2016 National Exemplary Awards for

Innovative Substance Abuse Prevention Programs, Practices and Policies

APPLICATION COVER SHEET

(INCLUDE WITH APPLICATION)

1. Has this intervention been submitted for an Exemplary Award in previous years? [Circle one]

Yes (No)

2. What is the primary target for this program, practice or policy? [Circle one]

Individual School-Based Family/Parent Peer/Group

Workplace Environmental/Community-Based (Other)

If Other, explain: A potent and balanced mix of both Individual and Environmental/Community-Based

PROGRAM INFORMATION

Program Name: Connect-Immunity II/Sisters Who Care (CSAP Grant#: SP016448)

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I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

Ted N. Strader

Program Director Signature

4/28/2016

Date

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Judith Ellis

Nominating Agency Signature

05/05/2016

Date

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Exemplary Award Abstract

The Council on Prevention and Education: Substances (COPES) is a private non-profit organization dedicated to substance abuse prevention with over 35 years of experience in Louisville, Kentucky. COPES has been recognized with numerous local, state, regional, national and international awards for its work with multiple high-risk populations. Recognitions include the United Nations (which promotes the availability of our *Creating Lasting Family Connections* evidence-based programs world-wide); the United States Department of Education Safe and Drug Free Schools (Effective Program), Office of Juvenile Justice and Delinquency Prevention (OJJDP) - Model Program; Office of Family Assistance (OFA) - Promising Practice; SAMHSA/CSAP - Model Science-based Program; and the inclusion of all three programs in the *Creating Lasting Family Connections*® (CLFC) *Curriculum Series* on SAMHSA's National Registry of Evidence Based Programs and Practices (NREPP). In the project highlighted in this application, COPES served adult African-American females who were the selected at-risk population identified by CSAP in their RTR Minority Aids Initiative.

The Connect-Immunity II/Sisters Who Care (CI-II) project is an innovative and highly collaborative, community-based project funded by CSAP to reduce substance abuse and HIV/Hepatitis infection rates and to promote healthy sexual practices among African-American females. The CI-II project implemented an adapted version of the NREPP-listed *Creating Lasting Family Connections® (CLFC) Fatherhood Program* specifically tailored by the program developer to serve African-American females in Louisville, Kentucky. This adapted version of the program was named *Sisters Who Care* and includes individualized case management services. In adapting services for African American females, we recognized a need to also develop new methods for conducting outreach and recruitment. This led to expanded outreach through successful community-wide environmental strategies and using social media based on principles from the evidence-based CLFC curriculum. The adapted *Sisters Who Care* program includes a thoroughly integrated HIV/Hepatitis preventive intervention component. The program is based on the premise that healthy human connectedness (connection with self, family, and community) is a critical protective force to build resiliency, prevent harm and provide nurturance. There are four (multi-session) facilitator-led, group-learning modules. One is focused on understanding alcohol, drug and tobacco use, abuse and chemical dependency. A second module is focused on family relationships and parenting skills. The third is focused on communication and refusal skills. The fourth module is focused on HIV/Hepatitis prevention and developing safe and positive sexual practices. Finally, the project included environmental strategies, culturally sensitive social media messaging and private case management services. State Certified Prevention Specialists co-facilitated each program session. The CI-II project successfully completed all five years of a CSAP grant (Grant #: SPO16448).

The CI-II project also incorporated an African-American female-focused Project Advisory Group (PAG) that met quarterly. Key partner agencies and target population members participated on the PAG. Our baseline, exit and follow-up evaluations, CLFC retrospective surveys, Collaborating Partner Survey, and HIV testing data all demonstrated meaningful positive results. Our environmental strategies reached over 100,000 African American females. Outcome data demonstrated participant increases in knowledge of ATOD and relationship skills, along with decreased intimate partner violence. On Retrospective surveys, 84% of the participants reported reducing use of alcohol and/or drugs; 92% of participants reported that they are providing more emotional support and validation to other family members, especially children; 92% of participants reported that their family has increased their family bonding. PAG surveys consistently showed high rates of partner agency satisfaction with the project. 81% of program participants volunteered for HIV testing and were tested. These results show that the project included a potent and balanced mix of individual and environmental strategies to affect both individual and community-wide environmental change. Based on our success in this and other related projects, SAMHSA invited us to write a featured article in the July 25, 2013 (Issue 14) edition of their national online newsletter, *Recovery to Practice*. Finally, CI-II project findings were also recently included in an article submitted to *AIDS Care*, a peer-reviewed journal.

Program Narrative

A. Philosophy

Mission Statement: The Connect-Immunity II/Sisters Who Care (CI-II) project is a collaborative, community-based effort to prevent and reduce substance abuse and HIV/Hepatitis infection among Black/African-American females in Louisville, Kentucky. The project combined implementation of the *Sisters Who Care* program – a version of the NREPP-listed *Creating Lasting Family Connections (CLFC) Fatherhood Program* adapted by the program developer for African-American females – along with ongoing case management services and innovative environmental strategies, including traditional and social media marketing.

Underlying Beliefs: While believing that effective prevention programs both reduce risk factors and promote resilience factors, we focused on building upon strengths and enhancing the conditions and experiences that appear to protect individuals from initiating or reengaging in ATOD use (resiliency or protective factors) regardless of socioeconomic status. Our experience and past research has shown that resilient individuals can avoid drug use and abuse even when multiple and severe risk factors are present. Because our project served Black/African-American females who voluntarily participated in our programming and related services, we focused on the prevention and reduction of unhealthy attitudes and behaviors, while also enhancing existing strengths and positive resiliency factors. A key factor that we believe is primary in effective prevention, intervention and treatment is "connectedness." Connectedness means feeling connected to one's family and significant others, being able to express personal thoughts and feelings, and discovering that one's self and family can be rooted in a healthy community in significant ways. Feeling or perceiving one's self to be connected (to self, family and community) appears to create a protective shield, to build resiliency and the strength to resist problem behaviors. Healthy connectedness is a critical protective and healing force in human beings – young or old, rich or poor, male or female. Deep, healthy human connections build strong protective shields (or immunity) to prevent harm and to provide both nurturing and healing support, even when challenges penetrate this shield. Therefore, the name of our project is *Connect-Immunity-II/Sisters Who Care*. For a complete review of the underlying beliefs embedded in the project, please see Building Healthy Individuals, Families, and Communities: Creating Lasting Connections, by Ted N. Strader with Tim Noe and David Collins (Published by Kluwer Academic/ Plenum Publishing Corporation, 124 pp., 2000).

