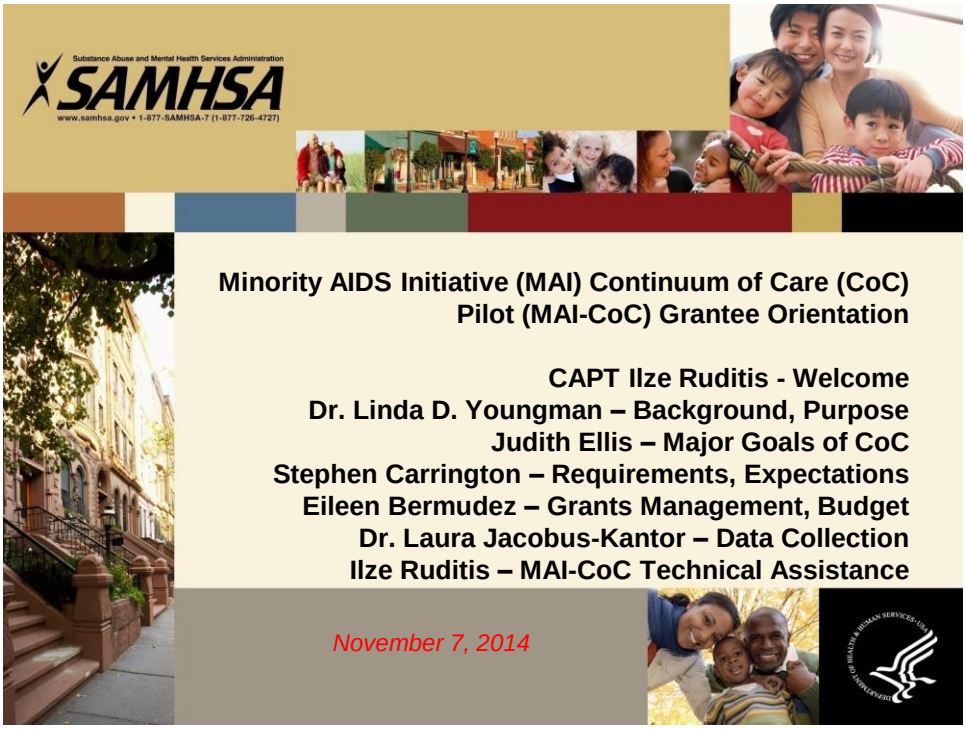
Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)
Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover


Substance Abuse and Mental Health Services Administration
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Minority AIDS Initiative (MAI) Continuum of Care (CoC)
Pilot (MAI-CoC) Grantee Orientation
CAPT Ilze Ruditis - Welcome
Dr. Linda D. Youngman – Background, Purpose
Judith Ellis – Major Goals of CoC
Stephen Carrington – Requirements, Expectations
Eileen Bermudez – Grants Management, Budget
Dr. Laura Jacobus-Kantor – Data Collection
Ilze Ruditis – MAI-CoC Technical Assistance
November 7, 2014

Overview

WELCOME!

- **Background and Purpose of the RFA**
- **Minority AIDS Initiative (MAI) Continuum of Care (CoC) Pilot Details**
  - *Major Goals*
  - *Definitions, Expectations, and Required Activities*
  - *Grants Management and Budget*
  - *Data Collection & Performance Measurement*
  - *MAI-CoC Technical Assistance*
- **Q & A**

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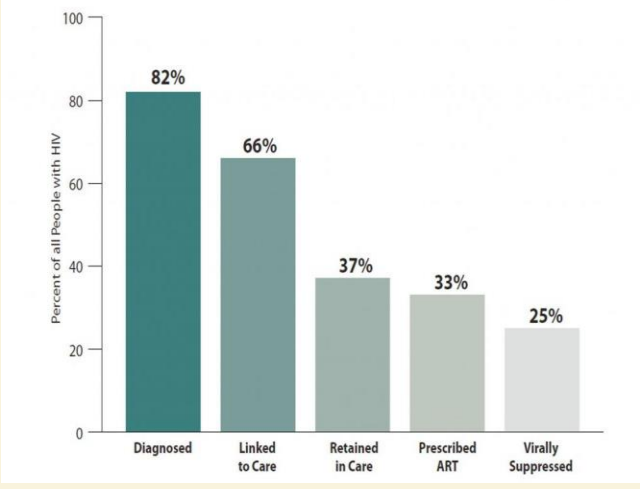
HIV Care Continuum in the USA

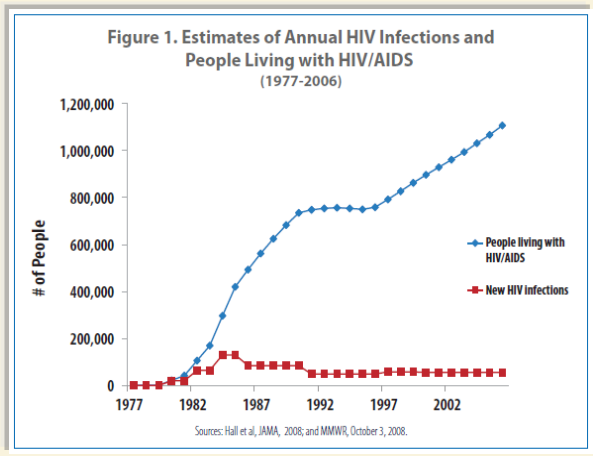


According to CDC data, only 25% of people currently living w HIV are virally suppressed.

