Louisiana Youth Responsibility Education Program (LYREP) **Project AIM Protocol**

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Project AIM Program Overview

I. Purpose

The purpose of the Personal Responsibility Education (PREP) project is to decrease STD, HIV/AIDS and pregnancy among high-risk, African-American youth in Louisiana. Project AIM intervention is a group-level youth development intervention designed to reduce HIV risk behaviors among youth. It is based on the Theory of Possible Selves and encourages at-risk youth to imagine a positive future and discuss how current risk behaviors can be a barrier to a successful adulthood. Project AIM focuses on African-American youth ages 11-14.

This contract is 100% federally funded through the State Personal Responsibility Program with funds from the Administration on Children, Youth and Families, Office of Adolescent Health.

II. Goals

The goal of the Project AIM is to reduce teen pregnancy and HIV/STD incidence among youth in Louisiana through:

- Increasing HIV/STD knowledge and risk-reduction skills
- Positively impacting attitudes and beliefs surrounding HIV/STD and pregnancy risk reduction
- Changing sexual risk behavior (decreasing high risk behavior and increasing riskreduction practices)

III. Objectives

Contracted agencies will reach at least X African-American youth between the ages of 11-14 during the contract year. Each participant will complete all Project AIM programming, an entrance and exit behavioral survey as well as 3 and 12 month follow-up surveys.

IV. PROJECT AIM Program Model

Project AIM intervention is a group-level youth development intervention designed to reduce HIV risk behaviors among youth. It is based on the Theory of Possible Selves and encourages at-risk youth to imagine a positive future and discuss how current risk behaviors can be a barrier to a successful adulthood. Project AIM focuses on African-American youth ages 11-14. Project AIM consists of 12 sessions divided into 4 parts. Project AIM uses group discussions, interactive and small group activities, and role-plays to encourage youth to explore their personal interests, social surrounding, and what they want to become as an adult. Activities include taking a career interest inventory, developing business cards and resumes, and participating in interviews. These activities

allow youth to envision themselves in a future career and involve them in the planning and decision-making for their future.

V. Core Elements

The list below contains core elements that are essential to implementing Project AIM with fidelity to the program model and cannot be altered during programming. For more detailed information on the Project AIM intervention, please see fact sheet in Appendix A, or visit the effective interventions website: www.effectiveinterventions.org

Content Core Elements
□ Future Thinking
□ Present Action
□ Safeguarding one's Future
Implementation Core Elements
☐ Two skilled facilitators must be used to deliver multiple intervention sessions
□ Deliver multiple intervention sessions, with days in between sessions for youth to process
information, draw conclusions and invest in their goals
Pedagogical Core Elements
☐ Youth create a portfolio of their work representing their possible future selves and the
activities promoting the achievement of that possible future self.
□ Deliver activities in a way that support youth's achievement of a positive future self. For
example, providing participants with enthusiastic positive feedback that focuses on their
individual strengths.

VI. Overview of Project AIM Statement of Work

Deliverables

The contractor will conduct the Project AIM intervention with fidelity to the original evidence-based program model and program elements. The contractor will conduct six cycles with 15 participants per cycle, reaching a total of X African American youth between the ages of 11-14 in the Baton Rouge area.

The Contractor shall:

- Hire and Train Staff (Two facilitators are required to implement the Project AIM curriculum with fidelity to the program model).
 - All staff must participate in three required trainings prior to conducting Project AIM intervention: STD/HIV training, Group Facilitation training and Project AIM curriculum training.
 - If staff turnover occurs, new staff must receive the above training, with Metro Health incurring any and all costs.
- All staff associated with Project AIM implementation and administration must participate in monthly contractor calls and quarterly contractor site visits.
 - o Total Units: 12 (Conference Calls)
 - o Total Units: 4 (Quarterly Meetings)
- Submit monthly and quarterly reports using the format provided by the STD/HIV Program.
 - The contractor's executive director must sign off on monthly and quarterly reports as an indication that the report is correct before submission.
 - o Total Units: 16
- Conduct Project AIM intervention with six groups of participants with fidelity to the program model. For each group:
 - The contractor will implement six cycles of Project AIM with 12-15 qualified participants per cycle.
 - Qualified participants are African American adolescents ages 11-14.
- Retain participants throughout the intervention cycle.

