

Louisiana Youth Responsibility Education
Program (LYREP)

Making Proud Choices (MPC)
Protocol

2026

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Making Proud Choices Program Overview

I. Purpose

The purpose of the Personal Responsibility Education (PREP) project is to decrease STIs, HIV/AIDS and pregnancy among high-risk, African American, Hispanic, and Native American youth in Louisiana. Making Proud Choices (MPC) is a girls/boys, mixed-gender youth that are part of a high priority group such as, youth in juvenile justice facilities, that has experienced trafficking, homeless youth and youth in foster care, youth who identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ+) ages 12-18. A group-level youth development intervention which use group discussion, interactive and small group activities, and role plays to encourage youth to clarify their own value about sexual activity, make decisions that will help avoid becoming infected with HIV, and learn skills to put their decisions into action. In addition, facilitators demonstrate proper condom use and emphasize the importance of healthy relationships.

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 MPC project is to reduce teen pregnancy and HIV/STI incidence among youth in Louisiana through:

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

III. Objectives

Each agency will reach between 60-150 African American, Hispanic, and Native American youth between the ages of 12-18 in a community setting during the fiscal year. Each participant will complete all MPC programming, entrance and exit survey.

IV. MPC Program Model

MPC is led by two adult facilitators, social-skills training intervention aimed at reducing HIV sexual risk behavior among African American, Hispanic, and Native American youth, between the ages of 12-18. It consists of eight 60-minute sessions, delivered by two adult male/female facilitators in a community-based setting. The sessions are designed for 6-15 participants and is culturally relevant and include behavioral skills practice, group discussions, lectures, role-playing, and take-home exercises.

V. Core Elements

The list below contains core elements that are essential to implementing the MPC program with fidelity to the program model and cannot be altered during programming. For more detailed information on the MPC intervention, please visit the website: louisianahealthhub.org.

1. Conduct small-group sessions that meet the session goals.
2. Implement MPC with male/female, heterosexual teens who practice abstinence and/or have had sexual intercourse* and are between the ages of 12-18 (inclusive).
3. Use two skilled adult male/female facilitators, who is knowledgeable about youth culture to implement MPC group sessions. Facilitators should be skilled in using interactive teaching methods and guiding group discussions and should be comfortable with the program content.
4. Use materials that are age, gender, and culturally appropriate to motivate gender and ethnic pride and to maintain teens' interest throughout the sessions.
5. Train teens in assertive communication skills to demonstrate care for their partners and to negotiate abstinence or safer sex behaviors.
6. Teach teens proper condom use to Wrap It Up & Condom Negotiation. MPC is designed to foster positive attitudes and norms towards consistent condom use and to provide teens the appropriate instruction for placing condoms on their partner.
7. Discuss triggers that make negotiating safer sex for teens challenging.
8. Emphasize the importance of partner involvement in safer sex.
9. Deliver intervention to teens in community-based settings, not in a school-based setting or during school hours.

**The Louisiana MPC project does not require participants to be sexually experienced. This alteration has been cleared by MPC curriculum developers and PREP project officers.*

VI. Overview of the MPC Statement of Work

PERFORMANCE INDICATORS

The contractor will be reimbursed through a fee-for-service structure. Reimbursement will correspond with the following performance indicators:

Training & Technical Assistance

1. Site Visits: 1 annual visit (1 total units)
 - a. An annual site visits will occur during the project year.
 - b. Annual site visits must include the adolescent health coordinator, the regional prevention coordinator, the MPC project coordinator and the program director.
 - c. The contractor will receive a checklist prior to the site visit data outlining site visit expectations. This checklist will also be available in the project protocol.
 - d. Documentation required for reimbursement: Completed site visit checklist, signed by adolescent health coordinator, regional coordinator and program director.

2. Statewide Meetings: One 4-day meeting (4 total units)
 - a. One adult facilitator and the MPC program coordinator must attend the statewide meeting. Additional MPC staff are invited to attend, should their schedules permit. No extra funding will be provided for the attendance of additional staff.
 - i. Ideally, each agency will send an adult facilitator and two near-peers (if MPC coordinator can't attend). However, as long as three representatives attend, the requirements are satisfied.
 - b. Contractor will be responsible for travel arrangements, lodging and any per diems necessary for statewide meeting attendance.
 - c. Two travel days are included in the statewide meeting reimbursement.
 - d. Documentation required for reimbursement: Statewide meeting agenda, Statewide meeting sign-in sheet (verified by adolescent health coordinator).

