

National Minority AIDS Initiative (MAI) Substance Abuse/HIV Prevention Initiative

MAI Quarterly Progress Report

**Substance Abuse and Mental Health Services
Administration Center for Substance Abuse Prevention**

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1. Administration

Grantee Name

Grantee Award Number

Cohort

Reporting Period (quarter, federal fiscal year)

Address

City, State/Territory, Zip

PROJECT DIRECTOR

Name

Email

Phone number

PROJECT COORDINATOR

Name

Email

Phone number

LEAD EVALUATOR

Name

Email

Phone number

2. Health Disparities

Frequency: Completed twice every federal fiscal year, as part of the second- and fourth-quarter progress reports

SAMHSA defines behavioral health as mental/emotional well-being and/or actions that affect wellness. The phrase “behavioral health” is also used to describe service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.

Healthy People 2030 prioritizes eliminating health disparities, achieving health equity, and attaining health literacy to improve the health and well-being of all. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

In this section, we would like you to describe the efforts and activities that your state, tribe, or jurisdiction has undertaken in the project to address Behavioral Health Disparities related to HIV or substance use disorders risks, prevalence, and outcomes.

2.1. Cultural Competence and Behavioral Health Disparities Activities

1. Which of the following health disparities-related activities did your organization or institution conduct during this reporting period? (*select all that apply*)
 - Conducted needs assessment activities specific to behavioral health disparities (e.g., identified subpopulations experiencing health disparities and their specific needs, collected data on identified subpopulations)
 - Involved members of subpopulations experiencing behavioral health disparities in your CSAP/MAI activities, such as assessment, capacity building, planning, implementation, and evaluation
 - Built organizational capacity for addressing behavioral health disparities (e.g., received trainings or built coalitions specifically for addressing disparities)
 - Implemented strategies to address behavioral health disparities (e.g., interventions tailored to vulnerable subpopulations, efforts to increase access of vulnerable subpopulations to SA and HIV prevention and treatment services)
 - Increased access to substance use and HIV prevention services for subpopulations experiencing behavioral health disparities (i.e., increased these populations' ability to get to or use these services). Increased access may refer to enhanced health coverage, services, timeliness, and workforce.
 - Evaluated effects of implemented strategies on subpopulations experiencing behavioral health disparities
 - Developed a plan to sustain progress made in addressing substance use and HIV-related health disparities beyond the CSAP/MAI grant
 - Other (Specify) _____

6. Target Ethnicity (select all that apply)

- Hispanic or Latino
- Not Hispanic or Latino

7. Target Sexual Orientation (select all that apply)

- Straight or Heterosexual
- Bisexual
- Gay or Lesbian
- Queer, Pansexual, And/Or Questioning
- Other (specify)_____

8. Target Age Group (select all that apply)

- 12-15
- 16-17
- 18-20
- 21-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+

9. Target Population(s) (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adolescents (Age 12-17) | <input type="checkbox"/> American Indian/Alaska Natives (AI/AN) |
| <input type="checkbox"/> Young Adults (Age 18-24) in college | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Young Adults (Age 18-24) not in college | <input type="checkbox"/> Black/African American Women |
| <input type="checkbox"/> Older Adults (Age 50 and Over) | <input type="checkbox"/> Black/African American Men |
| <input type="checkbox"/> American Indian/Alaska Natives (AI/AN) | <input type="checkbox"/> Latina or Hispanic Women |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Latino or Hispanic Men |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Men Having Sex with Men (MSM) |
| <input type="checkbox"/> Black/African American Women | <input type="checkbox"/> LGBTQ2 |
| <input type="checkbox"/> Black/African American Men | <input type="checkbox"/> Military/Veterans |
| <input type="checkbox"/> Latina or Hispanic Women | <input type="checkbox"/> Reentry Populations |
| <input type="checkbox"/> Latino or Hispanic Men | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Adolescents (Age 12-17) | <input type="checkbox"/> Sex Workers |
| <input type="checkbox"/> Young Adults (Age 18-24) in college | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Young Adults (Age 18-24) not in college | <input type="checkbox"/> Other(s) (Specify) |
| <input type="checkbox"/> Older Adults (Age 50 and Over) | |