SAMHSA's aim is to help improve access to HIV care at all stages in the HIV care continuum.

from: White House HIV Care Continuum, 2013

Number of People Living w AIDS and New HIV Infections



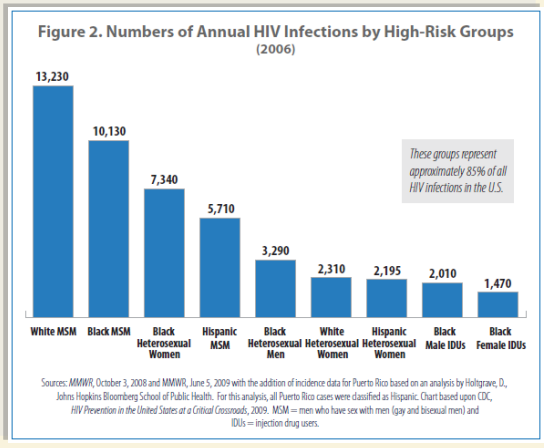
National HIV/AIDS Strategy for the United States, July 2010

Fewer HIV infections due to:

- More HIV tests
- Effective screening of blood supply
- Preventing HIV transmission during pregnancy
- Minimizing infections from injection drug users
- Advances in HIV therapies (HART)

But more work needs to be done – particularly for those at high risk for or living w HIV

High Risk Groups for HIV/AIDS



National HIV/AIDS Strategy for the United States, July 2010

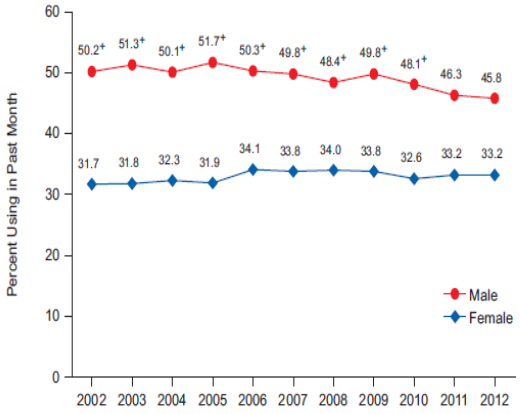
The following populations are at greatest risk of new HIV infections:

- Gay and bisexual men
- Black men and women
- Latinos and Latinas
- Substance abusers

SAMHSA's MAI is targeted to these high risk groups

Alcohol Use Among Adults

Figure 3.2 Binge Alcohol Use among Adults Aged 18 to 25, by Gender: 2002-2012

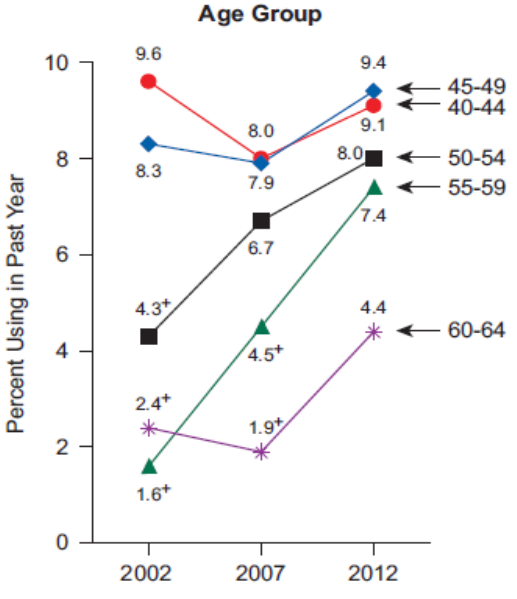


+ Difference between this estimate and the 2012 estimate is statistically significant at the .05 level.

from: NSDUH, 2012

- 45-50% of men, 18-25, report binge alcohol use.
- 30-35% of women, 18-25, report binge alcohol use.

