



Title I Minority AIDS Initiative (MAI):
PROGRAM REPORTING INSTRUCTIONS

9/18/06 DRAFT

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1 INTRODUCTION

Since fiscal year (FY) 1999, a portion of the funds awarded under Title I of the Comprehensive AIDS Resources Emergency (CARE) Act have been directed by the Congress to support the Minority AIDS Initiative (MAI). The purpose of the MAI is to improve the quality of care and health outcomes in communities of color disproportionately impacted by the HIV epidemic. Title I grantees receiving these funds must submit two Title I Minority AIDS Initiative Reports (*Title I MAI Report*) annually: the *Title I MAI Plan (Plan)* for the use of these funds and the year-end *Title I MAI Annual Report (Report)* documenting program outcomes. Each *Title I MAI Report* has two parts: (1) a workbook that collects standardized quantitative and qualitative information, and (2) an accompanying narrative report.

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service Systems (DSS), which administers the Title I program, has prepared these *MAI Program Reporting Instructions* for grantees to use in preparing your *Plan* and *Report*. The instructions are organized as follows.

- Summary of Reporting Requirements
- Overview of the Electronic Submission Process
- Line-by-line instructions for completing the *Plan* and *Report*
- Selecting Outcome Measures

Please read the instructions carefully. If you have questions, please contact your Program Project Officer.

2 Summary of Title I MAI Reporting Requirements

At the beginning of each grant year, Title I CARE Act grantees receiving MAI funds must submit a *Title I MAI Plan (Plan)* describing how MAI funds will be used that year. At the end of the grant year, grantees use that same *Plan* to update information and report to HRSA the actual services provided, expenditures, the numbers of clients served, and outcomes achieved in their *Title I MAI Annual Report (Report)*. This section provides an overview of the components in the *Plan* and *Report*.

2.1 Overview of Title I MAI Report Components

Both the *Plan* and *Report* contain two parts: (1) an MS Excel workbook that collects standardized quantitative and qualitative information, and (2) an accompanying narrative report (see *figure 1*). The following sections provide an overview of each of these components.

2.1.1 Workbook Overview

The purpose of the *MAI Workbook* is to assist grantees in preparing their *Plan* and *Report*. The workbook will also be used to upload grantees' MAI annually collected information to HRSA.

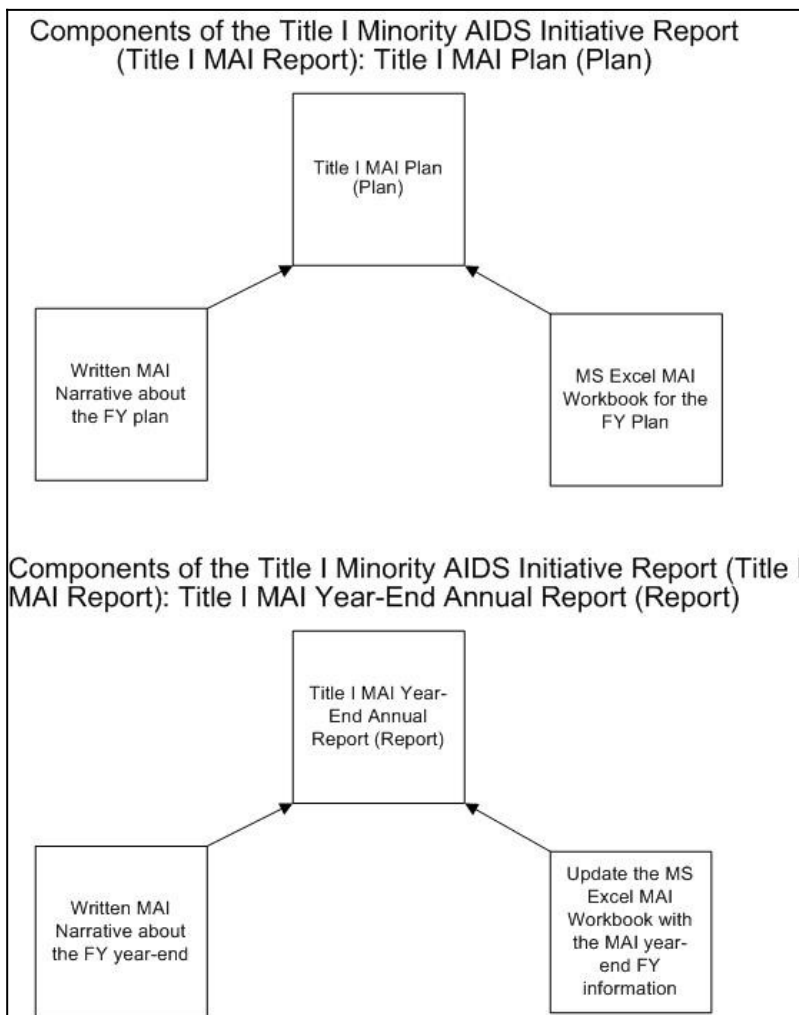
Please take a few minutes to get familiar with how the workbook is organized. Features include:

- Embedded macros that will either calculate totals and percentages or automatically enter information onto all other worksheets;
- An automatic math-check worksheet to help grantees spot any data-entry errors.

All worksheets ending in "-auto" will be used to upload the information once the workbook is completed. You may also use them to spot any data-entry errors. These worksheets are set to read-only since any changes to them may hinder the data upload process.

The *MAI Workbook* will collect data for both the *Plan* and *Report* for any given grant year, and contains the following worksheets:

- Summary
- Service Report Forms
- Math-Check
- Other worksheets used to upload data



Detailed instructions for the *MAI Workbook* are provided in Sections 4 and 5 of this document.

2.1.2 Narrative Overview

The MAI Narrative is a 2- 4-page document where grantees provide background information about the data included in the *MAI Workbook*. For the *Plan*, the MAI Narrative is where grantees explain how: priorities were determined, funds will be distributed, services will be monitored, and outcome measures collected. The narrative portion of the *Report* provides additional information needed to understand data submitted in the *MAI Workbook*, and a summary of program achievements and challenges encountered by the grantee in providing MAI-funded services. Detailed instructions for preparing the MAI Narrative are described in Sections 4 and 5 of this document.