- The contractor will be reimbursed for work related to retaining participants throughout the program cycle.
- Assist with evaluation of program impact
 - Contractor will submit process evaluation forms to the Louisiana Public Health Institute (SHP), the PREP external evaluator, based on pre-agreed upon data submission schedule developed by SHP.
 - Contractor will conduct behavior surveys at program entrance, exit, 3 months post intervention and 1 year post intervention, and will send the surveys to Louisiana Public Health Institute (SHP) confidentially.

VII. Agency Requirements for Implementation

In order to implement Project AIM through the Louisiana PREP program, agencies must have applied for funding and been selected by the STD/HIV Program. After a contract and statement of work have been agreed upon, several requirements must be met before implementation can begin.

Staff Selection & Training: Each agency must have a minimum of two adult facilitators. Agencies may retain more than two adult facilitators, but all facilitators must receive training and certification from the STD/HIV Program to be considered legitimate facilitators.

- a. Qualities and qualifications to consider when hiring Project AIM facilitators should include:
 - Strong leadership skills
 - Outgoing personality (comfortable speaking in front of groups)
 - Strong communication skills
 - Commitment to working non-traditional hours (evenings and weekends)
 - Comfortable discussing sensitive topics, if necessary
 - Enjoys working with youth
- b. Once facilitators have been identified and selected, they must attend a five day training offered by the STD/HIV Program. Facilitators are required to attend the

entire training. These trainings will be offered quarterly, will rotate throughout the state and will include:

- HIV/STD 101
- Group Facilitation Skills
- Project AIM curriculum training
- c. After the facilitation training, all new facilitators must be certified by the STD/HIV Program staff. Staff must include the Adolescent Health Coordinator, and can also include the Regional Coordinator or Regional Coordinator Supervisor. New facilitators will be required to model one full Project AIM program session of their choice for STD/HIV Program staff. If only one facilitator needs to be certified within an agency, they will model the Project AIM session with established facilitators at the agency. All prospective facilitators will be assessed with a "teach-back" tool created by Project AIM curriculum developers. Please see Appendix B for a copy of the tool. If facilitators pass the certification, they may immediately begin implementing the Project AIM project with their agency. If they do not pass certification, they will be given feedback and suggestions for improvement, and will be required to go through certification again at a later date. It is important to allow new facilitators at least two weeks between new facilitator training and certification to go through the Project AIM curriculum with their team.
- d. Each agency must have two trained and certified adult-facilitators in order to implement Project AIM programming. If for some reason an agency is lacking a required facilitator, they may temporarily utilize a trained and certified facilitator from another agency, if another agency is willing and able to share a facilitator. This is not a long-term or permanent staffing solution and is meant only to provide temporary assistance until another facilitator is identified, trained and certified. These agreements must be shared with regional and adolescent health coordinators in advance.

Implementation Location: Project AIM sessions may be held in any number of community-based settings. Agencies are encouraged to identify a space they may use regularly for sessions. This space should accommodate up to 15 people (including facilitators). Agencies are also encouraged to work with local partners to identify ideal locations for Project AIM sessions. All locations must have capacity sufficient for 15 participants and a private space where confidential group discussions may occur. In accordance with state law, agencies may not implement Project AIM sessions in a school-based setting or during school hours. Agencies must also make clear to all off-site locations that no staff may observe Project AIM sessions.

VIII. Participant Recruitment & Enrollment

During the recruitment process, agencies are encouraged to share information about their agency, their Project AIM program, and the Project AIM intervention in general. Several items must be shared with participants, completed by participants and guardians, and returned to agency staff before participants may move forward with implementation.

- Project AIM participant consent form: This form explains the Project AIM intervention and evaluation to potential participants. All Project AIM participants must sign a consent form before participating in the Project AIM intervention.
- Project AIM parental consent form: This form explains the Project AIM intervention and evaluation to parents/guardians of potential participants. This form must be signed by a parent/legal guardian before participants begin Project AIM programming. In alternative living situations (legal emancipation, group-homes, etc.), attempts should be made to identify the appropriate signatory for the Project AIM consent form. If a legal guardian cannot be located, a trusted adult should complete the parental consent form on behalf of the participant.