3. Training: 1 annual new facilitator training (1 total units)
 - a. New facilitator trainings will occur as needed throughout the program year
 - b. New facilitator trainings will include but not be limited to the following topics: STI/HIV101, Group Facilitation, LGBTQ inclusivity and MPC curriculum training.
 - c. Contractor will be reimbursed for attendance at a new facilitator training only once. Staff may attend additional trainings, but will not be reimbursed for those additional trainings.
 - d. Documentation required for reimbursement: Training sign-in sheet.

Foster Community Support

4. Community Advisory Board Meetings: 12 meetings (12 total units)
 - a. MPC Community Advisory Board (CAB) meetings must be held 12 times per year.
 - b. CAB members must include at least seven core members. These core members may not be staff members or family members.
 - c. CAB meetings may not be part of a staff meeting, and must take place when community members are able to participate.
 - d. At least five members must be present at a CAB meeting.

- e. Documentation required for reimbursement: Sign-in sheet, Agenda, Minutes

Program Implementation

- 5. Program Implementation: Qualified participants completing one session (240/320/400 total units)
 - a. Contractor will implement MPC sessions with between 5 and 15 qualified participants.
 - i. A qualified participant is a 12-18-year-old female/male that self-identifies as being African American, Hispanic, and Native American.
 - b. Documentation required for reimbursement: Session sign-in sheets, Session log.
- 6. Participant Retention: Qualified participant completing MPC program (60/80/100 total units)
 - a. Participants must complete all eight MPC sessions to be considered “retained” in the MPC program.
 - b. If a participant is unable to complete all eight MPC sessions in one cycle, they may discontinue participation in their original cycle and finish programming in the next cycle.
 - i. More information on attendance policies can be found in program protocol.
 - c. Documentation Required: Sign-in sheets, Session Log.

Program Evaluation

- 7. Process Evaluation: 60/80/100 evaluation participants (60/80/100 total units)
 - a. The contractor will submit copies of the following forms to SHP for each program cycle: De-identified sign in sheet, fidelity monitoring forms, participant evaluation forms, and participant entrance and exit surveys.
 - b. Documentation required for reimbursement: Evaluation Checklist completed and signed by SHP evaluation manager.

Non-Reimbursable Performance indicators

Calls and Reports

- 1. Conference Calls: 12 statewide calls (12 total units)
 - a. Statewide conference calls will occur on the second Thursday of each month unless otherwise noted.
 - i. At least one program representative must be present on the statewide call. This representative must be able to provide program updates and is responsible for sharing all call updates with program staff.
 - b. Documentation required: Conference Call Agendas

Reporting

- 2. Reports: 12 monthly reports, 4 quarterly reports (16 total units)
 - a. Each month, contractor will complete a monthly narrative report, where they will provide qualitative program data using the existing report template.
 - b. At the end of each quarter, contract will complete a quarterly report, where they will provide qualitative and quantitative program data using the existing report template.
 - c. Reports are due no later than the fifth working day of the following month to the adolescent health coordinator and the regional coordinator.
 - d. The executive director must review and sign off on all reports prior to submission.

- e. Documentation required: Monthly and Quarterly Reports

VII. Agency Requirements for Implementation

In order to implement MPC through the Louisiana PREP program, agencies must have applied for funding and been selected by the STI/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. In accordance with the core elements of the MPC program, all facilitators must identify as African American, Hispanic, and Native American females and males must meet the age requirements. Agencies may retain more than two adult facilitators, but all facilitators must receive training and certification from the STI/HIV Program to be considered legitimate facilitators.