2.2 MAI Plan Overview

All Title I grantees must submit a *Plan* for the use of MAI funds awarded that FY that includes:

- The amount of MAI funds awarded that year;
- The amount of MAI funds awarded that will be used for grantee administration;
- A breakout of how MAI funds have been allocated by service category or program activity;
 - For each service/activity, the amount of MAI funds budgeted to deliver the service to each ethnic/racial minority community
 - For each service/activity directed to each ethnic/racial community, it must be indicated if it is a new, continuing or expanded initiative.

Grantees must select and document client-level or service-level outcomes for each MAI-funded service/activity provided to each ethnic/racial community. HRSA strongly encourages grantees to select measures consistent with published HRSA guidelines (refer to Section 6).

2.3 MAI Annual Report Overview

At the end of the FY, grantees must report how the funds were spent and document outcomes.

Information required in your *Report Workbook* includes:

- An updated *MAI Summary* worksheet within the *MAI Workbook* if your *Plan* changed
- For each service/activity provided to each ethnic/racial community: the number of service units provided, the total number of clients served, the total numbers of women, infants, children and youth served, and outcomes achieved.

2.4 Reporting Deadlines

The *Plan* and *Report* are due 120 days after the Budget Period Start and End Dates, respectively.

- Deadline for *Title I MAI Plan*: June 30
- Deadline for *Title I MAI Annual Report*: June 30

3 TITLE I MAI REPORT ELECTRONIC SUBMISSION PROCESS

3.1 Overview

Title I grantees are required to submit their *Title I MAI Reports* electronically. Like the CARE Act Data Report (CADR), the Title I MAI Report is a deliverable in HRSA's Electronic Handbooks (EHBs). Please visit https://performance.hrsa.gov/hab/maiApp/help/MAI_Online_Help.htm for instructions for registering in the EHBs and accessing the *Title I MAI Report* web application.

3.2 Customized MAI Workbook

Within the *Title I MAI Report* web application, grantees will enter basic funding information, select the services/activities to be provided, and for each service indicate the amount budgeted, the racial and ethnic communities to be served, and whether it is a new, continuing or expanded service. Using that information provided by the grantee, HRSA's web application will generate a customized *MAI Workbook* containing only the worksheets the grantee will need to complete their *Title I MAI Report*.

3.2.1 Opening the MAI Workbook

After completing the web forms, click "Download Excel File" to open the customized *MAI Workbook*. When given the option to open or save the excel file, choose save. You will complete the *MAI Workbook* offline and upload it into the system when you are finished.

The workbook was created using Microsoft Excel 2003 but can be opened using Excel 97 or any later version. However, some color enhancement features may not be visible in earlier versions of MS Excel. These color enhancements are not required to understand the content of the workbook.

3.2.2 Organization of the MAI Workbook

A tab at the bottom of your screen identifies each MAI Workbook worksheet. Your customized *MAI Workbook* will contain only the worksheets for the services/activities and ethnicity/racial community combinations you selected in the web forms.

Point and click on the tabs to open each in turn. To locate a tab that is not visible on your screen, use the directional arrows at the bottom left of your screen. Do not rename the worksheet tabs.

- *Summary* -- The *summary* tab (colored yellow if using MS Excel 2003) will list the service categories you selected in the web forms. The *Summary* is read only. Information you enter in the *Service Forms* will be automatically populated in the appropriate cells in the *Summary*.
- *Service Forms* – The next worksheets are the *Service Forms* that are colored gray if using MS Excel 2003. Each worksheet will be automatically named with the service category and minority community to be served. (For example, if one of the services selected is "Outpatient Medical Care" and the communities to be served include Asian and Hispanic, there will be two worksheets: "Medical – Asian" and "Medical-Hispanic.") Sections of the *Service Forms* are labeled and color-coded in shades of blue and green (blue for the plan and green for the year-end) and the forms have comments to guide you while entering data.
- *Math-Check-Auto*: The *Math Check-auto* worksheet, tab colored red if using MS Excel 2003, is intended to help you spot data entry errors. As you enter information on each *Service Form*, the *Math-Check* will automatically generate a list of funded services with budget amounts. When you prepare your *Plan or Report Workbooks*, *Math-Check* will be updated automatically to include any budget revisions, expenditures, and the total number of clients served. For instructions on using the *Math-Check* to spot errors.

- *Grantee-Auto, Award-Auto, and All Services-Auto*: These worksheets, tabs colored red if using MS Excel 2003, pull in information from the summary and service worksheets. These worksheets will be used during the data upload process.

3.2.3 Moving Around the MAI Workbook

When you open the file the first time, your screen should show the top of the “*Summary*” worksheet. As you click on any tab at the bottom of your screen to view other worksheets, your cursor should appear in the first cell where you begin entering information.

After you enter information and save the file, the next time you open it you will be in the last cell where you were working when you **saved** the file. If you are not where you need to be, use the arrows at the bottom of your screen to locate the appropriate worksheet and click on that tab. Once in the right worksheet, you can move around by using the tab and arrow keys on your keyboard; or simply point and click in any cell.

3.2.4 Entering Information

Point and click—or use the arrows on your keyboard—to move your cursor into any cell on any worksheet. Type in the data, then press the Enter (return) or Tab key.

3.2.5 Print Preview

To see what a *Summary* or *Service Forms* will look like when printed: Click on the worksheet tab that you want to view, then click on File and select Print Preview. Use the Zoom icon on your toolbar to go between a full-page or close-up view. Click “Close” to return to the worksheet.

3.2.6 Modifying the MAI Workbook

You will not be able to modify the customized *MAI Workbook* by inserting or deleting columns or rows. Modifications to the worksheets may hinder the data upload process. If you need to insert or delete columns or rows in the workbook, please call the HRSA Call Center (877) Go4-HRSA or CallCenter@hrsa.gov.

3.3 Upload Report Components

You will submit your completed *Plan* and *Report* by uploading your completed workbooks and narrative files through HRSA’s Electronic Handbook (EHB) using the *Title I MAI Report* web application.