Conceptual Framework: The adapted *Sisters Who Care* program is based on Risk and Resiliency Theory with an emphasis on strengthening resiliency factors for individuals, their families and their communities. This theory appears to be a highly effective conceptual framework when working with African-American females. Much research on this theory has been devoted to factors that may account for successful outcomes for individuals who face high risks, such as African American females. Risk factors can include early and persistent problems such as substance use, delinquent/criminal behavior and association with peers that model problem behavior and poor family relationships. Researchers have noted a great deal of overlap between research on resiliency and on substance abuse prevention. However, the resilience literature tends to take a broader view, focusing not just on substance abuse, but on the larger issues of adjustment and adaptation. An article from Resnick, M. D. in the journal of *Adolescent Medicine* (2000) supports the resiliency paradigm, which emphasizes strengths, resources, and assets (and which often resonates deeply among minority populations) as opposed to the "restatement of pathology" that has characterized much of the past research on communities of color.

Further, the *Sisters Who Care* program is also founded on the belief in using evidence-based approaches identified as effective in addressing participant deficits in multiple domains (e.g. psychiatric, employment and family problems). Therefore, the adapted *Sisters Who Care* program was designed specifically to reduce substance abuse and HIV/Hepatitis infection rates, and to promote parenting skills, relationship skills and healthy sexual practices among at risk African-American females in Louisville,

Kentucky. The *Sisters Who Care* program was adapted from the evidence-based (NREPP-listed) *CLFC Fatherhood Program* for cultural sensitivity for this specific African-American female population and uses cognitive behavioral and social learning methods to enhance program effects. In studies by Dowden and Andrews (1999) and Kaminer, Burleson and Goldberger (2002), these types of interventions were found to be highly effective with at-risk populations. The *Sisters Who Care* program also supports a growing body of research regarding the role of family in recovery and changing family systems to support healthy behaviors. Studies on family and concerned others of substance abusing persons have consistently demonstrated in replicated randomly controlled trials that long-term substance abuse can be significantly reduced by the positive involvement of family members in interventions and in treatment approaches that teach behavioral skills to reduce enabling and that support the substance abuser in their recovery. Best practices call for combining family systems and functional analysis for assessment with cognitive and behavioral methods to initiate change in both the family members and substance abuser.

Therefore, the *Sisters Who Care* program is designed to increase specific skills that individuals and families find useful in re-establishing strong personal and family harmony, resiliency and wellbeing. Topics of the *Sisters Who Care* program include promoting effective communication skills, building refusal skills, fostering conflict resolution skills, using positive parenting techniques, and encouraging responsible and healthy attitudes and behaviors regarding substance abuse and sexual practices as a means of preventing HIV, Hepatitis and other sexually transmitted diseases with both adults and (if they are parents) their children, through a transfer of knowledge. In this way, the *Sisters Who Care* program provides intergenerational prevention.

The CI-II Project and the *Sisters Who Care* program are both very clear in promoting a no illegal or high-risk use message concerning alcohol, tobacco or drugs. The CI-II project mission statement includes reducing substance abuse, HIV/Hepatitis infection rates and violence among high-risk populations in Louisville, Kentucky.

Finally, our conceptual framework includes the implementation of CSAP's Strategic Prevention Framework (SPF). The remainder of this application shares how the project followed the SPF.

B. Needs Assessment

Historical Context: The development of the CI-II Project and the *Sisters Who Care* program is rooted in over thirty-five years of successful service to a variety of populations in Louisville, Kentucky, including youth, adults, males, females, university level athletes, police, church communities, school systems, military, substance abuse and recovery communities, and returning citizens (prison reentry) and their families. The local non-profit service agency, Council on Prevention and Education: Substances, Inc. (COPES), has conducted needs assessments for each project. These needs assessments, and the services generated in response, have led to numerous awards and have produced published results across multiple fields of study (fatherhood, healthy marriage, prison reentry and substance abuse prevention and recovery). COPES has been recognized with local, state, regional, national and international awards from various sources for its work with multiple high-risk populations. Recognitions include the United Nations (which promotes the availability of our *Creating Lasting Family Connections* evidence-based programs world-wide); the United States Department of Education evidence-based Safe and Drug Free Schools (Effective Program), Office of Juvenile Justice and Delinquency Prevention (OJJDP) - Model Program; Office of Family Assistance (OFA) - Promising Practice; Substance Abuse and Mental Health Services Administration (SAMHSA) - Model Science-based Program; Center for Substance Abuse Prevention (CSAP) - Model Program; and inclusion of all three programs in the *Creating Lasting Family Connections* (CLFC) *Curriculum Series* on the prestigious National Registry of Evidence Based Programs and Practices (NREPP).

Our ongoing community Needs Assessment process, ongoing success in serving high-risk populations and long-term history of strong community collaboration, innovation and published results, led to COPES receiving a 5-year CSAP Minority Aids Initiative (MAI) grant in 2010 to prevent and reduce substance abuse and HIV infection among Black/African-American females in Louisville, KY.

Steps Taken to Assess Community Needs/Resources: The CI-II/Sisters Who Care project conducted a comprehensive community Needs Assessment update with a focus on African-American female needs. Project staff did a thorough search of local and community data sources. Staff contacted organizations and agencies throughout the Louisville Metro area including the following:

- Centers for Disease Control
- House of Ruth
- Jefferson County Public Schools
- Kentucky Data Warehouse for Substance Abuse Prevention
- Kentucky Department of Corrections
- Kentucky Department of Public Health, HIV/AIDS Branch
- Kentucky/Indiana Planning and Development Association
- Kentucky State Epidemiologist Cherie Holmes
- Kentucky SPF/SIG Epidemiological Workgroup in Substance Abuse
- Louisville Metro Alliance for Youth
- Louisville Metro Criminal Justice Commission
- Louisville Metro Health Department
- Louisville Metro Office of Youth
- Louisville Metro United Way
- Louisville Urban League
- Office of National Drug Control Policy Clearinghouse
- REACH of Louisville
- Seven Counties Services
- Spalding University School of Social Work
- University of Louisville Kent School of Social Work
- University of Louisville WINGS Clinic
- Volunteers of America

CI-II project staff also reviewed information from previous needs assessments conducted for working with minority populations in Louisville, Kentucky. Staff obtained updated information and incorporated it into the overall Needs Assessment for this project.

CI-II Project staff contacted the Kentucky Department of Public Health and the Kentucky SPF/SIG Epidemiological Workgroup for HIV/AIDS and Hepatitis. We received and reviewed the following report: *An Epidemiological Profile for HIV/AIDS Prevention and Care Planning for Kentucky, 2004.*

The SPF/SIG Epidemiological Workshop for Substance Abuse for Kentucky provided us with national, state and local epidemiological data for substance abuse. REACH provided us with the following data:

- *National Substance Abuse Data Trends and Kentucky Demographics: A Sourcebook Tobacco Prevention Data for Kentucky*
- *Substance Abuse in Kentucky: Consumption and Consequences*
- *Substance Abuse Treatment for Kentucky*

The data from our in-depth Needs Assessment clearly steered us toward the development of the Connect-Immunity-II/Sisters Who Care project with a new and special focus on serving African American females. Therefore, we continued and expanded our search for data to focus specifically on the needs of this at-risk population.

