

# Co-location and Integration of HIV Prevention and Medical Care into Behavioral Health (Co-located and Integrated Care)

## Supporting Statement

### B. Statistical Methods

#### B1. Respondent Universe and Sampling Methods

**Combined RHHT Form.** It is expected that each grantee will offer a rapid HIV and hepatitis test to all its clients and confirmatory testing to those who screen positive for antibodies to HIV, HBV or HCV. In addition, clients may be offered a second test if they continue to engage in high-risk sexual and drug-taking behaviors or if they have been recently exposed or suspect that they have been exposed to HIV.

Grantees will be asked to complete a testing form for each individual who is offered an HIV/hepatitis test.

#### Sampling

Sampling procedures will not be used for selecting clients.

#### B2. Procedures for Collection of Information

Individual grantee sites will be responsible for the collection and submission of all data instruments. SAMHSA will provide or coordinate training on data collection procedures via webinar prior to the collection of any data. Additional trainings will be offered to all grantees as new needs are determined.

Detailed information on the collection of each data instrument is outlined below:

**Combined RHHT Form.** It is expected that grantee sites will offer an HIV and hepatitis test to each client. Forms will be completed at the time of HIV/hepatitis testing by trained personnel. Questions requiring information from the client (Sections B and C) will be administered in an interview format. Information relating to site characteristics, testing results and services and linkage to care (Sections A and D-I) be completed by grantee staff at the time of testing. The completed form is placed in the client's record. At the time the provider receives the HIV/Hepatitis test results, a decision is made regarding HIV confirmatory testing and referral to follow-up HIV medical intervention and Hepatitis confirmatory testing and/or to continue with the vaccination series or refer the patient to follow-up services. Testing forms will be completed at the grantee site and entered into a secure web portal that will be developed and maintained by the evaluation contractor. SAMHSA anticipates that completion and entry of the testing forms will take approximately eight minutes.

Prior to implementation of this collection, SAMHSA will consult with a professional institutional review board and determine whether the collection is exempted from review, informed consent may be waived, or informed consent must be provided.

SAMHSA will not make any generalizations or national estimates about these clients who are served or the programs serving them.

### **B3. Methods to Maximize Response**

Traditionally a non-response rate refers to the calculation of rates of refusal to be surveyed or to answer a particular question on a survey or form. High non-response rates jeopardize the utility of the data received and introduce an unknown source of bias in the results.

All data collection will occur as part of the normal course of service delivery. Clients are typically quite cooperative with grantee staff because of the relationship established during service provision. However, some clients do not return to services during this timeframe. In these cases, the provider must complete an administrative discharge for the individual. Additional efforts to maximize response rates for each of our data collection instruments are outlined below.

**Combined RHHT Form.** Grantee staff members will offer clients a rapid HIV and Hepatitis test during the course of normal business. Staff members will note the importance of HIV/hepatitis testing, but will stress that the test is not mandatory, and that their treatment will not be affected if they decline the test. Grantee staff members then briefly explain to clients the reason for the Combined RHHT Form, describe the form length, and explain the process. If clients agree to take a rapid HIV and/or hepatitis test, the grantee staff members administer the rapid tests and complete the Combined HIV/Hepatitis Testing Form while waiting for the test results. Grantees will be required to complete a Combined RHHT Form for each client, whether or not the test was completed. If the client declines the test, only sections A-C are completed. Because this data is only collected at one time-point, attrition is not an issue.

### **B4. Tests of Procedures**

**Combined RHHT Form.** The proposed RHHT Form mirrors the current RHHT Form, with minor changes. The current RHHT form is currently used by the Minority AIDS Initiative Continuum of Care program (OMB # 0930-0343). No problems related to the implementation or completion of this testing form have been reported.

### **B5. Statistical Consultants**

The individuals responsible for overseeing instrument design and data collection are the following:

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## **Attachments**

1. Combined RHHT Form – Changes to Currently Approved Version
2. Clean copy of proposed RHHT Form