3.3.1 MAI Workbook Validation

When you upload the *MAI Workbook*, HRSA’s system will run a set of validation checks to ensure that your numbers are consistent throughout the workbook and that values fall within the acceptable range. If the system finds data inconsistencies, you will receive an error report listing all values that fail validation. You will need to correct these items in your *MAI Workbook* and re-upload a corrected file. The system will repeat the validation check process until the report submitted is error free. You will not be able to submit the report for HRSA review until you have resolved all validation errors.

3.4 Submit Reports

You can submit the *Plan Narrative* once the *Plan Workbook* has passed validation checks and been uploaded. Likewise, you can submit the *Report Narrative* once the *Report Workbook* has passed validation checks and been uploaded.

4 DETAILED INSTRUCTIONS FOR COMPLETING THE *WORKBOOK PLAN*

This section provides detailed instructions for completing the *Plan* using the *Title I MAI Report* web application through the EHB.

4.1 Start Deliverable in EHBs

You will need to register in the EHBs and obtain access to the grant portfolio to generate your customized *Plan Workbook*.

4.2 Generate MAI Plan Workbook

Choose the *MAI Plan* for FY in the Action List. To generate the *Plan Workbook*, you must first provide grant and funding information in the web forms.

4.2.1 Grant Information Web Form

Grantee Identifying Information: Information entered in the Grant Information Form will be automatically entered into your customized MAI Workbook, e.g. in the *Summary*, *all Service Forms*, and the *Math Check-Auto* and *Award-Auto* worksheets.

Report Date: The date will be system-generated when you download your customized *MAI Workbook*.

Grantee Name: The name of your eligible metropolitan area (EMA) will be pre-populated with the official grantee name on file in the EHBs. If your EMA appears incorrectly, please contact the HRSA Call Center.

Prepared By: Type your name as the person preparing the report. HRSA will contact you if questions arise about information after it has been submitted.

Title: Type your title as the person preparing the report.

E-Mail Address & Telephone: Provide your e-mail address and telephone number.

Funding Information: Follow the directions below to enter MAI funding information for your EMA into the Grant Information Form. It will be automatically entered in the *Workbook's Summary* worksheet.

FY Title I MAI Award: Enter the total amount of MAI funds awarded to your EMA for the fiscal year.

MAI \$\$ (funds) Approved for Carryover from Prior Year: This field will be locked and unavailable for use in your *Plan*, since grantees will not yet have submitted carryover requests to HRSA for approval by the time the *Plan* is due. This field will be unlocked for use as part of the year-end *Annual Report*.

FY MAI Funds to be used for Grantee Administration: Enter the **amount** of the FY MAI award allocated for grantee administration. The percentage will be calculated automatically.

4.2.2 Service Categories/Activities Web Form

Check the box next to each service and activity to be provided by the grantee. Click NEXT at the bottom of the page to select ethnicities/races served.

4.2.3 Ethnicities/Race by Service Category/Activity Web Form

Choose the ethnic and racial groups to be served for each selected service category. (You will only see the service categories you selected in the "Service Categories/ Activities" form. Return to the "Service Categories/ Activities" form if you need to modify your services or activities.)

For each service category/minority group combination shown, enter the amount budgeted for each group, using whole numbers.

For each service category/minority group combination shown, indicate whether the service is new, continuing, or expanding (described below).

- **New:** A service not previously provided to a particular ethnic/racial group in the last fiscal year, whether using MAI or other Title I base funds.
- **Continuing:** A service provided to a particular ethnic/racial group last year using either Title I base or MAI funds that will be continued this fiscal year with MAI funds, (wholly or in part).
- **Expanded:** A service provided to a particular ethnic/racial group in the previous year using either Title I base or MAI funds that will be expanded in the FY with MAI funds in order to serve additional clients or to provide additional units of services.

4.2.4 Download MAI Workbook

Once you complete the information described above in the web forms (4.2.1 – 4.2.3), you can download your customized *MAI Workbook*. You have the option to open or save the excel file. Please save the file and complete data entry off-line. The *Workbook* will contain a *Summary* tab and service worksheets for the Service/Race combinations you selected using the web-forms.

4.3 Complete MAI Workbook

4.3.1 Overview

When you download the customized *MAI Workbook* it will contain only those worksheets you need based on your responses in the web forms. The *Workbook* will only allow you to enter and/or edit information in certain cells based on the type of report being prepared (*Plan* or *Report*) and your web form response. You cannot add more worksheets, remove or add columns, or re-name worksheets.

4.3.2 Summary Tab

The *Summary* tab will display all services and ethnic/racial categories you selected in the web forms. Information in the *Summary* worksheet will be “read only” because the cells will be pre-populated with information you entered using the Title I MAI web forms.

4.3.3 MAI Service Form Tabs

Your customized *Workbook* will contain separate *Service Form* tabs for each racial and ethnic client group to whom a service/activity will be directed. **This does NOT mean that grantees should prepare an individual worksheet for each service provider.** Information from multiple providers delivering the same service to the same ethnic/racial group should be consolidated into a single *MAI Service Form*. An exception would be in situations where different providers will be documenting different outcome measures. In those situations, grantees should explain in the accompanying narrative why different outcome measures have been approved by the grantee.

The information fields described below on pages 12 – 13 and numbered 1 through 8, are required for each *Service Form*; i.e. for each service/activity to be provided to each racial/ethnic community.

Identifying Information in the first five rows at the top of each *Service Form* will be entered automatically from the information you entered in your web forms.

Service Information: This information will be pre-populated on each *Service Form* your web-forms.

1. **Service or Activity:** The service/activity will be pre-populated in cell B11.

2. **Ethnicity and Race of Client Group to Receive This Service:** The ethnic or racial community will be pre-populated in cell D12.
3. **New, Continuing or Expanded Effort:** The type of effort will be pre-populated in cell D13.

Budget Information: This information will be pre-populated on each *Service Form* from your web forms.

4. **Planned Budget and Expenditures for This Ethnic/Racial Group**
 - a. **FY MAI Funds Budgeted for this Service to this Client Group:** This will be pre-populated in cell D17
 - b. **MAI Carryover from Prior Year Budgeted for This Service to This Group:** Cell D18 has a zero entered as the default, because carryover requests will not be submitted to HRSA before the MAI Plan is due.
 - c. **Total MAI Funds Budgeted for This Service to This Group:** Automatically calculated in cell D19 (D17+D18).