These two forms must be completed for each participant before they may begin attending Project AIM sessions.

All agencies must retain copies of all eligibility screeners, participant consent and parental consent forms for their records. Copies of these forms must be available on-hand for all participants during programming for coordinator review. Regional coordinators will make routine checks on these forms, and if forms are missing, agencies will be subjected to liquidated damages (as outlined in signed/executed contracts) and their Project AIM program will be in jeopardy.

Agencies are also encouraged to advertise the Project AIM program in their community through partnership with local newspapers, magazines, radio, and television outlets. Agencies should share these opportunities with the Adolescent and Regional Coordinators for more guidance on suggested language.

IX. Program Implementation

Agencies must have certain materials in order to begin program implementation, including:

- Seating for all participants
- Pens/Pencils/Markers
- Newsprint/Newsprint stand
- All Project AIM participant materials (worksheets, handouts etc.) prepared for each session
- Project AIM posters
- Tape
- Supplies for all Project AIM activities (Travel Brochures, Calculators etc.)

The Project AIM intervention emphasizes creating a welcoming and comfortable atmosphere. Agencies are encouraged to provide incentives during Project AIM programming, including food and small gifts/prizes for participation.

Once an agency is prepared to implement a program cycle, they must notify their regional coordinator and the project evaluator of their intention to begin a program cycle at least 7 days in advance. This notification will include the proposed dates and location(s) for the program cycle. If these dates change for any reason, it is the responsibility of the agency to communicate those changes to the coordinator and evaluator. Each agency must confirm with their regional coordinator, or designated observer, 24 hours before the cycle begins.

Program implementation consists of twelve sessions, lasting approximately 50 minutes-one hour each, occurring twice a week for six weeks.

During program implementation, an authorized representative will observe at least one session of Project AIM programming. Advance notice will be given by authorized representative (no later than 24 hours before the session) to facilitators indicating which session will be observed. If dates and/or times of sessions change, it is the agency's responsibility to alert the authorized observer. Contact information will be provided. After observation is complete, facilitator observation forms will be given to the agency within two business days via fax or email.

Participants will sign-in at the beginning of each session. If a participant leaves a session early or arrives late (missing two or more activities), or leaves the session for a significant period of time (more than two activities) it must be noted on the sign-in sheet.

Participants are expected to commit to attending all Project AIM sessions. If a participant must miss a session, it is important to notify the regional coordinator to establish a make-up plan.

X. Evaluation

Project AIM peer facilitators and adult facilitators should ensure that all forms are completely filled out prior to dismissal of participants. If there is any missing information on any forms, every effort should be made to enter the missing data to ensure data accuracy. While facilitators may scan the forms for missing data, they must make a concerted effort not to read through the content and responses on the forms- the information that participants provide is confidential.

Pre-Implementation/Recruitment

Interested participants will receive a participant consent form and a parental consent form that they must sign and have signed.

Once a tentative cycle is scheduled, agencies must **send the intended cycle dates and times to SHP** in order to receive a data collection timeline. Any cancellations or changes to these dates must be communicated to SHP, so that the timeline may be updated.

Entrance Survey

Each participant will be assigned a random identifier (UIN) from the list given to each agency by SHP. It is the adult facilitator's responsibility to write the random identifier on each baseline assessment, and to write down the name associated with said identifier on one secure document.

This document will be kept in a locked file cabinet, and will be used only to assign the correct identifier to each participant for follow-up surveys.

When conducting entrance survey, facilitators must ensure, as much as possible, that each participant has sufficient privacy to complete the assessment confidentially.

The facilitator will provide instructions to participants before they begin the survey. Facilitators should make themselves available throughout the room to assist in answering any questions, or providing any clarification needed by participants.

Please note that most questions are equally relevant to a participant whether or not s/he has ever engaged in sexual activity, and that questions asking about sexual activity offer a "not applicable" option or a skip pattern. A participant should not generally leave a section entirely blank out of belief that the section "does not apply". However, a participant ultimately reserves the right to not answer a question for any reason. If a participant refuses to answer a question or multiple questions, please note it so that it can be accounted for.