- a. Qualities and qualifications of MPC facilitators must 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, including sexual risk-behaviors, HIV, STIs, condom use, teen dating violence, bullying, etc...
 - Enjoys working with youth
 - Ability to provide medically accurate sex positive, health information in a non-judgmental fashion

- b. Once facilitators have been identified and selected, they must attend a New Facilitator training offered by the STI/HIV Program. **Facilitators are required to attend the entire training.** These trainings will be offered as needed and will include:
 - MPC curriculum trainingThey may also include the following:
 - HIV/STI 101
 - Undoing Racism
 - Group Facilitation Skills

After the facilitation training, all new facilitators must be certified by the STI/HIV Program staff. Staff must include the Adolescent Health Coordinator and can also include the Regional Coordinator or designated SHHP staff. New facilitators will be required to model MPC program sessions for STI/HIV Program staff. If only one facilitator needs to be certified within an agency, they will model the MPC session with established facilitators at the agency. All prospective facilitators will be assessed with a “teach-back” tool created by MPC curriculum developers. If facilitators pass the certification and complete the HIPAA certification, they may immediately begin implementing the MPC 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. If facilitators are unable to pass certification a second time, they will not be able to facilitate MPC curriculum.

It is important to allow new facilitators *at least* two weeks between new facilitator training and certification to go through the MPC curriculum with their team. Each agency must have two trained and certified **adult-facilitator** in order to implement MPC 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 to be considered 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. Agencies are encouraged to execute a Memorandum of Agreement (MOA) when staff will be shared between organizations on a recurring basis to support program implementation.

Implementation Location: MPC sessions may be held in any number of community-based settings. Agencies are encouraged to identify a space they may use regularly for sessions, preferably on-site. Agencies are also encouraged to work with local partners to identify ideal locations for MPC sessions. All locations must have capacity sufficient for 15 participants and a private space where confidential group discussions may occur. In accordance with MPC core elements, MPC sessions may be held in faith-based settings, but agencies must be certain that churches and faith-based sites will allow condom demonstrations and frank discussions surrounding sexual health. Agencies must also make clear to all off-site locations that no staff or parents/guardians may observe MPC sessions. Agencies are encouraged to develop Memoranda of Understanding (MOUs) with community-based organizations to support program implementation and youth engagement.

VIII. Community Advisory Board (CAB)

The agency must have a Community Advisory Board to support MPC program activities. The purpose of the CAB is to increase community awareness of and actively support the MPC Program. CAB members contributions can be but are not limited to, monetary or in-kind contributions, recruiting youth, promoting the program in the community, etc. The MPC Community Advisory Board (CAB) meetings must be held in accordance with the organization's contract which details the number of meetings a year an agency must hold meetings. The CAB must include at least seven core members and these core members may not be staff members or family members. CAB meetings may not be part of a staff meeting and must take place in-person when community members are able to participate and **at least five** members must be present at a CAB meeting to meet quorum. The agency must provide the CAB Sign-in sheet, Agenda and Minutes as supporting documentation for invoicing.

Member Recruitment: The agency should recruit members that can actively contribute to the CAB and contribute to the purpose of the MPC program. Examples are schoolteachers, community leaders, and coaches.

IX. Participant Recruitment & Enrollment

During the recruitment process, agencies are encouraged to share information about their agency, their MPC program, and the MPC 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.

MPC Participant Assent Form: This form assesses participants' eligibility for the MPC program. All MPC participants must self-identify as African American, Hispanic, Native American, and must be between the ages of 12-18. This screener should be completed before consent forms. Agencies do not need to submit these screeners for review but they must be completed as part of the recruitment documentation.

MPC Parental consent form: This form explains the MPC intervention and evaluation to parents/guardians of potential participants. If participants are under age 18, this form must be signed by a parent/legal guardian before participants begin MPC programming. In alternative living situations (legal emancipation, group-homes, juvenile justice facilities, etc.), attempts should be made to identify the appropriate signatory for the MPC consent form. If a legal guardian cannot be located, a trusted adult should complete the parental consent form on behalf of the participant.

Participants who are **18 years of age** do not have to turn in a signed parental consent form, but are encouraged to if they still reside with their parents

These two forms must be completed for each participant **BEFORE** they may begin attending MPC sessions.

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

Agencies are also encouraged to advertise the MPC program in their community through partnership with local newspapers, magazines, radio, and television outlets. Agencies are also allowed to share information about the MPC program with schools, although they may not actively recruit during school hours. For more information on how to work effectively with schools, please consult the Adolescent and Regional Coordinators for more guidance.