As part of this process, CI-II project staff held focus groups with African-American females and gained valuable insight into what would motivate African-American females to participate in an HIV and substance abuse prevention effort (recruitment), and what it would take to sustain their participation (retention). Members of our target population told us that they were interested in developing healthy supportive relationships with other females, reconnecting with family and children and preventing and/or reducing the negative consequences of substance abuse and HIV. A reoccurring theme was that they wanted to feel respected and listened to by others, especially those they cared about the most (i.e. family, children, and friends). The simple fact that we asked what they wanted, and what they needed, in the

focus groups seemed to engender enthusiasm around our recruitment. A strategic partnership with Spalding University, a local college, provided us with a core group of social work students who completed their required practicum experience with the Connect-Immunity-II project, participated in the *Sisters Who Care* program and, after participation, designed their own recruiting event or HIV testing event for the target population. This "grassroots" approach to our Needs Assessment, project development and recruitment enhanced the overall effectiveness of the project.

Therefore, members of our target population were deeply involved in program planning from the very beginning of the project: participating in focus groups, reviewing the strategic plan, and examining and tweaking the design of both the programmatic and environmental preventive intervention. Members of our target population continued to contribute to program planning through multiple written surveys and evaluations during the program, and by participating on the Project Advisory Group (PAG). For all five years of the CI-II/Sisters Who Care Project, the PAG was chaired by an African American female well versed in the needs assessment data and widely recognized as an African-American female leader in the local community.

After processing and analyzing our Needs Assessment data, creating the Needs Assessment report draft and making preliminary tentative recommendations, we returned to key informants and African-American female clients of our partners and other interested agencies, organizations and groups – especially those who directly serve the target population – for their input, analysis and suggestions concerning what we had found and to review our initial tentative recommendations.

All the assembled data was reviewed, discussed and analyzed. The data led us to the conclusion that there was a tremendous gap in needed services related to substance abuse and HIV and Hepatitis transmission prevention for African-American females in the Louisville Metro Area.

There were huge known challenges to both recruitment and retention of African-American female participants to a comprehensive, 20-week, voluntary prevention program. These challenges included: finding participants who were willing to come at all; finding participants who would agree to participate over the length of the program for all 20 (2 hour) sessions; finding participants who were motivated to change and not simply receive incentives; and finding a way to organize groups of African-American females to participate since they are often challenged with multiple conflicting priorities, including employment, childrearing, and health issues.

At the time of our Needs Assessment, the African-American population in the Louisville Metro area was experiencing risk factors that included higher rates of IV drug use, higher incarceration rates, higher substance abuse, lower income and higher poverty rates, lower education levels and higher rates of venereal diseases. Also, African-Americans accounted for 43% of local cumulative AIDS cases. African-American women had an AIDS rate 15 times higher than white women in our community. For Black/African American women, the most common ways of getting HIV were 1) having unprotected sex with a man who has HIV; and 2) sharing injection drug works (needles or syringes) with someone who has HIV (CDC 2010).

It is clear from the Need Assessment data that the largest minority population in Louisville, Kentucky is Black/African Americans and that Black/African-Americans make up a significant part of people at risk for substance abuse and/or the transmission of HIV/AIDS and Hepatitis. While our target population was primarily adult, Black/African-American females, we did not refuse services to members of other minorities and populations who fit other relevant criteria (individuals who are drug abusers, or HIV+).

When we researched the availability of prevention programs in our region, we did not find a comprehensive prevention program specifically adapted for African-American females for HIV/AIDS and Hepatitis prevention and how it is inter-related to substance abuse, relationships and personal and family strengthening. The COPES mission, the CSAP Substance Abuse and HIV prevention initiative, and the needs listed above drove the program design.

The CI-II project formed an African-American female focused community coalition with the Volunteers of America of Kentucky, the Kentucky Department of Corrections, the University of Louisville WINGS Clinic, the Louisville Metro Department of Health and Wellness STD Specialty Clinic and the Kentucky Department of Veterans Affairs. Representatives of these and other agencies and

members of the target population (i.e., Black/African American females) were recruited to form a Project Advisory Group which met quarterly to give the project their advice and expertise. Agency representatives annually completed a survey concerning the progress of this project. Graduates of our *Sister Who Care* program were also invited to become members of the Project Advisory Group.

Driven by the Needs Assessment, and within the context of community collaboration and established research, the PAG (including members of the target population) helped develop and refine the Strategic Plan. This plan included both long and short term project planning. The PAG played an integral role in all aspects of planning, developing and implementing both the adapted *Sisters Who Care* group intervention and the larger environmental strategies in the community.

The PAG met quarterly to review the progress of the project and the findings of the retrospective surveys. Between regular meetings of the PAG, members were updated on the project through emails and a quarterly newsletter. African-American female participants in the project were given the opportunity to give feedback on the project at the end of each program module and at the end of the program run. Annually, PAG members responded to a process evaluation survey. Project staff members met weekly, discussed the progress of the project, reviewed feedback from PAG members and project participants, reviewed data from retrospective surveys and made appropriate adjustments (as needed) to the program to make sure the program met the current needs of its participants and remained true to the program philosophy, relevant empirical data, recent evaluation data and the findings of the Needs Assessment. Research, up-to-date process and outcome data, and ongoing quality improvement practices were designed into the CI-II/Sisters Who Care project. Both COPES and project staff followed the national standards for Culturally and Linguistically Appropriate Services (CLAS) from project assessment through design and implementation. Our focus on exceptional, inclusive and culturally sensitive service equaled respect to our target population. Respect generated positive experience, enhanced recruitment and retention and resulted in robust research findings which have been submitted for publication in a peer-reviewed journal.

Because of our past successes with both partnering agencies and their clients, the recruitment plan for the *Sisters Who Care* program was to generate positive word-of-mouth success through performance and results among the target population to supplant the need for extensive and costly ongoing recruitment efforts. To retain participants, the CI-II project developed comprehensive, culturally sensitive protocols for staff, and offered free, ongoing and effective case management services to participants (and their families) for at least a year from initial enrollment in the program. Focus group members made us aware that African-American female communities had networks. They talked. If service was good, they'd come. If people were treated with respect, they'd come. If they got results, they'd come. Also, we knew from experience that the value of the information and skills presented by culturally competent professionals would bolster our retention rate. In addition, our project worked closely with project partner agencies to remove participant barriers and to further encourage and support participant attendance.

Baseline Data: While the comprehensive Needs Assessment provided us with a painful community overview of the community baseline data, the project used a baseline, exit and follow-up survey model for program and comparison groups, a 3-point-in-time retrospective survey model, and an ongoing review of the HIV testing data to compare with baseline data gathered in the Needs Assessment.

C. Population(s) Served

The Connect-Immunity-II/Sisters Who Care project focused specifically on adult Black/African-American females ages 18 and above in the Louisville Metro Area. The Louisville Metro area is the combined city of Louisville and Jefferson County, Kentucky. While the Project primarily served African-American females, members of other minorities in the Louisville area and those who fit other relevant criteria (substance abusers, HIV+) were also allowed to participate in the project.

