

Minority AIDS Initiative PMRTS Training
Questions and Answers
June 2016

Question	Response
Quarterly Progress Report	
Capacity	
Do we have to enter every testing client/participant under capacity? Or is it just stakeholder/collaborators? Where would a contractor fall under?	<p>The following response assumes that the question refers to 3.1-Project Organization/Institution and Community</p> <ul style="list-style-type: none"> • Testing clients or participants should NOT be included in this section. It is intended for recording staff, governing/advisory board members, and collaborators. • Contractors: If the contractor is a single individual, include him/her in the Staff Roster. If the contractor is an organization, include it in the Collaborator Roster.
We have a MOU with a nonprofit organization where fall under?	This nonprofit organization should be listed in the collaborator Roster.
Would Governing Board be the agency Board of Directors, while Advisory Group would be more of a Community Advisory Board (CAB)?	<p>The Advisory Board provides strategic planning to an organization’s mission in helping with the overall structure and management of the organization; Advisory Boards have no authority.</p> <p>The Board Directors oversees the organizations; mission, fiscal integrity and strategic focus for its mission.</p> <p>Community Advisory Boards (CABs) serve the same as Advisory Boards. The term CAB under the MAI or Ryan White Program is a board made up of consumers who may be HIV positive or those with lived experience. CABs are usually funded under the Ryan White Care Act as an integral body to serve on organizations to ensure cultural competencies.</p>
How do you report individuals who have multiple roles? (i.e. collaborator and also member of advisory group)?	If an Individual does serve in the capacity of both Advisory Group and Governing Board, they will need to be added to the system for each type, as the information required in this area may vary based on the <i>Member Type</i> selected from the drop-down menu.
Is staff just the Project (MSI CBO grant) staff or do we include CBO staff?	For MSI CBO grantees, CBO staff should be included in the Staff Roster. The distinction between MSI and CBO staff members can be made in the Position Title column (e.g. “MSI project coordinator,” “CBO outreach director,” etc.).

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Planning	
Shouldn't confirmatory HIV testing provided on site be an option as well?	<p>We assume that the question refers to “4.6 HIV Testing Planning” and “4.7 Viral Hepatitis (VH) Testing Planning How does your organization plan to provide HIV testing services? (select all that apply)</p> <ul style="list-style-type: none"> • Rapid HIV testing will be provided by the grantee organization • Rapid HIV testing will be available through referral to an outside organization. • Confirmatory HIV testing will be available through referral to an outside organization. <p>The above response options currently assume that grantee organizations administrator provide rapid tests only and refer all confirmatory tests to outside organizations.</p>
Demographic section-- will it add all the categories together? It seems like it would double count since many participants would fall into several categories.	<p>We assume that the question refers to “4.1 Strategic Prevention Plan Synopsis:</p> <ul style="list-style-type: none"> • The number of individuals the Grantee/Project plans to serve is not associated with each demographic group. Please enter data for each demographic group separately from the overall total of numbers to be served.
As part of indirect services, I have plays, HIV positive speakers, and panels with professionals and students where the public is invited to attend. Are these options available on the list or are these "other"? Also many of the educational sessions are in classrooms based on the classroom time frame (50 minutes, 2 hours or 65 minutes. How should this be calculated in the time session?	<p>The following response assumes that the first part of the question refers to #4 in the “4.9 Indirect Service Planning” section.</p> <ul style="list-style-type: none"> • Under Information Dissemination, all speakers and panels would go under “Public speeches or lectures” plays could be entered under “Other (specify).” <p>The following response assumes that the second part of the question (following “Also”) refers to #6 in the “4.5 Direct Service Planning” section.</p> <ul style="list-style-type: none"> • If you anticipate that the sessions will be of different length depending on the length of the class period, please enter the anticipated average number of minutes per session as the “Dosage.”
In regards to testing, our grant objective reads "will test for HIV and/or HV." How do we fill out the two sections since they are separate on this form?	<p>We assume that the question refers to “4.6” HIV Testing Planning and “4.7 Viral Hepatitis (VH) Testing Planning.</p> <ul style="list-style-type: none"> • For this question, please enter your best estimate for targeted numbers to be administrated each type of test separately.
Implementation	
If the intervention is continuing through the report/quarter end date, what date do you put?	<p>The following response assumes that the question refers to #2 in the “5.4 Direct-Service Intervention Implementation” section.</p> <ul style="list-style-type: none"> • If the intervention is ongoing you do not need to enter an end date This field should be left blank for interventions that are still in progress. The end date field is filled when the intervention ends.