X. Program Implementation

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

- Seating for all participants
- Pens/Pencils/Markers
- All MPC participant materials (worksheets, handouts etc.) prepared for each session
- MPC posters, cd's, and video's
- Tape
- Models for condom demonstrations
- Supplies for all MPC activities (timer, bell, index cards, music playing device)

The MPC intervention emphasizes creating a welcoming and comfortable atmosphere that emphasizes ethnic and gender pride. Agencies are encouraged to provide incentives during MPC 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 prior to the start of the MPC cycle. 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 regularly consists of eight sessions, lasting sixty minutes each, occurring twice a week for one month. Implementation may occur the following based on approval from the Regional Coordinator, Adolescent health coordinator

❖ Twice a week for 8 weeks

“Boot-Camp” style programming, holding more than two program session per day or per week is not considered an acceptable implementation style. All programming must be approved in writing by a regional or adolescent coordinator.

During program implementation, an ***authorized representative of the agency*** or the **Regional Program Coordinator**, will observe 1 session of MPC programming. Advanced notice may be given 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 regional coordinator, adolescent health coordinator and evaluator. Contact information will be provided. After observation is complete, facilitator observation forms will be given to the agency within five working days of the cycle’s completion via fax or email. ***A corrective technical action plan will be implemented if the facilitator is unable to implement MPC with fidelity.*** If the facilitator fails to successfully address the requirements of the action plan the facilitator will be required to attend a MPC training. If the MPC facilitator is unable to implement with fidelity after being retrained SHP MPC facilitator certification will be revoked and they will no longer be certified to facilitate the MPC curriculum.

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. They will not count for that session and therefore cannot complete that cycle of MPC.

Participants are expected to commit to attending all 8 MPC sessions. If a participant cannot attend a session in the program cycle, she/he must discontinue her/his participation in the program cycle, and begin programming in another cycle beginning with the first sessions she/he did not complete.

Participants MUST complete the MPC program in the NEXT program cycle OR within one month of the last session attended.

Once a participant completes all MPC sessions she/he will be considered a “graduated” MPC participant.

XI. Evaluation

MPC 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

All participants must receive the participant assent form to ascertain that they are a teen between the ages of 12-18 and identify as African American, Hispanic, Native American. The eligibility criteria are NOT to be disclosed.

If participants are deemed eligible, they will receive a parental consent form that they must sign and have signed. If the participant is **18 years of age**, a parental consent form is not required, and they need only to complete the participant consent form. Participants must also complete a contact information form.

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

Entrance Survey

Each participant will be assigned a random identifier from the list given to each agency by the evaluator. 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 assessments.

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

The correct UIN format begins with a single letter, and is followed by seven 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. , S = SWLA, A = Acadiana CARES,
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 5-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 MPC process. For instance, participant X should use the same UIN for the pre-survey, the post-survey, and all sign-in sheets for sessions 1 – 8. This is how we will be able to assess the effectiveness of MPC.

Agencies should have one document that links the UINs with participant names. This master document will allow for matching between surveys. This document may be stored electronically, or as a hard copy that is stored separately from completed surveys and sign-in sheets.

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

The facilitator will guide participants through the assessment instructions. 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 she/he has ever engaged in sexual activity, and that questions asking about sexual activity offer a “not applicable” option. A participant should not generally leave a section entirely blank out of belief that the section “does not apply” to her/him. 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. ***The agency must implement the FYSB OMB approved survey using the OMB approved cover sheet when distributing the surveys.*** 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 the evaluator via certified mail.

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 four 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.
- Prepare entrance surveys with UINs for each participant.

After Sessions

- Participants will fill out the session evaluation form. 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 the evaluator.
- 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 MPC. Otherwise, numbers of session evaluations should match the count of participants from the session sign-in sheet.
- The facilitation team 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 Evaluator.

By the end of the 4th session

- At the end of the 8th session, the MPC participants will complete an **exit survey**. Each participant will be given a survey with the same UIN they used for the entrance survey. These UINs **MUST** match in order to link the participant responses. As with the entrance survey, facilitators will collect the surveys and photocopy them. They will mail the photocopies of the surveys to SHHP with the remaining items on the evaluation checklist.