Planned Service Units: Follow the instructions below to enter required information for service units.

5. **Service Unit Name and Definition:** In cell B23, identify the service unit name and a clear definition. If this service will be provided to other minority communities, please use the same definition if possible.
6. **Record of Planned Service Units:** Point and click in cell D25 to enter the number of service units the grantee plans to provide to this ethnic/racial community during the FY.

Record of Planned Clients: Follow the instructions below to enter required information about the planned numbers of clients to be served.

7. Point and click in the cells indicated to enter the planned number of clients for each population below.
 - a. **Total Unduplicated Number of Clients:** Cell D29, the planned total number of clients.
 - b. **Total Unduplicated Number of Women:** Cell D30, the planned number of women (25 or older).
 - c. **Total Unduplicated Number of Infants:** Cell D31, the planned number of infants (<2 years).
 - d. **Total Unduplicated Number of Children:** Cell D32, the planned number of children (2-12 years).
 - e. **Total Unduplicated Number of Youth:** Cell D33, the planned number of youth (13-24 years).

Planned Outcomes: Follow the instructions below to enter required information for planned outcomes.

8. **Planned Client Level Outcome(s):** Use cells A39 through A41 to describe a maximum of three outcome measures that will be used to document the impact of this service, consistent with HRSA guidelines. If fewer than three measures will be used, leave the remaining outcomes rows (cells) blank – do **not** delete them. **Important:** Your customized *Workbook* will contain drop-down menus pre-populated with HRSA-recommended outcome measures for each service, as well as an option allowing grantees to write-in a locally established outcome measure (i.e., by selecting “Other Outcomes”).
 - **Target Percent:** In cells G39 through G41, enter the target percentage of planned clients that are expected to meet each outcome. Use whole numbers without the percent (%) symbol.

Revised Planned Outcomes and Year-End Outcome Results will be reported in the *MAI Year-End Annual Report*. Therefore, these cells will be ‘read-only’ and cannot be edited in the *MAI Plan Workbook*.

4.4 Upload MAI Workbook

When you finish entering the plan information for each *Service Form* worksheet, you will upload the *Plan Workbook* into the *Title I MAI Report* web application in the EHB. The system will perform validation checks on data in your *Workbook* to ensure that your numbers are consistent and within acceptable ranges. If the system finds data errors or inconsistencies, you will receive an error report listing values that fail validation. You will have to correct them in your *Workbook* and re-upload your completed *Plan*. The system will then re-validate the data. You will not be able to submit the report for HRSA review until you have resolved all validation errors.

4.5 MAI Plan Narrative

Write 2-4 pages that will be uploaded with your *Plan Workbook* explaining the following information.

- a. Determination of Priorities:
 - 1) Describe how the grantee determined priorities for the use of MAI funds and allocation amounts, including process(es) used to obtain community input, particularly from persons living with HIV disease in disproportionately impacted communities.
 - 2) Briefly explain how these priorities fit within the context of the grantee's overall Title I plan for providing services to targeted communities.
 - 3) Identify the particular disproportionately impacted communities, including geographic location(s), and any special subpopulations to which these services will be directed.
Reminder: Title I funds, including MAI funds, may be used only for support services that help people living with HIV disease access or maintain HIV/AIDS primary medical care and treatment. If MAI funds are used to provide a support service, grantees must explain in the narrative how it will help clients access and/or remain in primary care.
- b. Distribution of Funds: Describe the timetable and plan for disbursing MAI funds, including how the grantee will insure that providers: 1) are located in/near targeted communities to be served; 2) have a documented history of providing service to the communities; 3) have documented linkages to targeted populations that can help close gaps in access to care; and 4) will provide services in culturally and linguistically appropriate manner.
- c. Monitoring of Services/Activities: Summarize how the grantee will monitor services/activities supported by these funds.
- d. Outcome Measures: For any planned outcome measures that are not consistent with HRSA guidelines, explain briefly: 1) why other measures are being used, and 2) steps being taken to ensure that appropriate and useful measures are used to monitor outcomes for MAI services.
- e. Any other explanation(s) that may be needed to understand data submitted in the *Plan* sections of the *MAI Workbook*.

4.6 Upload MAI Plan Narrative

Use the *Title I MAI Report* web application available through the EHB to upload the *MAI Plan Narrative* to HRSA.

4.7 Submit Plan for Project Officer Review

Once you have uploaded your *MAI Plan Workbook* and your *MAI Plan Narrative* and the files have passed validation, the system will prompt you to electronically submit the Plan to HRSA and your Project Officer.

5 DETAILED INSTRUCTIONS FOR COMPLETING THE MAI ANNUAL REPORT

5.1 Download MAI Workbook

To prepare your year-end *MAI Annual Report*, use the *Title I MAI Report* web application available in the EHB. After using the web forms to update any information previously submitted in your *MAI Plan Workbook*, the system will generate a customized *Report Workbook* for you to download and use.

5.1.1 COMPLETE GRANT INFORMATION FORM

Grantee Identifying Information: Information updated in the Grant Information Form will be used to automatically update your customized *Workbook*, e.g. the *Summary* and *Service Form* worksheets.

Report Date: The date is system-generated when you download your customized *MAI Workbook*.

Grantee Name: The name of your EMA has already been pre-populated with the official grantee name on file in the EHBs. If your EMA appears incorrectly, please contact the HRSA Call Center.

Prepared By: Type your name as the person preparing the *Annual Report*. HRSA will contact you if questions arise about information that is submitted.

Title: Type your title as the person preparing the report.

E-Mail Address & Telephone: Provide your e-mail address and telephone number

Funding Information: Follow the directions below to add or update information in the Grant Information Form as needed. All updated entries will be automatically entered into your customized *Report Workbook's* worksheets, e.g. the *Summary* and *Service Forms*.

1. **FY Title I MAI Award:** This field will be locked, and will show the total amount of MAI funds awarded to your EMA for this fiscal year as reported in the *MAI Plan Workbook*.
2. **MAI \$\$ (funds) Approved for Carryover from Prior Year:** Enter the amount of MAI funds from the prior FY approved by HRSA for use in the current FY. Enter a "0" if the grantee did not request any MAI carryover or if HRSA has not yet approved the grantee's MAI carryover request.