Marijuana Use by Age Group



- About 10% of adults aged 45-49 used marijuana in the past year.
- Marijuana use in the past year is lower in those in older age groups.
- The trend, for all age groups, is increased use of marijuana.

from: NSDUH, 2012

Background

- About one in six (16.6%) with HIV/AIDS have used an illicit drug intravenously in their lifetime
- Nearly two thirds had used an illicit drug but not intravenously (64.4%)
- Nearly one quarter of persons with HIV/AIDS were in need of treatment for alcohol use or illicit drug use in the past year (23.9%)
- Untreated mental health (MH) and substance use disorders (SUDs) are among top 5 predictors of poor ART adherence
- Depression is the most commonly observed MH disorder in HIV, affecting up to 22% of patients; prevalence is even greater in people with an SUD
- Depression among HIV-infected persons is common and is associated with increased high-risk behavior, non-adherence to ART, and progression of immunodeficiency

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Background (continued)

- Injection drug users (IDUs) have high rates of viral hepatitis infection with an estimated 64% chronically infected with Hepatitis C Virus (HCV) and up to 11% chronically infected with HBV.
- Between 14% and 36% of people who abuse alcohol are infected with HCV.
- 19.6% of the population with a serious mental illness is infected with HCV.
- Approximately 20% of those with behavioral health (substance abuse (SA), mental health (MH), or co-occurring SA/MH disorders) are infected with hepatitis.
- One-third of HIV-infected persons are co-infected with HBV or HCV.

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MAI-CoC Pilot: Purpose

- **The purpose of this jointly funded program is to integrate care (behavioral health (BH) treatment, prevention, and HIV medical care services) for racial/ethnic minority populations at high risk for BH disorders and high risk for or living with HIV.**
- **The grant will fund programs that provide coordinated and integrated services through the co-location of BH treatment and HIV medical care.**
- **This program is primarily intended for SA treatment programs and community MH programs that can co-locate and fully integrate HIV prevention and treatment and HIV medical care services within their BH programs.**
- **MAI-CoC is jointly funded SAMHSA-wide to provide:**
  - **SA and HIV prevention**
  - **SA and HIV treatment**
  - **MH services**

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MAI-CoC Pilot Details- Populations of Focus

- **Grant funds must be used to serve the populations of focus for this program:**
  - *Racial/ethnic minority populations at high risk for or having a mental and/or substance use disorder and who are most at risk for, or living with HIV, including African American and Latino women and men, gay and bisexual men, and transgender persons*
  - *Other high priority populations, such as American Indian/Alaskan Natives, Asian Americans, and other Pacific Islanders may be included based on the grantee's local HIV/AIDS epidemiological profile*

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MAI-CoC Pilot Details-Eligibility

- **Eligible applicants included domestic public and private nonprofit entities, e.g,**
  - *Behavioral health programs,*
  - *Community- and faith-based organizations,*
  - *Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations,*
  - *Urban Indian organizations,*
  - *Hospitals,*
  - *Public or private universities and colleges.*
- **Eligible entities were behavioral health programs (e.g., substance abuse treatment and mental health providers) that were or can be co-located/integrated with HIV prevention and HIV medical care within four months of grant award. These behavioral healthcare providers may also partner with other organizations that will provide HIV prevention and HIV medical care.**

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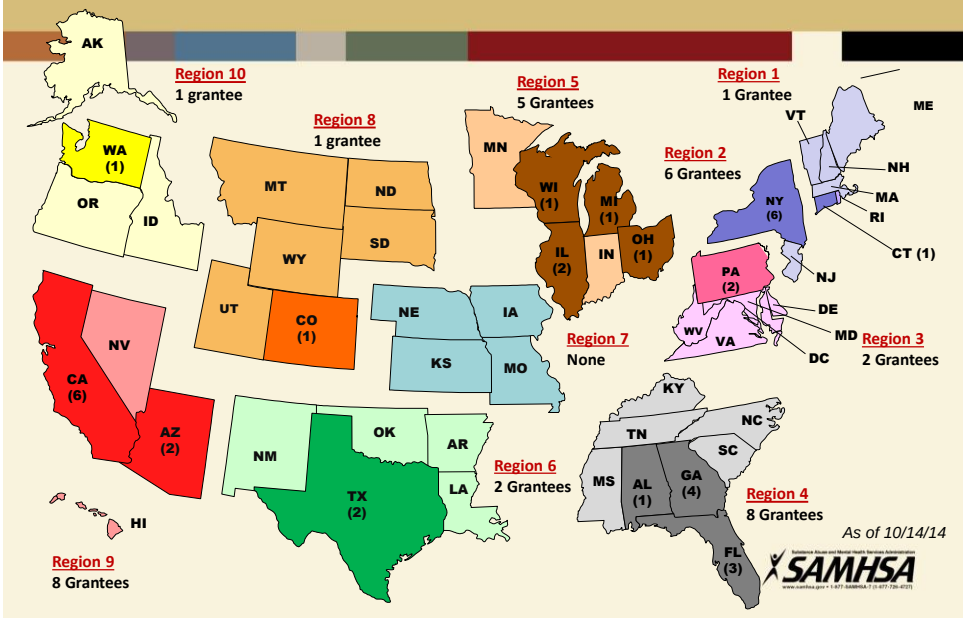
MAI-COC Grantees Awarded in 2014



MAI-COC Grantees & Project Officers

Jeanette Bevett-Mills
FL: River Region Human Services, Inc. (RRHS)

Stephen Carrington
FL: Drug Abuse Comprehensive Coordinating Office
GA: Saint Joseph's Mercy Care Services, Inc.
NY: Whitney M. Young, Jr. Hlth. Center, Inc.