By the end of each cycle

- The MPC facilitators will be observed once per cycle. An outside observer will complete a Facilitator Observation form for each facilitator once during each cycle of MPC. The outside observer will provide the facilitators with the form after observation, and it will be outside observer and/or the facilitators' responsibility to enter the observation form in SHHP's REDCap data system.
- After completing a cycle, agencies will submit an evaluation checklist with all required evaluation materials to the evaluator. The evaluation team at SHHP will review the evaluation checklist to ensure that it is complete and correct. If there are any outstanding data issues, SHHP will contact the agency.
- Once all data issues are resolved, SHHP will sign the evaluation checklist, indicating that it is completed. SHHP will then forward a signed copy of the evaluation checklist to you, your regional coordinator, and the adolescent health 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.

Incentives

Participants will be compensated for each survey in which they participate. Their compensation will be in the form of a \$15-25 gift card. Each agency is responsible for purchasing \$15-25 gift cards for completion of the pre/post survey. It is each agency's responsibility to keep track of this.

Data Collection

Each participant should have the SAME unique identifier given for the baseline assessment- please refer to the shaded, blue box earlier in this document for more information about correct UIN format. Facilitators will write the unique identifier on the 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 the 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 SHHP via certified mail.

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 MPC staff and will be maintained in a locked room and in a locked file cabinet. Only MPC staff will have access to locked files.

All forms will be kept until 2032 (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.

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

XII. 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 MPC participants, and to document and follow-up on these referrals following the same protocol that is outline in the Referral Protocol. All referrals (including internal referrals to services, such as HIV/STI testing) should be documented. Potential referrals for MPC participants could include:

- HIV Counseling & Testing
- STI Testing
- Family Planning Services
- Primary Care
- Dating Violence Resources
- Social Workers
- Substance Abuse Resources
- Alcohol Abuse Resources
- Mental/Behavior Health Services

Facilitators must collaborate with their agency to develop a list of “youth-friendly” resources in their area to provide during MPC sessions. Facilitators should be prepared to provide any additional information about these resources to all participants.

XIII. Invoices

By the 5th working day of the following month, agencies will send an invoice containing all necessary documentation for the prior month’s activities to the business unit. The business unit will review invoices and submit them to the Adolescent Health Coordinator for review before they are resubmitted to the business unit for final approval and payment. A copy of the invoice cover sheet is included in the appendix.

Documentation Required for Invoice

1. Group Conference Calls: Agenda, Roll Call (non invoiceable item but still required)
2. Annual Site Visit: Completed site-visit checklist
3. Off-Site Meetings: Meeting Agenda, Sign-in Sheets
4. Community Advisory Board: Sign-in Sheet, Agenda, Minutes
5. Reports: On-time signed & submitted reports (non invoiceable item but still required)
6. Process Evaluation: Completed evaluation document checklist (signed and verified by Evaluation Coordinator)
7. Program Implementation: De-identified session sign-in sheets
8. Participant Retention: Session Sign-in Sheets
9. Training: Training sign-in sheets & Agenda

Department of Health and Hospitals Institutional Review Board (IRB)
Making Proud Choices Parental Consent Form

Project Title: Making Proud Choices

Research Location(s):

**New Orleans, Baton Rouge, Lafayette, and
Shreveport**

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The Louisiana Office of Public Health STD/HIV Program and the Louisiana Public Health Institute would like to invite your youth to be part of a group youth program designed to reduce risky behaviors among youth by helping them to make safer choices. The following information can help you make a good choice about letting your youth participate in the program.

Description of Research Activities:

Making Proud Choices program brings together African American, Hispanic, Native American, and mixed-gender youth ages 12 to 18. The curriculum focuses on teen pregnancy prevention, personal responsibility, self-esteem, values, healthy relationships, human sexuality, decision-making, and goal setting. The group has a flexible schedule and can meet for 1-hour sessions over a period of 4 to 8 weeks.

Data Collection and Confidentiality:

All information collected as part of this study will be kept private and confidential. Each program partner (agency/organization) collecting data will sign a confidentiality agreement before data collection can begin.

Your youth will be asked to complete a survey assessing his behaviors and attitudes, which will be administered to him/her two times: before the first session, at the end of the last session.

Your youth's personal information will not be published or shared. **When used for reports, information such as his/her name or address will NOT be part of the data. The results will not contain any personal information, such as name, date of birth, or address.**

Benefits to Subjects:

Your youth can benefit from this program in the following ways. He/she will learn self-responsibility, especially in the area of sexual development and attain skills to strengthen communication about their responsibility and sexual development with his/her parents/guardians. He/she will also gain strategies to protect his/her future self through risk reduction.