The adult facilitator will collect entrance surveys and make photocopies. Please be careful not to miss any pages and to keep them in the correct order. The originals will be placed in a locked file

cabinet (separate from the file cabinet which contains the list of unique identifiers), and the photocopies will be sent to SHP via certified mail.

In-depth: How to Assign a Unique Identification Number (UIN) to a PROJECT AIM Participant

The correct UIN format begins with a single letter, and is followed by eight numbers. The UIN is critical to data collection and should be assembled as follows:

- 1. The single letter comes from the **agency name**, i.e. Y = YWCA, B = BRASS, S = SWLA, A = Acadiana CARES, P = PhiladelphiPa Center, G = Go Care, F = Face to Face. M = Metro
- 2. The first number of the UIN comes from the grant **year number**, i.e. 1 = first year of the grant, 2 = second year of the grant, 3 = third year of the grant, 4 = fourth year of the grant, and 5 = fifth year of the grant
- 3. The second number of the UIN comes from the current **cycle number**, i.e. 1 = first cycle of the before-mentioned year, 2 = second cycle of the before-mentioned year, 3 = third cycle of the before-mentioned year, etc.
- 4. The final numbers of the UIN are the same as the **randomly generated 6-digit number** that we have provided you in an excel spreadsheet. It is imperative that you only use the numbers we have sent directly to you as any other number may be associated with a different agency. Each participant receives one UIN and uses the same UIN throughout the entire PROJECT AIM process. For instance, participant X should use the same UIN for the pre-test, the 3-month post-test, the 6-month post-test, and all sign-in sheets for sessions 1 4. This is how we will be able to assess the effectiveness of PROJECT AIM.

An example: a fictional PROJECT AIM participant at the Philadelphia Center is assigned the randomly generated digits 109876. She is participating in year 3, cycle 6. She should be identified as: P36109876. This UIN would be written on the pre-test and both the 3-month and 6-month post-tests for that individual.

At the start of session 1, each participant will be asked to take an entrance survey that identifies basic demographic information, as well as knowledge, attitudes, beliefs and behaviors. Participants should not put their name on the assessment, as their unique identifier will already be written on the assessment. This helps keep participant information confidential.

Before each Session:

- Ensure that all participants entering the session have had the proper consent forms signed prior to attending.
- Have all participants sign in using the attendance form included in the implementation manual. A separate attendance form will be used for each session, with a total of twelve forms. Facilitators will photocopy these forms. They will keep the original copies of these forms and send the photocopy to the program monitor for invoicing.

After Sessions

- Participants will fill out the session evaluation form if there is one. Participants will not put their name on these forms, as they are to be anonymous. Facilitators will photocopy this form, keeping the original and mailing a copy to SHP.
- If a participant left mid-session or if anything unusual occurred, facilitators will note this on the sign-in sheet to record which participants received which parts of Project AIM. Otherwise, numbers of session evaluations should match the count of participants from the session sign-in sheet.
- Adult Facilitators will complete the Fidelity/Process Evaluation Form. Facilitators have up to two days to fill out the Fidelity/Process Evaluation Form, but are encouraged to complete it immediately following each session for accuracy. There will be four forms at the end of each cycle. Facilitators will photocopy this form, keeping the original and mailing a copy to SHP.

At the end of Session 12

Each participant will complete an exit survey at the end of Session 12. Each participant should have the SAME unique identifier given for the entrance survey- please refer to the blue box earlier in this document for more information about correct UIN format. Facilitators will write the unique identifier on the exit surveys prior to administering the survey, ensuring that each participant is given their correct identifier. The adult facilitator will collect exit surveys and make photocopies. Again, please be careful not to miss any pages and to keep them in the correct order. The originals will be placed in a locked file cabinet (separate from the file cabinet which contains the list of unique identifiers), and the photocopies will be sent to SHP via certified mail.

- The Project AIM facilitators will be observed at least once per cycle. An outside observer will complete a Facilitator Observation form for each facilitator once during each cycle of Project AIM. The outside observer will provide the facilitators with the form after observation, and it will be the facilitators' responsibility to photocopy the form and mail it to SHP.
- After completing a cycle, agencies will submit an evaluation checklist¹ with all required evaluation materials to SHP. The evaluation team at SHP will review the evaluation checklist to ensure that it is complete and correct. If there are any outstanding data issues, SHP will contact the agency.
- Once all data issues are resolved, SHP will sign the evaluation checklist, indicating that it is completed. SHP will then forward a signed copy of the evaluation checklist to regional/adolescent coordinator. This signed evaluation checklist will then be used as documentation for the evaluation portion of an invoice.
- Without this signed checklist, the evaluation portion of your invoice cannot be processed, and this may hold up the rest of the invoice.
- Please remember that a checklist must be submitted for EACH program cycle.