Please remember:

- MAI carryover funds may ONLY be used for MAI services/activities; and
- Service-specific budgets previously reported in your *MAI Plan* must be revised to reflect the inclusion of carryover funds when you submit your *MAI Year-End Annual Report*.

3. **FY MAI Funds to be used for Grantee Administration:** The amount of the FY MAI award allocated for grantee administration will be pre-populated with information from the *MAI Plan* for the fiscal year. (Note: carry-over MAI funds may NOT be used for grantee administration.)

5.1.2 Ethnicities/Race by Service Category/Activity Web Form

This form will be pre-populated with the services planned to be delivered to each ethnic and racial group, the amounts budgeted, and whether it was a new, continuing or expanded service.

If during the past FY: 1) a service category was added or dropped, 2) there was a change in the amount budgeted for any service/group combination, and/or 3) a racial/ethnic group was added, then click the Edit button at the bottom of your screen to update the service budget information.

Important: If you entered an MAI carryover amount in the Grant Information Form greater than "0," you will be automatically prompted to click the Edit button and make the appropriate revisions to your EMA's submitted *MAI Plan* information. The web forms will allow you to:

- Select the service category(s) for which MAI carryover funds were used; and
- For each selected category, type in the amount of carryover allocated for that service, using whole numbers.

The web application system will use all updated service, budget and client group entries as well as the new carryover information, to automatically update the *Summary* and *Service Forms* in your customized *Report Workbook*.

5.1.3 Download Workbook

When you have completed the Grant Information form, you can download your customized *MAI Annual Report Workbook*. The workbook will be pre-populated with updated information submitted previously in your *MAI Plan* for the FY.

5.2 Complete MAI Workbook

5.2.1 Overview

When you download your customized *Report Workbook* it will contain only the worksheets you need based on your responses in the web forms. The *Workbook* will only allow you to edit only the *Report* cells based on your responses in the web forms. You cannot add additional worksheets, remove or add columns, or re-name worksheets.

5.2.2 Summary Tab

The *Summary* displays services provided to each minority community based on your *MAI Plan*.

5.2.3 MAI Service Form Tabs

As with your *Plan Workbook*, your customized *Report Workbook* contains a *Service Form* tab for each service provided to each racial/ ethnic client group. The information fields described below and on page 17 are required for each *Service Form*.

Identifying Information in the first five rows at the top of each *Service Form* is pre-populated automatically from your *Summary* worksheet.

Service Information: This information is pre-populated from your web forms in the cells indicated.

1. **Service or Activity:** Pre-populated in cell B11.
2. **Ethnicity and Race of Client Group to Receive This Service:** Pre-populated in cell D12.
3. **New, Continuing or Expanded Effort:** Pre-populated in cell D13.

Budget and Expenditure Information: 4.a, b. and c. will be pre-populated from information in your *MAI Plan* and the web forms. Follow the instructions for 4.d below to enter expenditures.

4. **Planned Budget and Expenditures for This Ethnic/Racial Group**
 - a. FY MAI Funds Budgeted for this Service to this Client Group: Pre-populated in cell D17 from your *MAI Plan* for the FY and/or updated web forms.
 - b. MAI Carryover from Prior Year Budgeted for This Service to This Group: Pre-populated in D18.
 - c. Total MAI Funds Budgeted for This Service to This Group: Cell D19 is automatically calculated.
 - d. **Spent:** Use cell E19 to report actual expenditures for this fiscal year.

Service Units: Follow the instructions below to enter required information for service units.

5. **Service Unit Name and Definition:** Cell B23 will be pre-populated from your *Plan* for the FY.
6. **Record of Service Units Provided:** Point and click in cell E25 to report the actual total number of service units provided in the FY.

Record of Clients Served: Follow the instructions below to enter required information for clients served. All "planned client" numbers will be pre-populated from your MAI *Plan* for the FY.

7. **Planned and Actual Total Number of Clients Served:** Use cell E29 through E33 to report the **actual total unduplicated number** of clients within this ethnic/racial group that received the service.
 - a. **Total Unduplicated Number of Clients:** Use cell E29 to report the unduplicated total number of clients in this community that actually received the service.
 - b. **Total Unduplicated Number of Women:** Use cell E30 to report the unduplicated total number of women (25 years or older) in this community that actually received the service.
 - c. **Total Unduplicated Number of Infants:** Use cell E31 to report the unduplicated total number of infants (<2 years) in this community that actually received the service.
 - d. **Total Unduplicated Number of Children:** Use cell E32 to report the unduplicated total number of children (2-12 years) in this community that actually received the service.
 - e. **Total Unduplicated Number of Youth:** Use cell E33 to report the unduplicated total number of youth (13-24 years) in this community that actually received the service.
8. **8A. Planned Client Level Outcome(s):** Cells will be pre-populated with information submitted in your *MAI Plan* for the FY.

8B. Revised Client Level Outcome(s) and Target Percent: If any planned outcome measures were redefined during the year, enter the revised outcomes and target percents in cells A/G43 through A/G45. If none were revised, leave the cells blanks. Do not delete blank rows.

Year-End Outcome Results: Follow the instructions below to report Year-End outcome results.

9. **Documented Evidence of Outcomes Achieved in the FY:**
 - a. **Narrative Description of Outcomes Achieved:** Use cell A51 to document results achieved in relation to planned outcome #1; use cell A52 to document results achieved in relation to planned outcome #2; and use cell A53 to document results achieved in relation to planned outcome #3.
 - b. **Number of Clients Served in Target Population:** Use cells D51 through D53 under Column 9b to report the total number of targeted clients to which each outcome applies. The number entered may not necessarily agree with the "*Total Number of Clients Served*" reported in 7a above (cell E29), but cannot exceed that number. (For example, the total number of people in this ethnic/racial group that received a service might be 100 clients, but one of the outcomes being reported may pertain only to the 35 women clients who were served. In that case, you would enter 35 as the "*Number of Clients Served in Target Population*," for that particular outcome.)
 - c. **Number of Clients Achieving Outcome:** Use cells E51 through E53 under column 9c to report the number of clients within the target population that achieved each outcome. (To continue the above example targeting women clients: if only 30 of the 35 women served achieved this outcome, then you would enter 30 as the "*Number of Clients Achieving Outcome*" for this particular outcome.)