Humberto Carvalho
CA: Special Service for Groups
IL: New Age Services Corporation
IL: Puerto Rican Cultural Center

Ed Craft
CA: Bienestar Human Services, Inc.
CA: East Bay Community Recovery Project
NY: Bridging Access to Care
NY: Vocational Instruction Project, Inc.

Judith Ellis
OH: Wright State University

Morris Flood
GA: HIV/AIDS Empowerment Resource Center for Young Women
GA: Recovery Consultants of Atlanta, Inc.

Karim Hamadi
AL: Health Services Center, Inc.

Kirk James
CA: Volunteers of America of Los Angeles
DE: Brandywine Counseling & Community Services
FL: Coastal Horizons Center, Inc.
TX: City of Laredo Health Department

Barbara Rogers
TX: Special Health Resources for Texas, Inc.

Ilze Ruditis
AZ: CODAC Behavioral Health Services of Pima County, Inc. (CODAC)
AZ: Native Health Central
CA: Native American Health Center, Inc.
CO: University of Colorado, Denver
CT: Yale University
GA: Positive Impact, Inc.
MD: University of Maryland , Baltimore
MI: Adult Well-Being Services
NY: Albert Einstein College of Medicine - Yeshiva University
NY: Community Counseling & Mediation
NY: Services for the UnderServed, Inc.
WA: Neighborhood House
WI: United Community Center

Patricia Sabry
CA: Sunrise Community Counseling Center

MAI CoC Pilot - Major Goals

As a result of this program SAMHSA expects the following outcomes:

- **Increased HIV testing to identify BH clients who are unaware of their HIV status;**
- **Increased diagnosis of HIV among BH clients;**
- **Increased number of BH clients who are linked to HIV medical care;**
- **Increased number of BH clients who are retained in HIV medical care;**
- **Increased number of BH clients who are receiving antiretroviral therapy (ART);**
- **Improved adherence to BH treatment and ART;**
- **Increased number of BH clients who have sustained viral suppression; and**
- **Increased adherence and retention in BH treatment.**

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MAI CoC Pilot Major Goals (cont'd)

As a result of this program SAMHSA expects the following outcomes:

- **It is expected that effective person-centered treatment will reduce the risk of HIV transmission, improve outcomes for those living with HIV, and ultimately reduce new infections.**
- **SAMHSA also expects an increase in behavioral health screenings, and a decrease in burden of behavioral health disorders in the surrounding community through partnering with community based organizations to provide substance abuse and HIV primary prevention services.**

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Definitions and Expectations

- **The RFA provides definitions for key terms, including:**
  - *Co-location-providing the HIV services within the physical space of the BH program*
  - *Full Integration-clients receiving the entire spectrum of HIV medical care in coordination and conjunction with the BH services being received.*

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Expectations

- *Co-location: providing the HIV services within the physical space of the BH program. Grantees are expected to co-locate and integrate services within four months of the award.*
- *Full Integration: If co-location is not possible, the grantees must provide a plan for fully integrating behavioral health and HIV prevention and HIV primary care services.*
- *Memoranda of Understanding (MOU) for all service providers within 30 days of grant award.*

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Expectations (continued)

- **Screen and assess clients for the presence of co-occurring mental and substance use disorders as well as HIV.**
- **Use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.**
- **All clients within the BH program should be screened for HIV and hepatitis in accord with existing CDC and USPSTF guidelines.**
- **Grantee will increase enrollment in HIV medical services and necessary primary care services for racial/ethnic minorities by 10 percent in year two and 10 percent in each subsequent year of the grant award.**
- **Develop and submit *health disparities impact statement* by 11/30**
- **Utilize evidence-based practices**

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MAI CoC Pilot *Required Activities*

Grantees must use SAMHSA's services grant funds to support allowable direct services. Grant funds cannot be used to supplant current funding of existing activities*. The following activities are required:

- Providing direct BH treatment (including screening, assessment, and care/case management). Treatment must be provided in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential programs
- Providing "wrap-around"/recovery support services (e.g., child care, vocational, educational and transportation services) designed to improve access and retention
- Mechanisms to ensure client retention in BH and HIV care (e.g. peer support workers, health coaches, technology assisted approaches).

*Supplant is defined as replacing funding of a recipient's existing program with funds from a federal grant.