Follow-Up Data Collection

Follow up will occur at three months and twelve post intervention. Participants will be compensated for each follow-up survey in which they participate. Their compensation will be in the form of a \$10 gift card. Each agency is responsible for purchasing \$10 gift cards for 3 and 12 month follow up. It is each agencies responsibility to keep track of this. SHP will provide each agency with data submission schedules for each. On these data submission calendars, the approximate dates for 3- and 12-month follow up tests will be documented.

Each participant should have the SAME unique identifier given for the entrance and exit surveys- please refer to the blue box earlier in this document for more information about correct UIN format. Facilitators will write the unique identifier on the follow-up surveys prior to administering the survey, ensuring that each participant is given their correct identifier. Agencies must also **record the date that the test is taken** on the appropriate line at the top of the post-test.

The adult facilitator will collect follow-up surveys and make photocopies. Again, please be careful not to miss any pages and to keep them in the correct order. The originals will be placed in a locked file cabinet (separate from the file cabinet which contains the list of unique identifiers), and the photocopies will be sent to SHP via certified mail.

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¹ Appendix B

Storage of Data

All forms with client information must be kept and transported in a locked portable file cabinet, luggage, or container until it is permanently stored in the area designated by the facilitators. This designated area as shall only be accessible to Project AIM staff and will be maintained in a locked room and in a locked file cabinet. Only Project AIM staff will have access to locked files.

All forms will be kept until 2020 (five years after the anticipated project completion date). When appropriate, destruction of forms must be carried out via shredder, and shredded material must be discarded in a proper location. Please refer to the confidentiality agreement (Attachment _) and the site visit checklist (Attachment _) for more information on these protocols.

It is the responsibility of all PROJECT AIM staff to keep program materials secure at all times and in all settings. Please remember not to send original forms to SHP.

XI. Referrals

Referrals, the process of linking a client/participant to needed resources, are an important part of the PREP program. All agencies are encouraged to offer referrals to Project AIM participants, and to document and follow-up on these referrals following the same protocol that is outline in the Referral Protocol². All referrals (including internal referrals to services, such as HIV/STD testing) should be documented. Potential referrals for Project AIM participants could include:

- HIV Counseling & Testing
- STD Testing
- Family Planning Services
- Primary Care
- Dating Violence Resources
- Social Workers
- Substance Abuse Resources
- Alcohol Abuse Resources

Facilitators and encouraged to collaborate with their agency to develop a list of "youth-friendly" resources in their area. Facilitators should be prepared to provide information about these resources to all participants.

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² See Referral Form in Appendix C

XII. Invoicing

On a monthly basis, agencies will send all necessary documentation to the STD/HIV Program Business Unit. Written approval is provided in the form of prepared invoices from each applicable reimbursement category.

Performance Indicators & Required Documentation for Invoicing

- 1. Training (3 units): Training sign-in sheets
- 2. Quarterly Meetings (4 units): Site Visit Checklist
- 3. Project Implementation (1,080 units): Session Sign-in Sheets
- 4. Project Retention (6 units): Session Sign-in Sheets
- 5. Evaluation (6 units): Signed Evaluation Checklist

Appendices:

Core Elements

Teach Back Form

PROJECT AIM screener

PROJECT AIM parental consent

PROJECT AIM participant assent

Sign in Sheet

Entrance Survey

Session 1 Forms: Evaluation, Fidelity Monitoring

Session 2 Forms: Evaluation, Fidelity Monitoring

Session 3 Forms: Evaluation, Fidelity Monitoring

Session 4 Forms: Evaluation, Fidelity Monitoring

Exit Survey

3 & 6 Month Follow-up Survey

Confidentiality Policy

Site Visit Checklist

Quarterly & Monthly Report Templates

Referral Form