Risk Factors: At the time of our Needs Assessment, the African-American population in the Louisville Metro area was experiencing risk factors that included higher rates of IV drug use, higher incarceration rates, higher substance abuse, lower income and higher poverty rates, lower education levels, and higher rates of venereal diseases. Also, looking at socioeconomic factors from the 2010 U. S. Census, African-Americans in the local community were experiencing higher unemployment rates (i.e. 16.7 compared to 8.8 for Caucasians in the local community). African-Americans faced attitudinal and behavior risks including feelings of hopelessness, fear of HIV testing, fear of disease status disclosure, multiple stigmas, beliefs that African-Americans were immune because HIV/AIDS is a white gay disease, and especially true for those in the lower socio-economic levels, there were elevated rates of low self-esteem, poor communication skills, poor life skills, risky sexual decisions, poor refusal skills, younger age for first sex (oral/anal/vaginal), high rates of sexual experimentation, and increasing rates of drug and alcohol abuse. When looking at HIV/AIDS by race and ethnicity, Black/African Americans have: more illness, shorter survival time and more death**.** The rate of new infections among young Black/African American females aged 13 to 29 was 11 times as high as that of young white females. From 2005-2008, the rate of HIV diagnoses among Black/African Americans increased from 68/100,000 persons to 74/100,000. This increase reflects the largest increase in rates of HIV diagnoses by race or ethnicity (CDC, 2007, 2010).

Protective/Resiliency Factors: When conducting the Connect-Immunity II (CI-II) Needs Assessment, project staff quickly discovered that data regarding risk and protective factors for adult, Black/African Americans were scarce, especially specific to Black/African American women. However, the Connect-Immunity II Project focused on the following types of targeted protective factors as they relate to Black/African American females: Positive/resilient temperament, religiosity/valuing involvement in organized religious activities, perception of social support from adults and peers, healthy sense of self, positive expectations/optimism for the future, high expectations, good relationships with parents/bonding or attachment to family, having a stable family, high family expectations, school motivation/positive attitude toward school, involvement with positive peer group activities and norms, good relationship with peers, safe and health-promoting environment/supportive law enforcement presence, positive social norms and high community expectations.

Unique or Special Needs: From the focus groups we held during the Needs Assessment stage of our project, members of our target population reported that they wanted a personal and family strengthening program designed with specific cultural sensitivity for groups of African-American females. The Connect-Immunity II project operated with an understanding that cultural sensitivity is a process, an insight first gained in the original Connect-Immunity project. We asked ourselves, "What culture or whose culture are we going to be sensitive to?" Using previous experience from our earlier project, and data from the Needs Assessment and focus groups, we knew that we would likely serve a diverse network of interconnected cultures. For example, we anticipated serving the following cultures: female culture, culture of poverty, black urban, black rural, isolates, perhaps some white urban, white rural, white Appalachian, culture of despair, self-reliant (lone wolf) culture, culture of distrust, culture of blame, culture of denial and delusion, prison culture, prostitution culture, criminal culture, culture of control, multiple sub-cultures of sexual orientation and practice, and lots of individual differences and hybrids.

Therefore, our target population received both direct prevention services and community-wide environmental strategies that demonstrated sensitivity and respect to these diverse cultures while addressing the interrelationship and correlations of substance abuse, HIV/AIDS and Hepatitis transmission for African American females, and others – Caucasian/Hispanic/American Indian/Asian/others (primarily African Americans for our project) – who are substance abusers and potentially HIV+. Therefore, the CI-II project offered the *Sisters Who Care* program, a version of the *CLFC Fatherhood Program* specifically adapted by the curriculum developer for African-American females. The Sisters Who Care program is a personal and family strengthening program that thoroughly integrates substance abuse prevention and HIV/Hepatitis prevention. This integrated and innovative approach of combining both group-level evidenced-based programming with community-level

environmental prevention efforts helped support participating adults in reconnecting with their families and in working to reduce the intergenerational progressive flow of substance abuse and HIV infection.

Recruitment: During the Needs Assessment, focus groups of Black/African-American women consistently expressed their desire to learn healthy relationship skills, refusal skills, and HIV and substance abuse prevention. However, CI-II project staff quickly discovered that recruiting groups of African-American females was difficult due to several compounding factors: Many African-American females appeared to consistently experience crises, many already felt overwhelmed with multiple obligations (family, work, school, church, volunteering, etc) and therefore were hesitant to commit to programming of extensive duration like the *Sisters Who Care* program, and many appeared to make impulsive life decisions that conflicted with participation in our services.

Therefore, CI-II staff developed multiple referral strategies including: 1) collaborating with partner agencies such as Spalding University, Home of the Innocents, and Volunteers of America; 2) scheduling regular community recruitment events; and 3) leveraging social media and local media channels such as the local WAVE-3 News station to promote participation in project services and events.

A strategic partnership with Spalding University, a local college, provided us with a core group of social work students who completed their required practicum experience with the Connect-Immunity-II project, participated in the *Sisters Who Care* program and, after participation, designed their own recruiting event or HIV testing event for the target population. This "grassroots" approach to recruitment significantly enhanced the overall effectiveness of the project.

In addition, project staff members met quarterly with members of the Project Advisory group (PAG), other interested agencies, groups and organizations, and representatives of the target population (i.e., African-American females, individuals in recovery, and HIV + individuals). At these meetings we received ongoing recommendations for recruiting and retaining project participants.

Retention: Prior to implementing the program, CI-II project staff held a series of meetings, interviews, focus groups and conversations to include the input of a large number of the target populations themselves. Target population members said that they valued and wanted respect, to feel listened to and that they were interested in programs that helped with family and relationships.

We also sought and received input from agencies, organizations and others providing services to African-American females, those challenged with substance use disorders, and those who are HIV+. Project staff contacted organizations, agencies and groups that serve minority populations and received cultural sensitivity training on special populations. We sought information sources that might hold data specifically of interest for African-American females in Louisville, Kentucky.

In an effort to retain participants, the CI-II project addressed the cultural needs of the target population in many ways. First, we learned as much as we could about our target population. As mentioned previously, prior experience led us to anticipate that our target population would include rich and diverse cultures. We also thought of our own *Sisters Who Care* program as an acculturation process. The adapted *Sisters Who Care* program can be thought of as a cultural evolutionary or revolutionary process. We believe the program is a culture of connection, a culture of respect, a culture of hope, a culture of trust, a culture of personal and family responsibility, a culture of acceptance, a culture of recovery, and a culture of influence (vs. control) in relationships. This approach, along with the national CLAS standards, was well received especially by African-American females angry from feeling used, abused and taken for granted by men and the broader society.

To increase retention, in addition to demonstrating acceptance and respect (i.e. greeting participants at the door, serving meals, eating meals together, facilitating all classes with a "buffet," take what ideas you like only approach, listening and validating thoughts and feelings, etc) staff members offered a comprehensive 20-week program that included communication skills, family and relationship skills, along with comprehensive case management services for participants and their families. We believe that the value of the skills taught and the methods of program delivery, which are culturally sensitive, informative,

interactive and skill-building, engaged the participants so that they wanted to return each week. Also, we included community building activities and a cooperative snack/meal which involved participants.