MAI CoC Pilot *Required Activities* (cont'd)

- Integration of substance abuse primary prevention services into the broader spectrum of BH and other services.
- Partnership with Community Based Organization(s) to provide primary SA prevention education and messaging. These prevention services can be provided to the children of adult clients receiving BH and HIV medical care.
- Providing outreach and other engagement strategies to increase participation in, and access to treatment or prevention services for minority populations identified in the National HIV/AIDS Strategy.
- It is encouraged that funds be utilized to provide for a dedicated medical case manager (e.g. a nurse, physician assistant, or other qualified health professional) to ensure all appropriate care is received and documented in the medical records.

MAI CoC Pilot *Required Activities* (cont'd)

- **HIV risk assessments, antibody testing, and confirmatory testing.**
- **Partnership with HIV service organizations that can provide HIV risk assessments, HIV antibody testing and confirmatory testing as well as direct HIV medical services and any other primary care services needed as part of complete HIV-related medical care (see utilization and third party payment).**
- **Pre and post-test counseling for HIV and Viral Hepatitis.**
- **Exactly five percent (i.e., $25,000) of grant funds must be used for the following hepatitis testing and services (based on risk and United States Preventive Services Task Force guidelines):**
  - *Hepatitis testing (B, C [antibody and confirmatory]), and* **Hepatitis A and B vaccination (Twinrix).**
  - *Any Center's funds can be utilized for these services as long as the total amount allocated is exactly 5% of the total funding request.*

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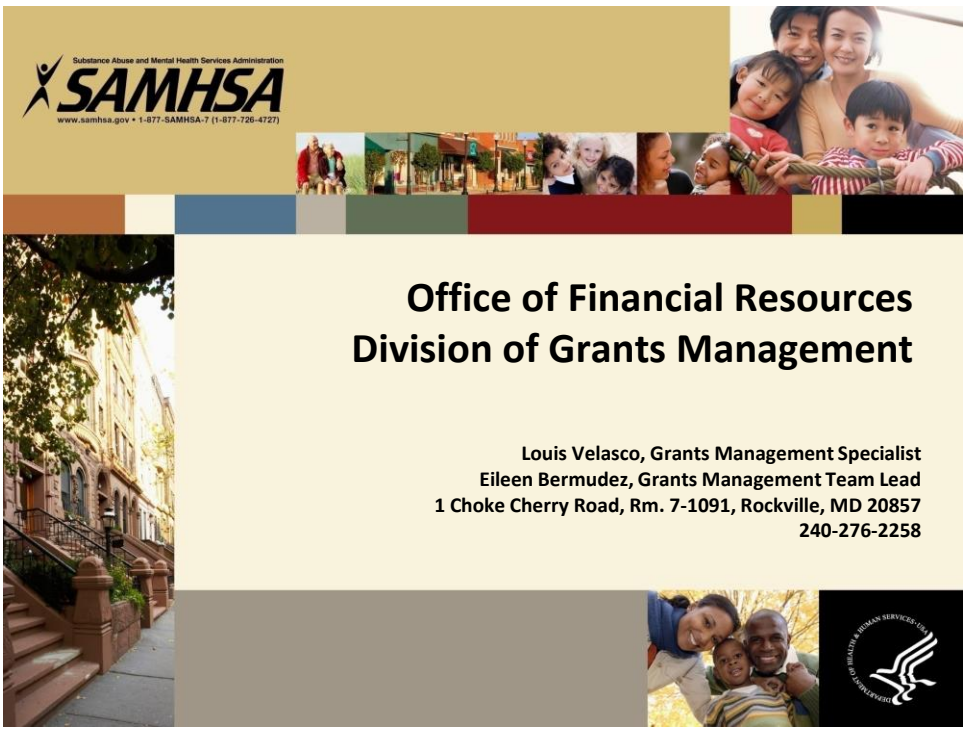

Topics

- Grants Management's Role
- Post-award Requirements
- Carryover Process
- Method for Requesting Prior Approval
- Reporting Requirements
- Grants Management Tips
- Continuation application
- Instructions for E-mail Submission
- Helpful Websites

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Grants Management's Role

- The Division of Grants Management (DGM) is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions
- The Grants Management Officer (GMO) is the only individual who has signatory authority for obligation of federal funds
- The DGM works closely with the Division/Branch's grant programs, who are responsible for the technical and programmatic aspects of the projects

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MAI CoC Pilot Details

- Details about MAI CoC Pilot grant awards

  Award Amount – up to $500,000
  - **Maximum CSAT Award- $196,150 (39.23%)**
  - **Maximum CMHS Award- $229,300 (45.86%)**
  - **Maximum CSAP Award- $74,550 (14.91%)**
- *Number of Awards - 34 awards*
- *Length of Project Period – up to 4 years*