Risks to Subjects:

Your youth may experience some discomfort when discussing personal responsibility and the barriers that he/she may face.

Alternatives to Participation in Research:

Your youth does not have to participate in this study. If your youth does not participate, the decision will not affect any of the services that he/she may be getting now or may get in the future from any of the Personal Responsibility Education Program partners /agencies /organizations.

Subject Removal Criteria:

Your youth can choose not to participate in the Making Proud Choices Program and may request to be removed from the study at anytime.

Subject's Right to Refuse to Participate or to Withdraw:

Your youth's participation in this study is voluntary. He/she may stop participating at any time without penalty.

Subject's Right to Privacy:

Your youth's privacy will be protected. Neither his/her name nor any identifying information will be used.

Release of Information:

This form does not authorize the release of any identifying information to anyone under any situation.

Publication of Information:

The results of this research may be published or shared. The **results will not contain any personal information, such as name, date of birth, or address.**

Assurances Signatures:

You have discussed this study and had your questions answered. If you have any other questions at any time, you may call Deidra Jessie-Hill at 504-568-7474.

By signing this form, you show that you have read and agree with the information in this consent form, and have been given a copy for your own records.

I agree to let my youth _____ participate in the Making Proud Choices Program and the evaluation component.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Printed Name of Witness

Date

Signature of Witness

Date

Reader Attests:

The subject has informed me that he/she is unable to read. I hereby certify that I have read this consent form to the subject and have explained that by signing above, they agree to participate.

Signature of Reader

Date

Parent Phone Number

Louisiana Department of Health Institutional Review Board (IRB)
Making Proud Choices Youth Participant Assent Form

Project Title: Making Proud Choices

Research Location(s):

New Orleans, Baton Rouge, Lafayette, and

Shreveport

Principal Investigator:

Samuel Burgess

Address:

Louisiana Office of Public Health-STD/HIV Program

1450 Poydras St. Suite 2136

New Orleans, LA 70112

Phone Number: 504-568-7474

Co-Investigator(s):

Deidra Jessie-Hill

Address: Louisiana Office of Public Health-STD/HIV Program

1450 Poydras St. Suite 2136

New Orleans, LA 70112

Phone Number: 504.568.7474

The Louisiana Office of Public Health STD/HIV Program would like to invite you to be part of a group youth program designed to reduce risky behaviors among youth by helping them to make safer choices. The following information can help you make a good choice about letting you participate in the program.

Description of Research Activities:

Making Proud Choices program brings together African American, Hispanic, Native American, and mixed-gender youth ages 12 to 18. The curriculum focuses on teen pregnancy prevention, personal responsibility, self-esteem, values, healthy relationships, human sexuality, decision-making, and goal setting. The group has a flexible schedule and can meet for 1-hour sessions over a period of 4 to 8 weeks.

Data Collection and Confidentiality:

All information collected as part of this study will be kept private and confidential. Each program partner (agency/organization) collecting data will sign a confidentiality agreement before data collection can begin.

You will be asked to complete a survey assessing your behaviors and attitudes, which will be administered to you two times: before the first session, at the end of the last session. Your personal information will not be published or shared. When used for reports, information such as your name or address will NOT be part of the data. The results will not contain any personal information, such as name, date of birth, or address.

Benefits to Subjects:

You can benefit from this program in the following ways. You will learn self-responsibility, especially in the area of sexual development and attain skills to strengthen communication about teen responsibility and sexual development with your parents/ guardians. You will also gain strategies to protect your future self through risk reduction.

Risks to Subjects:

You may experience some discomfort when discussing personal responsibility and the barriers that you may face.

Alternatives to Participation in Research:

You do not have to participate in this study. If you do not participate, the decision will not affect any of the services that you may be getting now or may get in the future from any of the Personal Responsibility Education Program partners /agencies /organizations.

Subject Removal Criteria:

You can choose not to participate in the Making Proud Choices Program and may request to be removed from the study at any time.

Subject's Right to Refuse to Participate or to Withdraw:

Your participation in this study is voluntary. You may stop participating at any time without penalty.

Subject's Right to Privacy:

Your privacy will be protected. Neither your name nor any identifying information will be used.

Release of Information:

This form does not authorize the release of any identifying information to anyone under any situation.