Staff members also developed a comprehensive attendance protocol with all participants which included reasonable and mutually respectful expectations and consequences on absences, tardies and make up sessions. Implementing this protocol was very successful in limiting absences and late attendance. The CI-II project case manager was extremely successful in providing support, advice and referral to other services in the community to promote retention (i.e. child care issues, transportation, etc). The case manager provided these culturally sensitive case management services during the initial assessment, prior to and during the program and for up to a year from enrollment into the program.

As just one example of the success of our recruitment and retention strategies, one of the social work students from Spalding University who was recruited into the project, also completed project services including the *Sisters Who Care* program, and then was later hired as a full-time staff member at COPES. This staff member (and member of the target population) is now a certified Master Trainer of the *CLFC Program* who enjoys national training opportunities to teach other professionals culturally sensitive recruitment, retention, implementation and case management.

CI-II project staff members received input and expertise from both key informants and from a large number of representatives of the target population on issues that might arise when addressing racial and ethnic groups, subgroups including gay, bisexual, lesbian and transgender persons, a variety of substance abusers including intravenous drug users, and females returning from incarceration settings. Staff members also attended trainings on sensitivity to racism, ethnic groups, gay, lesbian and transgender populations, HIV+ persons, and reentry persons. We continue to have on-going training in these areas from local and regional trainers. As part of their training and orientation as project employees and as part of the training necessary to become Certified Prevention Specialists, staff members received training online, at local and regional conferences, and at local workshops in the area of cultural competency. The majority of project staff persons were Certified Prevention Specialists. Prior to implementing the program, all project trainer/facilitators were trained in culturally-appropriate approaches of presenting the *Sisters Who Care* program to African-American females that follow the national CLAS standards.

During the regular course of the program, trainer/facilitators (who always worked as two member teams) gave each other feedback on how each session of the training was presented to the target population. Project staff members also met quarterly with members of the Project Advisory Group (PAG), including representatives of the target population, other interested agencies, groups and organizations. At these meetings we received recommendations for implementing the program with cultural sensitivity.

The *Sisters Who Care* program was adapted from the *Creating Lasting Family Connections* (CLFC) *Fatherhood Program*, one of three CLFC programs that make up the *CLFC Curriculum Series*. All three programs in the series are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP). At least one of the three CLFC programs in the series has been used successfully in all 50 states and with a variety of minority members of the U.S. population (African-American, Hispanics, Native Americans, South Sea Islanders, and many others) and in several other countries. Therefore, the *Sisters Who Care* program is deeply founded on cultural awareness and sensitivity.

D. Building Capacity

There is no comprehensive and formal system for integrated prevention service delivery in the Metro Louisville area. However, there is a long-term informal network of local providers committed to prevention in the community. For over 35 years, COPES has participated as a key member of this informal network. Also, because the CI-II project communicated all project activities through a single state authority, all local and state health agencies were aware of our services.

The CI-II project benefited from (and continued and expanded) partnerships developed in previous federally-funded projects with local and state agencies, organizations and groups that work with the target population in the areas of substance abuse, and HIV and Hepatitis transmission prevention. As part of our

grant application, these agencies gave COPES letters of support. As part of our project, all of these, and several new agencies, later assigned representatives to serve on our Project Advisory Group (PAG).

Project staff created formal partnerships with the Volunteers of America of Kentucky, Spalding University, the Kentucky Department of Corrections, the University of Louisville WINGS clinic, the Louisville Metro Department of Health and Wellness, Kentucky Department of Veterans Affairs and several other local entities. These stakeholder partners introduced us to focus groups of their clients (i.e., African-American females, HIV + individuals and their families, minority individuals with substance abuse experience). These partners and their clients agreed to assist and make suggestions as we assessed community needs, reviewed the strategic plan, examined the design of the preventive intervention and environmental strategies, and agreed to join in the process of building local capacity to serve African-American females with evidenced-based programs. Representatives of these agencies made up the Project Advisory Group, which met quarterly for the full 5 years of the project to give us guidance on the progress of the project and to receive training from our project.

Project staff members met quarterly with members of the Project Advisory Group, other interested agencies, groups and organizations, and representatives of the target populations regarding project planning, implementation and prevention capacity building. In addition, staff members regularly attended community events related to the target population to keep abreast of developments in the local area and to cultivate "grassroots" participation in all aspects of the project from planning through design, implementation and sustainability.

Project staff and partner agencies implemented the CSAP Strategic Prevention Framework by mobilizing and building capacity to address one of the major needs in our local community: substance abuse and HIV prevention for African-American females. Project staff worked extensively with the Kentucky Epidemiological Workgroups for both substance abuse and HIV prevention, the local HRSA, Ryan White, and local support services groups and developed a CSAP-approved Strategic Prevention Plan.

Finally, COPES is the *Sisters Who Care* developing agency, and CI-II Project Director, Ted N. Strader is the *Sisters Who Care* program developer. Since COPES adapted and developed the *Sisters Who Care* program, COPES has the capacity to train and certify other trainers and master trainers. As the *CLFC Curriculum Series* program developer, Mr. Strader has trained and certified thousands of CLFC trainers throughout the U.S., the U.S. Territories and several other countries. COPES also offers a CLFC Training of Trainers program to certify CLFC Trainers to become Master Trainers, which authorizes them to train and certify individuals within their own agency/organization to implement the *CLFC Program*. Therefore, the project has the internal capabilities of training and certifying the staff of any and all other project partner agencies in order to sustain successful CI-II project services well beyond the grant period. This is clearly demonstrated by the recent 18-month to 3-year contract to rollout the *CLFC Curriculum Series* (with a major focus on serving minority men and women*)* across the state of Ohio.

E. Strategic Planning

During our Needs Assessment, CI-II project staff discovered that there was a clear lack of prevention services specifically targeted for African-American females that integrated evidence-based programming for substance abuse and HIV prevention. We also discovered a high rate of substance abuse and HIV/Hepatitis infection among African-American females. Therefore, project staff and the Project Advisory Group (including members of the target population) developed a comprehensive Strategic Plan. Please see the following goals and objectives for more detailed information about our plan:

Goal 1: To increase the ability of Black/African-American women participants to make healthy decisions regarding substance use by implementing the *Sisters Who Care* program, an adapted version of the evidence-based *Creating Lasting Family Connections* substance abuse prevention program 1 time in year one (and 4-6 times in years 2-4 and 2-3 times in year 5) with an average of 10-25 participants in program year 1, an average of 50 participants in program years 2-4, and an average of 25 participants in year 5 for a total of 200 participants.