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Funding Allocation

- **Although CSAT, CMHS, and CSAP funds are jointly funding a spectrum of infrastructure, treatment, prevention, and recovery support services, grantees must track and report the use of funds separately.**
- **Regardless of the total amount of grant funding requested by the grantee, the total project costs in the proposed budget must reflect a split of 39.23 percent CSAT funds and 45.86 percent CMHS funds, and 14.91 percent CSAP funds.**
- **CSAT, CMHS, and CSAP funds may be used for infrastructure development, evaluation, screening, assessment, and HIV and hepatitis screening, testing and vaccination.**
- **CSAT and CMHS funds may be used for treatment and recovery support of individuals diagnosed with co-occurring substance use and mental disorders.**

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Funding Allocation (continued)

- Only CMHS funds can be used to pay for treatment and recovery support services for individuals with a mental illness. CMHS funds cannot be used to pay for treatment and recovery support services for individuals with only a substance use disorder
- Only CSAT funds can be used to pay for treatment and recovery support services for individuals with a substance use disorder. CSAT funds cannot be used to pay for treatment and recovery support service for individuals with only a mental disorder.
- Only CSAP funds can be used to pay for prevention services and prevention education focusing on substance abuse prevention and HIV prevention.
- Grant funds may not be used for primary HIV medical care.

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Restricted Funding Allocation

- Up to 15 percent (i.e., $75,000) of the total grant award for the following types of infrastructure development
  - *Developing partnerships, adopting and/or enhancing your computer system and training/workforce development*
- Up to 15 percent (i.e., $75,000) for data collection, performance measurement, and performance assessment
  - *Activities required in Sections I-2.2 and 2.3 of the RFA*
- Exactly 5 percent (i.e., $25,000) must be used for hepatitis screening, testing, vaccination and referrals.

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Post-Award Requirements

Grantees must obtain prior approval for the following:

- Significant re-budgeting
- Transfer of substantive programmatic work to a contractor
- Change of key staff
- Alterations and renovations (A&R)
- Change in scope
- Change of contractor or sub-recipient
- High-risk status
- Equipment costs exceeding $25,000 per unit
- Restrictions/conditions on Notice of Award (NoA)
- Carryover authority

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SAMHSA

Carryover Process

A grantee may carry over previous unobligated balance(s) (UOB) of funds up to 10% of the total federal share authorized from the current budget period (the year in which the funds will be needed) without prior approval from the Grants Management Officer.

Ex: *01 year (09/30/2014 – 09/29/2015) total federal share authorized - $499 744*

- **01 year FFR <u>must</u> reflect <u>in the remarks</u> the intent and the amount of UOB to carry-over (EX. up to the amount of the threshold $499,744 x 10% = $49,974)**
- **02 year FFR must reflect <u>in the remarks</u> the <u>actual</u> UOB carried over**

<u>NOTE</u>

If the amount carried over exceeded 10%, the Grants Management Specialist (GMS) will notify the grantee that they must return the federal share over the threshold due to noncompliance, and may rescind this authority.

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SAMHSA

Carryover Process (cont' d)

If grantee intends to carry over an amount of UOB over the 10% threshold, a request including a detailed budget justification and narrative must be submitted.

NOTE: ***This authority does not apply to high-risk grantees, since a carryover of an unobligated balance of funds into the current budget period requires Grants Management Officer's (GMO) prior approval.***

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Method for Requesting Prior Approval

- **In writing, be sure to follow:**
  - *Address to Grants Management Specialist*
  - *Reference grant number*
  - *Provide programmatic and budget justification*
  - *Signed and dated by both Program Director and Authorized Representative*
- **Reviewed by Grants Management Specialist in consultation with Government Project Officer**
- **Response in writing by Grants Management by letter or NoA is considered valid. No other written or verbal approval will be binding on SAMHSA.**

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Reporting Requirements

Reports	Responsibility	Send to
• Programmatic Progress	Program Director, Grantee	Div. of Grants Management
• Quarterly Federal Financial Report (FFR/SF-425)	Grantee Organization	Payment Management Syst.
• Annual Federal Financial Report (FFR/SF-425)	Grantee Organization	Div. of Grants Management

- Refer to www.whitehouse.gov/omb/grants forms

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Federal Financial Report (FFR/SF-425)

Federal Financial Report FFR (SF425)

- *required on an annual basis*
- *single grant reporting is required for each SAMHSA grant*
- *must be prepared on a* ***cumulative basis.*** *All program income must be reported*
- *the status of any federal share of unliquidated obligations for each 12 month budget period must be explained in the remarks section*

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Grants Management Tips

- All requests must be submitted to the GMS in writing, reference grant number, and be dated and signed by the Project Director and Authorized Representative
- Sample budget link: Sample Budget with Non-matching Funds - Revised November 2012 (DOC 47KB)
- Provide a budget breakdown for all costs
- Must include a narrative budget justification and detailed budget breakdown

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Continuation application

- SAM information must be updated at least every 12 months to remain active.
- Grantee must verify if key staff changes under the continuation application will also affect the current budget year
- All SAMHSA continuation discretionary grant applications must be submitted electronically through Grants.gov
- Grantee must provide a completed Checklist form (Parts A-C and D if applicable)
- Business Official's address must be correct and updated

  Note: Notice of Awards, continuation letters, FFR delinquent letters, etc. are sent to the Business Official's address.