- d. **Percent:** Cells F51 through F53 under Column 9c are locked and will automatically calculate the percent of clients that achieved this outcome. (For the above example in 9c, the calculated percentage would be 30 divided by 35, or 85.7%.)
- e. **Was Outcome Met, Exceeded, or Not Met?** Use the drop-list in cells G51 through G53 to report whether each outcome was met, exceeded, or did not meet the expected outcome. (To continue the example above: if the planned target was that at least 75% of women served would achieve this outcome, then you would select “exceeded” since 85.7% of women clients served achieved the outcome.)

5.3 Upload MAI Report Workbook

When you have finished entering the year-end information in your *Report Workbook* in each of the *Service Form* worksheets, you will upload the *Report Workbook* through the EHB *Title I MAI Report* web application. The system will perform validation checks on the data in the workbook to ensure they are consistent and within acceptable ranges. If there are any validation errors, you will have to correct them in your *Workbook* and re-upload the corrected *Report Workbook*. The system will then re-validate the data.

5.4 MAI Year-End Annual Report Narrative

Write 2 – 4 pages that address the following:

- Any explanation(s) needed to understand data submitted in the *in the MAI Workbook*, such as carryover allocations, budget revisions, unexpended funds, revised outcome measures, etc.
- A summary of: 1) program accomplishments for the year in relation to planned MAI goals and objectives; 2) client-level or service-level outcomes achieved that year, and in relation to previous years for continuing or expanded efforts; and 3) capacity-development or technical assistance activities that supported MAI-funded services; and,
- Challenges dealt with by the grantee and/or providers in planning or delivering MAI-funded services, documenting outcomes, or meeting planned outcome targets; and progress toward resolving the challenges.

5.5 Upload MAI Year-End Annual Report Narrative

You will upload the MAI Year-End Annual *Report Narrative* into the Title I MAI Report system to HRSA through the EHB after the *Report Workbook* has been successfully uploaded.

5.6 Submit Report for Project Officer Review

Once you have uploaded your *MAI Report Workbook* and your *MAI Report Narrative* and the files have passed validation, you will be prompted by the EHB's *Title I MAI Report* application to electronically submit the *Report* to HRSA and your Project Officer.

6 SELECTING OUTCOME MEASURES

This section contains recommended outcomes measures for different categories of services that are based on HRSA's published technical assistance (TA) *Outcomes Guides*¹.

6.1 Background

HRSA has strongly encouraged Title I grantees and planning councils to use outcomes evaluation methods to assess program quality and effectiveness since the first reauthorization of the CARE Act in 1996, starting with the *Application Guidance* issued that year for FY 1997 and continuing since then.² HRSA also has worked with grantees and evaluation experts to develop TA resources, including grantee workshops, interactive conference calls, and three published *Outcomes Guides*.

When the Congress established the MAI in FY 1999, it was in response to persistent and troubling disparities in HIV/AIDS morbidity and mortality in communities-of-color as documented by the Centers for Disease Control and Prevention. The Committee Report accompanying the appropriation that year made clear their intent to focus additional attention and resources in disproportionately affected communities in order to reduce disparities in access to care and health outcomes.³

Given Congressional intent to improve health outcomes and efforts already underway in that regard with Title I, HRSA has required grantees to document outcomes for MAI-funded services from the outset. Many grantees have selected appropriate outcome measures and indicators to monitor the quality and effectiveness of most MAI-funded services. It is HRSA's intent to work with all grantees to ensure the selection and implementation of useful and reasonably consistent types of outcomes indicators—particularly for primary health care and related core services.

Grantees should review outcomes measures in use or proposed by providers for MAI-funded services to make sure they are consistent with HRSA's published TA guidelines¹. Where inconsistent, grantees should work with providers to implement more appropriate measures.

In addition to HRSA's TA *Guides*, grantees may request individualized TA through HAB's *Peer Technical Assistance Contract*. For more information, please contact your Program Project Officer.

6.2 Ambulatory/Outpatient Medical Care

HRSA strongly encourages grantees to use at least one of the following client-level health outcomes, measured over a specified period of time. When reporting outcomes for continuing or expanded services in your *written report narrative*, discuss in the narrative how this year's outcomes compare with those from the previous year(s).

Table 1. Examples for Ambulatory/Outpatient Medical Care Outcomes

Client-Level Outcomes:	Indicators
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¹ Published HRSA guidelines that include three Outcomes Evaluation Technical Assistance Guides: Getting Started (1999), Case Management Outcomes (2001) and "Primary Medical Care Outcomes (2001). Copies of these technical assistance resources are available on-line through the HRSA website at: <http://hab.hrsa.gov/tools.htm>. When the webpage opens, type in the word outcomes in the Quick Search box to locate all HRSA/HAB publications relating to outcomes. You can also obtain the Guides by calling toll-free: 1-888-ASK HRSA.

² For example, in FY 1998 Title I applicants had to describe their plan for developing and implementing outcome measures, starting with outpatient primary medical care at a minimum. The following years, Title I applicants were required to identify at least two more services for which outcome measures had been—or would be—implemented.

³ U.S. House of Representatives Appropriations Committee Report 107-229, October 9, 2001, pg. 36.