Objectives:

1. To decrease participant's self-report drug/alcohol use within the past 30 days.
2. To increase participant's perception of risk regarding ATOD.
3. To decrease participant's favorable attitudes toward ATOD use.
4. To decrease the number of participants who self-report being suspended from work in the past 30 days.
5. To increase the number of participants not currently employed who obtain a valid job interview.
6. To decrease the number of participants who report engaging in alcohol-related crime in the past 30 days.
7. To increase the number of participants who report their intention to discuss ATOD and HIV issues within their relationships.
8. To enact at least 1 environmental strategy each year of the initiative.

Goal 2: To increase the ability of participants to make healthy decisions regarding sexual behavior by implementing the HIV ABC 3-D prevention program (a *Sisters Who Care* program component) 1 time in year one (and 4-6 times in years 2-4 and 2-3 times in year 5) with an average of 10-25 participants in program year 1, an average of 50 participants in program years 2-4, and an average of 25 participants in year 5 for a total of 200 participants.

Objectives:

1. To increase participant's perception of risk regarding HIV.
2. To decrease the number of participants reporting engaging in sexual intercourse while under the influence of drugs or alcohol.
3. To increase the number participants reporting their intention to abstain or only engage in safe sex practices.
4. To engage up to 60% of participants to voluntarily agree to have their HIV status tested.

Goal 3: To increase the communication and relationship management skills of participants by implementing the *Sisters Who Care* program 1 time in year one (and 4-6 times in years 2-4 and 2-3 times in year 5) with an average of 10-25 participants in program year 1, an average of 50 participants in program years 2-4, and an average of 25 participants in year 5 for a total of 200 participants.

Objectives:

1. *Sisters Who Care* participants will show a significant increase in their knowledge and use of effective communication skills.
2. *Sisters Who Care* participants will show a significant increase in their knowledge and use of conflict resolution skills.
3. *Sisters Who Care* participants will show a significant increase in their knowledge and use of effective intra-personal skills.
4. *Sisters Who Care* participants will show a significant increase in their knowledge and use of emotional awareness skills.
5. *Sisters Who Care* participants will show a significant increase in their knowledge and use of emotional expression skills.
6. *Sisters Who Care* participants will show a significant increase in their knowledge and use of interpersonal skills.
7. *Sisters Who Care* participants will show a significant increase in their knowledge and use of relationship management skills.

Goal 4: To increase the capacity of Project Advisory Group partners and other local community providers to plan, implement and evaluate evidence-based substance abuse and HIV prevention programs with Black/African-American women.

Objectives:

1. Project partners will report an increase in communication and trust.
2. Project partners will report an increase in local knowledge and capacity to implement evidence-based interventions.
3. Project partners will report an increase in their level of commitment to serve the target population.
4. Project partners will report they are satisfied with the implementation and effectiveness of the project.

Over the five-year grant period, the CI-II project served 192 participants with the adapted *Sisters Who Care* program. Although family members were not expected to participate directly during program sessions, participants invited family members into case management sessions to learn and practice the skills of the program. Participants also reported sharing program information with their loved ones outside of the facilitator-led group sessions. Therefore, if each participant had an immediate family of only three persons, we reached approximately 576 individuals over the course of the project period. Further, through our collaboration with the Volunteers of America and environmental strategies social media campaign, we reached over 100,000 individuals with HIV prevention and testing information. Because of strategic planning, collaboration and innovative outreach, this project impacted our entire community far beyond just the individuals targeted by and directly participating in the program.

Mechanisms for Long-Term Sustainability: CI-II project staff and project partner agencies planned for and had been committed to sustaining core services since before receiving grant funding. As mentioned previously, COPES has developed a sophisticated training system that has been used to train thousands of professionals in all 50 states and several other countries to implement one of the *CLFC Programs in the CLFC Curriculum Series*. Therefore, CI-II Project staff were well equipped to train representatives from project partner agencies to sustain direct services of the Sisters Who Care program, which is a version of the *CLFC Fatherhood Program* specifically adapted for African-American females. Further, the CI-II project produced significant research results that have been submitted for publication in a peer-reviewed journal. Quality results have proven to be the best foundation for sustainability in COPES' 35-year history. Due to the success of the CI-II project, COPES applied for and received a grant from CSAP to continue related project services in Louisville, KY for minority youth (male and female) ages 13-24 through 2020. Further, COPES is currently involved in a multi-million-dollar fundraising effort to sustain these services locally. We are also currently negotiating the acquisition of a former Catholic church campus (St. Cecilia's) as possible space for service provision and related community events for male and female minority populations. Finally, the state of Ohio is currently rolling out the *CLFC Curriculum Series* for adult minority men and women statewide. This clearly demonstrates the sustainability of project services in our local community and well beyond.

F. Implementation:

The Connect-Immunity-II/Sisters Who Care project is innovative in many ways. One major innovation is taking an evidenced-based family strengthening curriculum, the *CLFC Fatherhood Program*, that was originally designed for prison reentry men, and adapting it for use with African-American females. The new adapted version is called *Sisters Who Care*. The *Sisters Who Care* program is a preventive intervention thoroughly integrated with an adult module for HIV and Hepatitis prevention called ABC 3(D). The *Sisters Who Care* program was specifically adapted (by the developer) for this new and very specific target population (primarily adult African-American females in the Louisville Metro

area). Another innovation of the project is combining direct programming with consistent messaging through community-wide environmental strategies developed on the foundation of evidence-based principles of CLFC. This fresh, multi-faceted approach includes a potent and balanced mix of individual and environmental strategies to affect both individual and community-wide environmental change.

The CI-II project implemented 17 cohorts of 12-18 adult African-American females (or a total of 192 individuals) with direct services over the 5-year grant period. Each cohort met for 2 hours either once or twice per week for a total of up to 20 sessions, and for a total of 40 direct service hours (this includes 18 program sessions and 2 sessions for the baseline and exit surveys). This schedule sometimes varied according to calendar events and group needs. Training sessions were conducted at the COPES, Inc. site, at a partner agency site, or at another community site as determined by the project staff, ongoing PAG meetings and participant needs and circumstances.

Two CLFC certified trainers (often females) were present for each of the 20 sessions of the *Sisters Who Care* program. The majority of trainers were also Certified Prevention Specialists (CPS) and one held a Master of Social Work (MSW) degree. Project staff persons provide a meal at each session. All trainers were under the supervision the *Sisters Who Care* and CLFC developer, Ted N. Strader, who ensures that the program is implemented with high fidelity to the program design. Using multi-disciplined and highly trained and experienced staff was critical to our success with this project.

The *Sisters Who Care* program consists of four, facilitator led, group leaning modules: *Raising Resilient Youth, Developing Positive Parental Influences, Getting Real* and the *ABC 3(D) Approach to HIV, Hepatitis and Other Sexually Transmitted Diseases Prevention*.

The *Raising Resilient Youth* module addresses positive relationship skills, parenting (or mentoring skills), family feelings meetings, and creating expectations and consequences in healthy relationships. The *Developing Positive Parental Influences* module addresses how adults (including parents) can understand healthy and effective substance use, abuse, and chemical dependency related knowledge, attitudes and behaviors and how to incorporate substance abuse and violence prevention messages and activities with children. The *Getting Real* module addresses communication, relationship and conflict resolution skills with an emphasis on developing (and teaching others) effective refusal skills; the skills of saying "no" with integrity, sensitivity and personal power in our relationships. The *ABC (3) D Approach to HIV, Hepatitis and STD Prevention* module examines how HIV, Hepatitis and STDs are transmitted, effective transmission prevention, and how parents and other adults can foster prevention practices in others including older children. This module is based on the ABC approach for HIV prevention developed and used in several African countries and later refined by the U.S. President's Emergency Plan for AIDS Relief (PEPRAR). This *Sisters Who Care* approach to HIV prevention includes (A) abstinence (for non-sexually active youth or adults), (B) being faithful (between uninfected sexually active partners) and (C) correct and consistent use of condoms (for sexually active youth and adults who are engaging in sexual activities with multiple partners, with partners who are infected with HIV, Hepatitis, or other sexually transmitted diseases, or with partners who are IV drug users). The three D's include: 1) Demonstrate self-love and love for others by being tested for HIV, Hepatitis or other sexually transmitted diseases especially if one has been involved in at-risk behaviors; 2) Disclose one's HIV, Hepatitis, STD status to one's sex partner(s); and 3) Destigmatize AIDS.

The activities in each module are structured to engage the widest range of cultural diversity, personality types and learning styles, and to deeply impact our target population's beliefs, attitudes and behaviors both in the short and long term.

All project staff (Director, Coordinator, and Trainer/Case Manager, etc.) shared responsibility for planning and conducting training sessions. While the *Sisters Who Care* program is primarily offered to Black/African-American women as the population of focus, the project also served other individuals who requested services.

During our Needs Assessment, we concluded that our target population is often challenged with participating in a program as extensive as the *Sisters Who Care* program. Therefore, participants were offered comprehensive, confidential and culturally sensitive case management throughout the program as an extra mechanism of support and to foster family wellness and family enhancement. Project case

managers made referrals, as appropriate, to connect participants to meaningful resources in the community. Participants were offered case management services for at least one year from enrollment into the *Sisters Who Care* program. Personalized and culturally sensitive case management was especially critical for our target population who often faced multiple barriers to participation (i.e. transportation, housing, childcare, physical health, substance use, etc).

For evaluation purposes, the CI-II project used CSAP's baseline, exit and follow-up surveys for program and comparison groups. We also customized these surveys to our project by adding our own section of questions to evaluate relationship skills (connect-immunity). Our project also utilized retrospective surveys to evaluate the effectiveness of the curriculum. These retrospective surveys were created by the developer of the *Sisters Who Care* program and Project Director of the CI-II project, along with the project evaluator. The retrospective surveys were administered to participants after three of the four separate facilitator-led, group-learning modules in the *Sisters Who Care* program. Since the major focus of the ABC 3(D) module is on promoting and providing HIV testing, instead of developing a retrospective survey for this module, project staff collected record data on HIV testing rates. Record data is often a better indicator of success in behavioral change. This complex evaluation design was highly effective and provided opportunities to receive feedback in multiple forms and at multiple time intervals.

The CI-II project maintained and formed multiple new strong, formal, ongoing and positive collaborations with key staff members of partner agencies to support the implementation of our project. Representatives of these organizations, along with members of our target population, formed our Project Advisory Group (PAG) which met quarterly.

Staff of the Volunteers of America of Kentucky's STOP program (project partner and PAG member agency) provided free, rapid and confidential HIV testing and counseling. All positive HIV screens received confidential and professional referral to the Wings Clinic (another project partner agency). The Wings Clinic is the only federally funded outpatient HIV Medical Clinic licensed to provide medical care to HIV positive individuals regardless of the patient's ability to pay. These direct links were innovative and highly effective.

The CI-II project served 192 individuals through direct services (*Sisters Who Care* program). Although family members were not expected to participate directly during program sessions, project staff members offered participating adults and their families comprehensive case management services prior to, during and up to a year from enrollment in the program. Participants also reported sharing program information with their loved ones outside of the facilitator-led group sessions. If each participant had three family members, the project effectively reached 576 participants. Further, the CI-II Project also implemented indirect services via environmental strategies through a collaboration with Volunteers of America (VOA) of Kentucky. Environmental strategies focused on raising awareness of HIV, increasing awareness of evidence-based programming, increasing access to HIV testing, promoting HIV testing and were communicated through a strategic mix of social media, news outlets, radio, ads on TARC buses, and face-to-face community meetings. Through these strategies, the CI-II project reached over 100,000 individuals. Therefore, this project impacts our entire community far beyond just the individuals targeted by and directly participating in the program.

COPES has a 35-year history of local, national and international replication of our core services. In 2015, COPES, Inc. received a grant from CSAP that sustains the core services of our project (evidenced based program implementation and environmental strategies) through 2020. COPES is currently involved in a community-wide fundraising effort that includes the possible acquisition of a former Catholic Church campus to provide space for service delivery and related community events. Therefore, all aspects of the adapted *Sisters Who Care* program can be sustained, replicated and/or further adapted to other sites.

G. Evaluation

The CI-II project used CSAP's baseline, exit and follow-up surveys for program and comparison groups, an addendum to the CSAP surveys that tailored them to our specific project and measured relationship skills (connect-immunity), an annual Collaborating Partner Survey, periodic retrospective

surveys, and HIV testing data for program and comparison groups. Participants were randomly selected for involvement in the program and comparison groups.

The CSAP baseline, exit and follow-up surveys with our addendum measured Risk Factors, Protective Factors, HIV-Related Behavior, Substance Use, and Relationship Skills targeted by the *Sisters Who Care* program. Trained CI-II project staff followed sophisticated protocols developed by the project evaluators for data collection, data entry and data storage. These protocols incorporated all elements of informed consent and ensured confidentiality and data security.

A total of three retrospective surveys were developed to correspond with the conclusion of three facilitator-led, group-learning modules of the *Sisters Who Care* program. These surveys measured important changes in attitudes, beliefs and behaviors from prior to taking the program to after taking the program. This strategy allowed us to have data in 5 – 6 session intervals over a 20-session program period to assess multiple, module-specific program impacts in cases of high participant attrition within the program. Project staff also collected HIV testing record data. This complex evaluation design appeared to be highly effective for this population. It also provided rich opportunity to receive multiple forms of feedback at multiple time intervals across the five-year project timeline.

The analysis of the data collected in the baseline, exit and follow-up surveys with both program and comparison groups, and five years of retrospective surveys both show a clear pattern of positive results and significant changes with our target population on the topics of alcohol, tobacco and other drugs, family bonding, family communication, refusal skills, and sexual practices. Our Collaborating Partner Survey shows a clear pattern of effective collaboration with our project partners and members of our target population.

