____

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Outcome Evaluation Objectives

What are the behaviors that your clients want to change? _____

How would you measure these changes? _____

What evaluation tools will you use? _____

What baseline will you measure your success against? _____

Who will be responsible for collecting the data to measure behavior changes? (their job title) _____

Who will be looking at this information in order to determine how well the CRCS program is functioning? (their job title) _____