Publication of Information:

The results of this research may be published or shared. The **results will not contain any personal information, such as name, date of birth, or address.**

Assurances Signatures:

You have discussed this study and had your questions answered. If you have any other questions at any time, you may call Deidra Jessie-Hill at 504-568-7474.

By signing this form, you show that you have read and agree with the information in this consent form, and have been given a copy for your own records.

I, _____ agree to participate in the Making Proud Choices Program and the evaluation component.

Printed Name of Participant

Date

Signature of Participant

Date

Printed Name of Witness

Date

Signature of Witness

Date

Reader Attests:

The subject has informed me that he/she is unable to read. I hereby certify that I have read this consent form to the subject and have explained that by signing above, they agree to participate.

Signature of Reader

Date

Curriculum Log Sheets (MPC)

MPC LOG SHEET

Date: _____

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

FOR FACILITATORS

This packet contains 8 curriculum log sheets. Please complete the log sheet appropriate for each module you implement. These log sheets tell how much of the module you completed. If you wish to comment on any questions or explain your answers, feel free to write in the space in the margins.

NAME: _____

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 1 – Getting to Know You & Steps to Making Your Dreams Come True

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. Welcome and Program Overview			
B. Welcome Activity			
C. Creating Group Agreements			
D. Be Proud! Be Responsible! Brainstorm			
E. Brainstorming About Teens and Sex			
F. Goals and Dreams Timeline			
G. Brainstorming Obstacles or Detours Along Your Timeline			

Did you add anything that was not a part of this module as written in the manual?

_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 2 – A Possible Outcome of Unprotected Sex: HIV Infection

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. Discussing HIV and AIDS			
B. <i>The Subject Is HIV</i> Video and Discussion			
C. True or False: HIV			
D. HIV Risk Continuum			

Did you add anything that was not a part of this module as written in the manual?

_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 3 – Attitudes About Sex, HIV and Condom Use

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. <i>The Hard Way</i> Video and Discussion			
B. Calling Koko			

Did you add anything that was not a part of this module as written in the manual?

_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 4 – Strategies for Preventing HIV Infection: Stop, Think, and Act

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. STOP, THINK and ACT: Introduction to Problem Solving			
B. Sean and Morgan Case Study: Problem Solving Using STOP, THINK and ACT			
C. <i>Nicole's Choice</i> Video and Discussion			
D. The HIV/AIDS Game			

Did you add anything that was not a part of this module as written in the manual?
_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 5 – Possible Outcomes of Unprotected Sex: STIs

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. STD Facts OR <i>The Subject Is STDs</i> Video			
B. The Transmission Game			
C. What I Think About HIV/STI and Safer Sex			
D. Condom Use Skills			

Did you add anything that was not a part of this module as written in the manual?

_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 6 – A Possible Outcome of Unprotected Sex: Pregnancy

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. True or False: Pregnancy Statements			
B. Tanisha & Shay Video (Optional)			
C. Birth Control Methods Demonstration			
D. Agree/Disagree—Attitudes About Contraception			

Did you add anything that was not a part of this module as written in the manual?
_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 7 – Developing Condom Use and Negotiation Skills

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. Condom Line-Up			
B. How to Make Condoms Fun and Pleasurable			
C. Barriers to Condom Use/ Condom Pros and Cons			
D. "What to Say if My Partner Says...": Responding to Excuses			
E. Introduction to SWAT and Scripted Roleplays			

Did you add anything that was not a part of this module as written in the manual?

_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:

MPC LOG SHEET

MAKING PROUD CHOICES (MPC) CURRICULUM LOG SHEETS

Instructions: For each activity, indicate whether the activity was fully completed, partially completed, or not done at all. Place a check in the appropriate column.

Module 8 – Enhancing Refusal and Negotiation Skills

ACTIVITY	NOT DONE	PARTIALLY COMPLETED	FULLY COMPLETED
A. Safer Sex Negotiation Skills and <i>Wrap It Up</i> Video			
B. Practicing and Enhancing Negotiation Skills: Unscripted Roleplays			
C. Talking to Your Partner About Condom Use - Information Review			
D. Talking Circle			

Did you add anything that was not a part of this module as written in the manual?
_____ No _____ Yes If yes, please describe what you added:

For each activity that you did not complete, please explain why:
