

Well established and consistent use of HIV/HBV/HCV risk reduction prevention/intervention programs with continuity of care do not exist in most criminal justice treatment systems because of lack of policy development and integration between institution and community-based corrections, health, and social service agencies. Risk reduction interventions targeting re-entry are crucial because of the likelihood for risk behaviors to increase upon return to the community. In the U.S., there are approximately **5 million offenders** under community supervision (Bureau of Justice Statistics, 2004) with **41% having drug treatment** as a special condition and **33% having a drug-testing** requirement (Bonczar, 1997). Risk reduction approaches for community corrections populations are needed that have the capability of addressing motivational, social, and cognitive deficits. This application proposes to adapt an in-prison and highly interactive curriculum for improving decision making regarding health risk behaviors for use with offenders under community supervision.

The first phase of this continuation project developed and tested an in-prison, group-based curriculum, titled *WaySafe*, that was designed to help offenders make better decisions regarding health risk behaviors after release back to the community. The next step in our research is to adapt the innovative *WaySafe* intervention for use with community-corrections populations. **The adapted intervention, *StaySafe*, will include twelve 10-15 minute self-administered sessions based on evidence-based cognitive principles designed to improve decision-making skills regarding health risk behaviors during the critical first several months under community supervision.** *StaySafe* will be administered to probationers newly released from **residential or prison-based substance abuse treatment** during the brief time they are waiting for their regularly scheduled appointments with their probation officer (PO). An advantage of this approach is that it can be administered to probationers with **minimal training and time commitment** by staff and that it utilizes probationer down time when they are waiting for appointments. It will utilize tablet computers that allow the intervention to be individualized to the needs and goals of each participant, and provide an easy to use interface for probationers to complete guide maps and to recall completed assignments from previous sessions. This intervention will be implemented in Harris and Tarrant Counties in Texas.