	(Documented Over a Specific Time Period)
Slowing/preventing disease progression in clients	<ul style="list-style-type: none"> • Number and percentage of clients served with improved and stable CD₄ counts • Number and percentage of clients with improved and stable viral load tests <p>Example: At a minimum, 65 percent of clients served will achieve improved or stable CD4 counts by the end of the reporting period. Reporting Results: Of 150 clients served with more than one CD4 count during the reporting period, a total of 117 (78%) had stable or improved CD4 counts; of these, 82 (55%) were improved and 53 (35%) remained stable, while 15 (10%) had a decline in their CD4 count. This was an improvement over last year when 65% of clients served had improved or stable CD4 counts.</p>
Morbidity & Mortality Markers:	
Lower incidence of AIDS-defining opportunistic conditions	The percentage of clients with one or more AIDS-defining opportunistic conditions. Example: Of the clients served during the year, 10 percent or fewer will experience one or more AIDS defining opportunistic infections.
Reduced rate of HIV/AIDS-related hospitalizations	The percentage of clients with one or more HIV/AIDS-related hospitalizations. Example: Of the clients served this year, 10 percent or fewer will experience one or more HIV/AIDS-related hospitalizations.
Reduced rate of HIV/AIDS-related emergency room visits	<ul style="list-style-type: none"> • The percentage of clients with one or more HIV/AIDS-related ER visits. <p>Example: Among the clients served this year, 10 percent or fewer will experience one or more HIV/AIDS-related emergency-room visits.</p>

6.3 Other Primary Health Care⁴ Services

HRSA encourages grantees to use one or more client-level outcomes for slowing/preventing progression of HIV/AIDS described above for outpatient medical care. However, if community-based providers have difficulty obtaining the necessary medical data, grantees are encouraged to use one or more of the following service-level outcomes. When reporting outcomes for continuing or expanded services, please discuss in the *written report narrative* how the FY results compare with those from the previous year(s).

Table 2. Examples for Substance Abuse Treatment Services Outcomes

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
Increased number of HIV+ clients with chemical dependency who complete substance abuse	Increase in the number and percent of clients served who enter and complete a substance abuse treatment program. Example: 65 percent of HIV+ clients successfully referred for treatment will

⁴. Primary Health Care Services include preventive, diagnostic, or therapeutic health service received on an outpatient basis by a patient who is HIV positive. Examples include oral health care, nutrition counseling, mental health services, substance abuse treatment, and treatment adherence services.

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
treatment	complete their substance abuse treatment plan. Reporting Example: Of 100 HIV+ clients enrolled in outpatient substance abuse treatment during the reporting period, 72 (72%) completed the program. This compares with 48 of 75 clients (64%) who entered and completed substance abuse treatment in FY 2004.
Increased number of HIV+ clients with chemical dependency are <u>accessing</u> primary medical care	Increase in the number and percent of HIV+ clients receiving substance abuse treatment are also accessing HIV/AIDS primary medical care. Example: 70 percent of HIV+ clients determined to be out-of-care when substance abuse services are initiated, will be successfully referred into outpatient HIV/AIDS medical care within two weeks. Reporting Example: Out of 100 HIV+ clients entering treatment during the reporting period, 58 (58%) had not had an HIV/AIDS outpatient medical visit during the previous 12 months or longer. Of this group referred to HIV/AIDS medical care, 50 (86%) kept their initial medical appointment.
Increased number of HIV+ clients are <u>remaining in</u> primary medical care	Increase in the number and percent of clients receiving substance abuse treatment services who keep HIV/AIDS medical appointments consistent with their treatment plan. Example: 70 percent of HIV+ clients receiving substance abuse treatment will remain in HIV/AIDS medical care, keeping at least 75% of their scheduled appointments during the reporting period. Reporting Example: Of the 100 HIV+ clients served, 78 (78%) kept at least 75% of their scheduled HIV/AIDS medical visits during this reporting period.

Table 3. Examples for Mental Health Service Outcomes

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
Increased number of HIV+ clients with a diagnosed mental health condition are receiving mental health services	<ul style="list-style-type: none"> • Increase in the number and percent of HIV+ clients with mental health problem or illness who are successfully linked to mental health services. • Increase in the number and percent of HIV+ clients with mental health problem/illness will comply with/complete their mental health treatment plan. <p>Example: 85 percent of clients referred for mental health services will keep their initial appointment; of this group, 75 percent will comply with or complete their mental health treatment plan. Reporting Example: Of 230 clients referred for mental health services during FY 2007, 195 (85%) kept their initial appointment. Among that group of 195, 150 clients (77%) complied with and/or completed their mental health treatment plan.</p>
Increased number of HIV+ clients with mental health problems are <u>accessing</u> primary medical care	Increase in the number and percent of HIV+ clients receiving mental health services are also accessing HIV/AIDS primary medical care.

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
	<p>Example: 85 percent of HIV+ clients determined to be out-of-care when mental health services are initiated, will be successfully referred into outpatient HIV/AIDS medical care within two weeks.</p> <p>Reporting Example: Out of 100 HIV+ clients entering mental health services during FY 2007, 45 (45%) had not had an HIV/AIDS medical visit in the previous 12 months or longer. Of this group referred to medical care, 40 (89%) kept their initial medical appointment.</p>
<p>Increased number of HIV+ clients with a mental health problem who receive mental health services, are remaining in outpatient HIV/AIDS medical care</p>	<p>Increase in the number and percent of HIV+ clients receiving mental health services who keep HIV/AIDS medical care appointments. Example: 75 percent of HIV+ clients receiving mental health services will remain in HIV/AIDS medical care during the reporting period, keeping at least 75 percent of scheduled appointments.</p> <p>Reporting Example: Of the 145 HIV+ clients receiving mental health services during FY 2007, 125 (86%) kept at least 75% of scheduled HIV/ AIDS medical appointments during the reporting period.</p>

Table 4. Examples for Other Primary Health Care Service Outcomes

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
Increased number of HIV+ clients who are receiving a particular health service (e.g. oral health care, rehabilitation services, nutrition counseling)	Increase in the number and percent of HIV+ clients served who enter and receive the specified primary health care service. Example: 85 percent of HIV+ clients referred for nutrition counseling will be successfully linked to those services. Reporting Example: Out of 150 HIV+ clients referred for nutrition counseling during FY 2007, 130 (87%) kept their initial nutrition counseling appointments.
Increased number of HIV+ clients who complete the particular service	Increase in the number and percent of HIV+ clients who complete the specified primary health care service treatment plan. Example: 75% of HIV+ clients referred for nutrition counseling will complete a 4-week nutrition-counseling program. Reporting Example: Of the 130 clients referred for nutrition counseling during FY 2007, 119 (92%) completed the 4-week nutrition-counseling program.

6.4 Case Management

Grantees are encouraged to use one or more client-level outcomes for slowing/ preventing progression of HIV/AIDS for outpatient medical care. However, if community-based providers have difficulty obtaining necessary medical data, grantees are encouraged to use one or more of the following service-level outcomes. When reporting outcomes for continuing or expanded services, discuss in the *written report narrative* how they compare with results for previous year(s).