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So for year 2, do we just start over from zero when it says enter numbers for this fiscal year?	When entering data in fields that ask “ <u>So far this federal fiscal year...</u> ” please include everything from the beginning of the current federal fiscal year through the end of the quarter for which you are entering the progress report
If collaboration with the local health department provides a seamless process for HIV testing, confirmatory testing, and treatment, how is this reflected in the referral section?	If you refer the individual to the health department for testing, please count that referral as “HIV Testing.” If the health department subsequently decides to provide further services, those services should not be counted as your referrals. However, if you refer an individual you know to be HIV-positive to the health department for treatment, then count that as a referral for “HIV Treatment.” If you test the individual yourself and then refer them to the health department for counseling, count that as a referral for “HIV Testing Counseling.”
General Questions	
Is there any glossary of terms available for this report?	Most terms include expert help. We will include additional expert help in the system.
If we are MSI CBO and we are getting closer to the end. Do we have to do everything planning and all that?	By design, the user cannot enter implementation information about an intervention in response to the questions in the Implementation Module, unless they first enter information about that intervention in the Planning Module’s “Direct Service Planning” and “Indirect Service Planning” sections. If we are to collect any data on implementation, such as people served by demographics, number of EBPs implemented, etc., from the MSI CBO 2013 grantees, they will need to enter information into these two sections in the Planning Module.
Is a grant partner agency considered an "outside" agency? We, a community college, are the lead and partnering with two CBOs, one of which will do the testing.	For MSI CBO grantees, the CBO is considered part of the grant recipient and not an outside agency.
When is the close-out report due for 2013 and where should it be submitted?	Close-out reports are due within 90 days after the grants ends. The Reports can be uploaded in the Evaluation Report section of the PMRTS.
For the money spent on HIV testing, this includes only direct cost?	Yes, direct costs are fine.
Indirect Service Outcomes	
For the Community Surveys, does it include the NOMS as well as all three grant cycles required to provide the Indirect Services Report, even those ending their grant in October?	<p>The following response assumes that the first part of the question is about reference to survey data in the Indirect Services Outcomes Reporting Tool.</p> <ul style="list-style-type: none"> • The Indirect Services Outcomes requires aggregate data, which could be from any survey data representative of the community you are targeting. You can use county-level results from existing surveys such as YRBSS, or another state-wide school survey. That is, the survey does not need to be CSAP’s NOMS instrument (e.g. the

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	<p>MAI Adult Questionnaire), although you are welcome to use CSAP's instrument for this purpose.</p> <ul style="list-style-type: none"> • In general, grantees are required to select one or a few outcomes that they expect to change in their targeted community and to submit aggregate (i.e. community-level) data on that outcome starting with the date preceding the start of their implementation (this is the baseline number) and then updated annually (or bi-annually if the data are coming from a bi-annual survey such as the YRBSS) throughout their grant period, ending with the most recent data available at the time the grant is closing out. • If you are at the end of your grant but have access to aggregate data on your community on relevant outcome measures, either from existing surveys or from administrative sources such as hospital records, police records, traffic records, etc., then SAMHSA will appreciate your entering these numbers starting with the date just before you started implementation. If you do not have access to relevant aggregate data about your community going back to the beginning of your grant period, you are not required to provide data in the Indirect Services Outcomes Reporting Tool.
There is no option for graduate students	Thanks for raising this to us. Please include graduate students in your quarterly progress report plan. We will look into adding this option in a future iteration of the Indirect Service Outcome Module
Is an indirect service an educational sessions presented by peer educators in the classroom?	There are multiple sections where indirect services are mentioned; we are not sure about the context of this question and would not want to mislead the grantee. The PEP-C webinar on indirect services provides definitions and examples, as well as selecting appropriate outcome measures and possible data sources. We recommend that the grantee view the webinar and if any questions remain, to send a TA request through the PEP-C HERO system. The webinar can be accessed from PEP-C's MAI Knowledge Base: https://pep-c.rti.org/HERO/KB/PEP-C-KB-HERO/Default.htm#MAI/Training-Resources/MAI_EvalIndirectPreventStrats.htm
Are you able to change the measurement used for indirect service reporting from what might have been included in the original proposal?	Yes, provided your project officer approves of the change.

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<p>Do we have to do a survey for each indirect service provided since the grant started for MSI CBO 2013</p>	<p>No, you do not need a separate outcome measure for each indirect service provided. SAMHSA is interested in evaluating the overall impact of your indirect services on your targeted community. Pick one or a few outcomes in which you would expect to see community-level change as a result of your overall activities over the course of your grant and provide aggregate (community-level) data for these outcomes going back to before you began implementing services, and updated annually until the most recently available result(s)</p>
<p>One of the EBP is peer-to-peer education. Peer educators who are trained in HIV/SA/STI There is a pre and post-test on the presentation and then in 8 weeks there is a post-post survey to assess if behavior has changed based on the presentation</p>	<p>This sounds like a typical direct service intervention for which participant-level data should be collected using CSAP's MAI cross-site instruments. Questions regarding client level data should be directed to the Program Evaluations for Prevention Contract at MAI-PEPC@ccs.rti.org 1-866-558-0724</p>