Significant *Sisters Who Care* Program Participant Outcome Results: The following bullets delineate the statistically significant effects on HIV-Related Behavior and Relationship Skills:

- Participants had larger sustained increases in the proportion of individuals getting HIV tested and getting the results from these HIV tests, relative to comparison participants.
- Participants had a larger sustained decrease in intimate partner abuse within the past three months, relative to comparison participants.
- Participants showed larger sustained increases in all three relationship skills included in the evaluation relative to the comparison group. The relationship skills were: Emotional expression, Interpersonal skills, and Relationship satisfaction.
- There was evidence that knowledge of AOD services increased over time for both intervention and comparison participants; the increase occurred at post-test for *Sisters Who Care* program participants and at follow-up for comparison participants. *Sisters Who Care* program participants had a higher overall level of knowledge of services. (It is not surprising that comparison participants showed increased knowledge of services by follow-up since they took the surveys on-site at COPES, Inc. and were therefore exposed to messages through signage about services available.)

Selected Retrospective Survey Results

- After participating in the program, 71% of participants reported that they feel more support from others outside of their family
- After participating in the program, 92% of participants reported that they are providing more emotional support and validation to other family members, especially children
- After participating in the program, 92% of participants reported that their family has increased their family bonding.
- Having learned more about alcohol and drugs during this program, 84% of participants reported that their personal use of alcohol and/or drugs has gone down since they participated in the program.

Numbers of Persons Receiving HIV Tests and Number Testing HIV-Positive: Based on record data collected during the *Sisters Who Care* program, **81%** of program participants voluntarily agreed to be tested and were tested for HIV. According to our partner agency, Volunteers of America, who offered HIV testing to all of the *Sisters Who Care* program participants and provided HIV testing to the target population at various community outreach events, a total of 3,045 individuals were HIV tested.

Collaborating Partner Survey: Data were collected annually between 2012 and 2015 from participants in the Project Advisory Group (PAG) to measure the goal of expanding capacity to provide Substance Abuse and/or HIV prevention services to the target population. The survey used for this purpose included items that addressed each of the objectives within the first goal for the project. Five response categories were used, with 5 representing "Very satisfied" or "Very adequate" and 1 representing "Very dissatisfied" or "Very adequate". For all measures in each year, the mean values approached or exceeded 4.5 on a 1 to 5 response scale. There was a ceiling effect due to very high averages for five of these seven measures in 2012, in the last year (2015) the averages were very high. In addition, there was an increase over time in the members' reported satisfaction with the implementation and effectiveness of the project.

Impact on Target Populations: As noted above, *Sisters Who Care* program participants showed significant sustained increases (relative to a comparison group) in both getting HIV tested and getting the results from their HIV tests. In addition, this result is strengthened by other results in our evaluation showing that access to testing and use of testing was increased through the project.

The outcomes listed above relate directly to the program's goals and objectives by showing a clear pattern of positive results in the specific areas addressed by the goals and objectives (i.e., reducing ATOD use, increasing HIV testing, decreasing risky sexual behaviors, increasing communication and relationship management skills, and increasing collaboration among project partners, etc).

The five-year baseline, exit and follow-up survey data, along with the retrospective surveys, Collaborating Partner Survey and the HIV testing data all show a very positive pattern of meaningful results that clearly address the needs for which the project was designed. The CI-II project research demonstrates changes in beliefs, attitudes and, most importantly, behaviors in the desired direction. The project clearly impacted and reduced substance abuse and the high-risk sexual behaviors that often lead to HIV/Hepatitis infection. Based on these and other results, in 2013, SAMHSA asked the CI-II Project Director to write a featured article in their national online newsletter, *Recovery to Practice*. Most recently, state representatives from Ohio initiated a statewide rollout of the *CLFC Curriculum Series* for minority men and women.

H. Program Management (Note: Please see pg. 20 for the CI-II project organizational chart)

Under the direction of the COPES Board of Directors and Project Director, the CI-II Project Coordinator, facilitators and case managers and other staff members created a comprehensive set of protocols and systems governing oversight of internal and external activities of the project, including planning, implementation, data collection and communication with project partner agencies. Please see the summary Budget Narrative on page 19 and Organizational Chart on page 20 that illustrates the leadership structure of the project.

Ted N. Strader, the *Sisters Who Care* program developer and CI-II Project Director, has over 35 years of experience managing complex projects and presenting various adaptations of the *CLFC Program* to diverse populations across the nation and around the world. Mr. Strader personally trained and certified project staff to present the *Sisters Who Care* program to the target population. Project staff members met weekly to manage all aspects of the project. Mr. Strader used total quality management practices both within the project and with other outside partner agencies (with their permission and cooperation) directly involved with implementation.

The CI-II project established multiple formal and informal systems to help ensure effective communication and coordination among program staff and participants, partner agencies, the media, local government leaders, policymakers and others. Prior to implementing the *Sisters Who Care* program,

project staff held focus groups with members of the target population to explain the program and answer questions. Members of the target population and project partners were involved in all aspects of the program: developing the Needs Assessment, strategic planning, capacity building, implementation, evaluation and sustainability. Project staff members met weekly to promote effective communication and coordination. The Project Advisory Group, which included local and state project partners and members of our target population, met quarterly and communicated via a newsletter, email and phone calls between meetings. On a quarterly basis, COPES distributed a newsletter that included information about the project to a national audience. The project used baseline, exit and follow-up evaluations for both program and comparison groups, retrospective surveys after each module of the *Sisters Who Care* program, and HIV testing data to ensure communication, coordination and quality control. Project leadership developed an effective set of behavioral protocols for staff to ensure cultural competency and ongoing enhancement of services. In addition, project staff completed and submitted multiple progress reports and grant renewals to the Project Officer over the five-year project period. The project has a policy and a set of guidelines to follow on the who, what, when, why and how to communicate with local and national media.

The combination of a strong project manager with a proven track record, collaborative partnerships with a community-wide Project Advisory Group, ongoing infusion of target population input, all supported by evidence-based programming adapted specifically for the target population, and further enhanced through personalized case management services and highly innovative environmental strategies, has achieved documented results with a high risk and often underserved population.

Budget Narrative Summary (Income and Expenses)

The CI-II project operated under strict financial protocols overseen by the COPES Board of Directors, the Project Director who is experienced in managing projects of similar size and scope, and a dedicated financial manager who ensured compliance with all appropriate financial policies and requirements. Annual audits were conducted and the agency was consistently found in compliance. The total project income was $299,000 and the total project expenses were $299,000. Please see the summary chart below for additional details on the project budget:

Expense Category	**Federal Request**
Personnel	$153,027
Fringe	$42,847
Travel	$5,660
Supplies	$9,930
Contractual	$49,450
Other	$38,086
Total Direct Costs	$299,000
Indirect Costs	$0.00
Total Project Costs	$299,000

Total Project Income (CSAP GRANT # SPO16448)	$299,000

CONNECT-IMMUNITY-II/SISTERS WHO CARE PROJECT
ORGANIZATIONAL CHART