Table 5. Examples for Case Management Service Outcomes

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
Increased number of case managed HIV+ clients are accessing primary medical care	Increase in the number/percent of HIV+ clients served who access primary medical care within a specified period. Example: 85% of new case management clients determined to not have been in HIV/AIDS medical care in the previous 12 months or more will be referred into care within 2 weeks of their initial assessment. Reporting Example: Of 80 clients determined to not be in care, 73 (91%) were successfully referred to HIV/ AIDS medical care within 2 weeks of their initial assessment. This was an improvement over last year, when only 76% of out-of-care new case management clients were successfully referred into care within 2 weeks of initial assessment.
Increased number of case managed HIV+ clients are maintaining primary medical care	Increase in the number and percent of case managed HIV+ clients who keep primary medical care appointments consistent with their treatment plan. Example: 85% of case managed clients will remain in HIV/AIDS medical care during the reporting period, defined as keeping at least 75 percent of their scheduled medical

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
	appointments. Reporting Example: Of 244 total case management clients, 229 (94%) kept at least 75% of scheduled HIV/AIDS medical visits during FY 2007.
Increase in clients adhering to their prescribed HIV medication regimen	Increase in the number of case managed HIV+ clients served who adhere to their HIV medication regimen. Example: 85% of case managed clients will comply with their prescribed medication regimen. Reporting Example: Of the 244 clients served this reporting period, 224 (91%) self-reported compliance with their prescribed regimens.

6.5 Outreach Services

Documentation of client-level outcomes may require procedures or systems beyond the scope of some community-based outreach providers. Therefore, the following service-level outcome is recommended for MAI-funded outreach services. For expanded or continuing outreach services, discuss in the *written report narrative* how they compare with results from the previous year(s).

Table 6. Examples for Outreach Service Outcomes

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
Improved access to HIV/AIDS primary <u>medical</u> care services	Increase in the number and percent of HIV+ persons out-of-care (i.e., who have not had an outpatient HIV/AIDS medical care visit in 6–12 months or more prior to contact) will be successfully referred into HIV/AIDS primary medical care. Example: 85 percent of HIV+ clients determined to be out-of-care will be successfully linked to HIV/AIDS medical care within two weeks. Reporting Example: Of 350 clients contacted during the reporting period, 144 (41%) knew they were HIV+ but had not been in medical care in the previous 6–12 months. Of this group, 130 (90%) were successfully linked to HIV/AIDS medical care within two weeks, based on kept initial appointments.

6.6 Support Services

Title I funds (including MAI funds) may be used only for support services⁵ that help people living with HIV disease access or maintain HIV/AIDS primary medical care and treatment. If MAI funds are used to provide a support service, grantees must explain in the *written report narrative* (plan) how the service will help clients access/remain in primary healthcare. Also, the *written report narrative* must describe the extent to which the service achieved planned objectives. The service-level outcomes and indicators listed below are recommended for support services. When reporting outcomes for expanded or continuing support services, discuss in the narrative how they compare with results from the previous year(s).

⁵ For example, transportation, psychosocial support services, health education/risk-reduction or housing related services.

Table 7. Examples for Support Services That Help Clients Access or Remain in Care

Service Level Outcomes:	Indicators (Documented Over a Specific Time Period)
Increased number of HIV+ clients accessing the support service (e.g. transportation) intended to facilitate access to primary health care	Increase in the number/percent of clients who obtain the support service. Example: 85 percent of clients eligible for transportation services to HIV/AIDS care services will receive the service in order to keep scheduled HIV/AIDS health care related appointments. Reporting Example: Of 300 unduplicated eligible clients referred for transportation services during the reporting period, 278 (93%) received transportation to an HIV/ AIDS primary health care or related service.
Increased number of HIV+ clients who maintain primary medical care services	Increase in number/percent of clients served who kept primary medical care appointments. Example: 80 percent of clients receiving peer support or related psychosocial support will remain in care, defined as keeping 75 percent or more scheduled outpatient HIV/AIDS medical appointments. Reporting Example: Of 210 clients receiving peer-support in FY 2007, 179 (85%) kept at least 75% of scheduled HIV/AIDS medical appointments during this 12-month reporting period.

Table 8. Examples of Short and Intermediate Outcomes Measures For Support Services

Support Service	Outcomes	Indicators (Documented Over a Specific Time Period)
Food Bank/Home Delivered Meals: provision of groceries, meals or nutrition supplements	Improved nutritional status of clients being served	<ol style="list-style-type: none"> 1. Weight loss/gain as appropriate 2. Reduction in HIV-related poor nutrition symptoms, e.g. wasting, abnormal lipids.
Health Education/ Risk Reduction Services	<u>Short-term:</u> Increased knowledge about HIV/AIDS transmission/prevention <u>Intermediate:</u> + changes in life management	<u>Short-term:</u> Pre & post assessment, using client self-report questionnaire. <u>Intermediate:</u> Self-reports and/or record review <ol style="list-style-type: none"> 1. Improved medication adherence 2. Increase in kept appointments 3. Reductions in high-risk behaviors
Housing Assistance & Housing Related Services	<u>Intermediate:</u> Improved access to primary medical care as a result of housing stability	<u>Intermediate:</u> Improvements in kept medical appointments, as documented by client self-report and/or record reviews
Medication/Treatment Adherence Services	<u>Short-term:</u> Increased understanding of importance of medication adherence	<u>Short-term:</u> Improvement in client understanding of adherence, documented by client self report.

Support Service	Outcomes	Indicators (Documented Over a Specific Time Period)
	<p><u>Intermediate:</u></p> <ol style="list-style-type: none"> 1. Improvements in medication adherence 2. Decrease in incidence of opportunistic disease 3. Prevention of resistant strains of HIV infection 	<p><u>Intermediate:</u></p> <ol style="list-style-type: none"> 1. Improvement in medication adherence as documented by client self-report 2. Reduced frequency of AIDS-defining opportunistic conditions among clients 3. Reduction in resistant strains of HIV infection, documented by record reviews