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Continuation application (cont'd)

- **Grantee may submit:**
  - *An attestation letter from the Authorized Representative on your organization's letterhead, signed and dated, which states that the detailed budget and narrative justification for the current budget period will not change more than 25% OR*
  - *a new detailed budget and narrative justification including supporting documentation for the changes that exceed 25% from the current budget period.*

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Continuation application (cont'd)

- **Note: the attestation letter does not apply to grantees on High Risk status. Those grantee must submit a detailed budget and narrative justification.**

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Instructions for E-mail Submission

Submitted by the Program Director and Authorized Representative, this should include a signature line; his/her name, title, and grantee institution; telephone number, fax number, e-mail address, and grant number with a cc forwarded to the institution's business official.

The grantee should copy their assigned GPO.

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Helpful Websites

- www.samhsa.gov
- **SAMHSA Grants Management**
  - *Application for continuation SAMHSA grant*
  - *HHS Grants Policy Statement*
  - *OMB Circular (A-133): Audits for State, Local Governments & Non-Profit Organizations*
  - *Code of Federal Regulations (CFR)*
  - *Cost Principles: OMB Circular A-122 (Non-Profit Organizations) and OMB Circular A-87 (State & Local Governments)*
- http://harvester.census.gov/sac
  - *Federal Audit Clearinghouse*
- http://www.whitehouse.gov/omb/grants_forms
  - Federal Financial Report (FFR 425)
- www.dpm.psc.gov
  - Federal Cash Transaction Report (FFR 425)

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SAMHSA

Data Collection and Performance Measurement

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Data Collection & Performance Measurement

All SAMHSA grantees are required to:

- **Collect and report certain data through the Government Performance and Results Modernization Act of 2010 (GPRA).**
- **The Common Data Platform (CDP) will become active in early 2015 for routine web-based data collection.**
- **Prior to the CDP coming online, MAI-CoC grantees will be expected to collect paper and pencil data using currently approved measures.**
- **Changes will occur in the measures for reporting over time and grantees will be expected to comply with changes in these requirements when implemented.**

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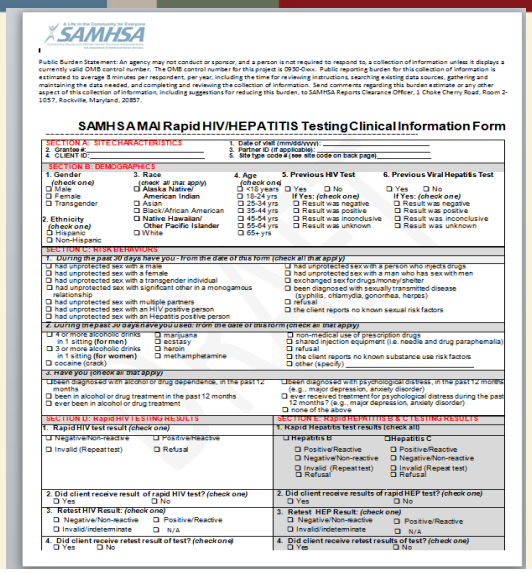
Data Collection & Performance Measurement

- **MAI-CoC grantees will be required to complete the 'SAMHSA/MAI Rapid HIV/Hepatitis Testing Clinical Information Form' for program clients**
- **MAI-CoC Grantees that expect to start services/collect data prior to January, 2015 will be receiving additional training on *interim data collection*.**
- **Training and technical assistance related to data collection and reporting will be offered to all grantees.**

Data Collection & Performance Measurement



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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average 8 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS

1. Date of visit (mm/dd/yyyy): _____
2. Grantee #: _____
3. Partner ID (if applicable): _____
4. CLIENT ID: _____
5. Site type code # (see site code on back page) _____

SECTION B: DEMOGRAPHICS

1. Gender *(check one)*
   - ☐ Male
   - ☐ Female
   - ☐ Transgender
2. Ethnicity *(check one)*
   - ☐ Hispanic
   - ☐ Non-Hispanic
3. Race *(check all that apply)*
   - ☐ Alaska Native/ American Indian
   - ☐ Asian
   - ☐ Black/African American
   - ☐ Native Hawaiian/ Other Pacific Islander
   - ☐ White
4. Age *(check one)*
   - ☐ <18 years
   - ☐ 18-24 yrs
   - ☐ 25-34 yrs
   - ☐ 35-44 yrs
   - ☐ 45-54 yrs
   - ☐ 55-64 yrs
   - ☐ 65+ yrs
5. Previous HIV Test
   - ☐ Yes ☐ No
   - If Yes: *(check one)*
     - ☐ Result was negative
     - ☐ Result was positive
     - ☐ Result was inconclusive
     - ☐ Result was unknown
6. Previous Viral Hepatitis Test
   - ☐ Yes ☐ No
   - If Yes: *(check one)*
     - ☐ Result was negative
     - ☐ Result was positive
     - ☐ Result was inconclusive
     - ☐ Result was unknown

SECTION C: RISK BEHAVIORS

1. *During the past 30 days have you - from the date of this form (check all that apply)*
   - ☐ had unprotected sex with a male
   - ☐ had unprotected sex with a female
   - ☐ had unprotected sex with a transgender individual
   - ☐ had unprotected sex with significant other in a monogamous relationship
   - ☐ had unprotected sex with multiple partners
   - ☐ had unprotected sex with an HIV positive person
   - ☐ had unprotected sex with an Hepatitis positive person
   - ☐ had unprotected sex with a person who injects drugs
   - ☐ had unprotected sex with a man who has sex with men
   - ☐ exchanged sex for drugs/money/shelter
   - ☐ been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)
   - ☐ refusal
   - ☐ the client reports no known sexual risk factors
2. *During the past 30 days have you used: from the date of this form (check all that apply)*
   - ☐ 4 or more alcoholic drinks in 1 sitting (for men)
   - ☐ 3 or more alcoholic drinks in 1 sitting (for women)
   - ☐ cocaine (crack)
   - ☐ marijuana
   - ☐ ecstasy
   - ☐ heroin
   - ☐ methamphetamine
   - ☐ non-medical use of prescription drugs
   - ☐ shared injection equipment (i.e. needle and drug paraphernalia)
   - ☐ refusal
   - ☐ the client reports no known substance use risk factors
   - ☐ other (specify) _____
3. *Have you (check all that apply)*
   - ☐ been diagnosed with alcohol or drug dependence, in the past 12 months
   - ☐ been in alcohol or drug treatment in the past 12 months
   - ☐ ever been in alcohol or drug treatment
   - ☐ been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder)
   - ☐ ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder)
   - ☐ none of the above

SECTION D: Rapid HIV TESTING RESULTS

1. Rapid HIV test result *(check one)*
   - ☐ Negative/Non-reactive
   - ☐ Positive/Reactive
   - ☐ Invalid (Repeat test)
   - ☐ Refusal
2. Did client receive result of rapid HIV test? *(check one)*
   - ☐ Yes ☐ No
3. Retest HIV Result: *(check one)*
   - ☐ Negative/Non-reactive
   - ☐ Positive/Reactive
   - ☐ Invalid/indeterminate
   - ☐ N/A
4. Did client receive retest result of test? *(check one)*
   - ☐ Yes ☐ No

SECTION E: Rapid HEPATITIS B & C TESTING RESULTS

1. Rapid Hepatitis test results (check all)
   - ☐ Hepatitis B
     - ☐ Positive/Reactive
     - ☐ Negative/Non-reactive
     - ☐ Invalid (Repeat test)
     - ☐ Refusal
   - ☐ Hepatitis C
     - ☐ Positive/Reactive
     - ☐ Negative/Non-reactive
     - ☐ Invalid (Repeat test)
     - ☐ Refusal
2. Did client receive results of rapid HEP test? *(check one)*
   - ☐ Yes ☐ No
3. Retest HEP Result: *(check one)*
   - ☐ Negative/Non-reactive
   - ☐ Positive/Reactive
   - ☐ Invalid/indeterminate
   - ☐ N/A
4. Did client receive retest results of test? *(check one)*
   - ☐ Yes ☐ No

Data Collection & Performance Measurement

- SAMHSA will implement a cross-site evaluation of this program through a contract and the contractor will manage data collection, analysis, and evaluation products. Grantees will be required to participate in any evaluation by sharing information, participating in phone calls/or in person meetings.
- Grantees are required to periodically review the performance data they report.
- Performance assessments should also be used to determine whether projects have the intended impact on behavioral health disparities.

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MAI-CoC Training and Technical Assistance

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MAI-CoC Training and Technical Assistance

- TA will be provided for MAI-CoC grantees by the *Center for Integrated Health Solutions (CIHS)* and SAMHSA GPO and GMS
- Web-based TTA -webinars
- Cross-site TTA Web-Based Meetings
- Role-based affinity group or content specific group technical assistance
- Web-based resources through the CIHS Website

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MAI-CoC TA continued

- Regional and site-centered TA on-site
- List-serve for MAI-CoC Grantees
- MORE information on TA will be forthcoming!

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Questions?

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Thank you!

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