10. Target Zip Codes _____

11. Description of Needs, Resources, Gaps _____

12. Findings of Epi Data _____

13. Target Risk Factors/Target Protective Factors: (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Attitudes supporting heavy alcohol use | <input type="checkbox"/> Experience with discrimination |
| <input type="checkbox"/> Attitudes supporting illicit drug use | <input type="checkbox"/> Life stress |
| <input type="checkbox"/> Attitudes supporting risky sexual behaviors | <input type="checkbox"/> Early initiation of alcohol use |
| <input type="checkbox"/> Perceived risk of harm from unprotected sex | <input type="checkbox"/> Early initiation of drug use |
| <input type="checkbox"/> Perceived risk of harm from heavy alcohol use | <input type="checkbox"/> Injection drug use |
| <input type="checkbox"/> Perceived risk of harm from illicit drug use | <input type="checkbox"/> High knowledge of HIV |
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Sexual self-efficacy |
| <input type="checkbox"/> Awareness of health services | <input type="checkbox"/> High access to condoms or other forms of protection |
| <input type="checkbox"/> Easy access to alcohol | <input type="checkbox"/> High social support |
| <input type="checkbox"/> Positive alcohol expectancies | <input type="checkbox"/> Family connectedness |
| <input type="checkbox"/> Easy access to drugs | <input type="checkbox"/> Involvement with prosocial peer groups |
| <input type="checkbox"/> Victimization | <input type="checkbox"/> Positive intimate partner relationship |
| <input type="checkbox"/> Poor mental health | <input type="checkbox"/> Other(s) (Specify) |
| <input type="checkbox"/> Criminal justice involvement | |

14. Targeted Capacity Expansion Type (select all that apply)

- Determining need based on data
- Developing prevention workforce
- Logically planning prevention services to address needs
- Providing evidence-based prevention services
- Evaluating prevention services delivered

15. Anticipated Impact of Targeted Capacity Expansion Type(s) on Organization's Capacity (this item is optional) _____

16. Upload/Attach your Needs Assessment Report

4.1 Project, Organization/Institution, and Community Capacity

Staff Roster

Name	Date Joined	Position Title	FTE		Status	Date Exited (If Status is "Inactive")
			Actual	Approved		
	Month __ __ Day __ __ Year __ __ __ __		____%	____%		<input type="checkbox"/> Month __ __ Day __ __ Year __ __ __ __

Advisory Group and Governing Board Roster

Name	Date Joined	Affiliation	Member Type	Group Type	Status	Date Exited (If Status is "Inactive")
	Month __ __ Day __ __ Year __ __ __ __		<input type="checkbox"/> Community Stakeholder <input type="checkbox"/> Consumer	<input type="checkbox"/> Project Advisory Group <input type="checkbox"/> Governing Board		Month __ __ Day __ __ Year __ __ __ __

Collaborator Roster

Name	Date Joined	Collaborator Type	Gov't Type (If Collaborator type is Government)	Organization Scope (If Collaborator type is Nongovernment)	Status	Date Exited (If Status is "Inactive")
	Month __ __ Day __ __ Year __ __ __ __	<input type="checkbox"/> Government <input type="checkbox"/> Nongovernment	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> Statewide <input type="checkbox"/> Local		<input type="checkbox"/> Month __ __ Day __ __ Year __ __ __ __

5.2 Goals, Objectives, and Outcome Categories

1. Targeted Goal(s) (select all that apply)

- Increase capacity to provide substance abuse, HIV, or viral hepatitis prevention services
- Prevent, slow the progress, and reduce the negative consequences of substance abuse
- Prevent, slow the progress, and reduce the negative consequences of HIV or viral hepatitis transmission
- Reduce health disparities in the community

Instructions: For each goal that you are targeting, complete the objectives roster, select outcome categories, and outcome measures. For goals that you are not targeting, leave the objectives and outcomes blank.

Goal: Increase capacity to provide substance abuse, HIV, or viral hepatitis prevention services

Objective(s) (enter one or more objectives in the below roster)

Objective Description	Date Started	Planned Completion Date	Current Status	Date Exited (If Status is "Inactive")
Objective Name_____	Month __ __	Month __ __	<input type="checkbox"/> Not started <input type="checkbox"/> Less than half completed <input type="checkbox"/> Half completed <input type="checkbox"/> More than half completed <input type="checkbox"/> Completed <input type="checkbox"/> Exceeded target	Month __ __
Objective Description_____	Day __ __	Day __ __		Day __ __
	Year __ __ __ __	Year __ __ __ __		Year __ __ __ __

Goal: Prevent, slow the progress, and reduce the negative consequences of substance abuse

Objective(s) (enter one or more objectives in the below roster)

Objective Description	Date Started	Planned Completion Date	Current Status	Date Exited (If Status is "completed" or "exceeded target")
Objective Name _____ Objective Description _____	Month __ __ Day __ __ Year __ __ __ __	Month __ __ Day __ __ Year __ __ __ __	<input type="checkbox"/> Not started <input type="checkbox"/> Less than half completed <input type="checkbox"/> Half completed <input type="checkbox"/> More than half completed <input type="checkbox"/> Completed <input type="checkbox"/> Exceeded target	Month __ __ Day __ __ Year __ __ __ __

Outcome Category (select one or more)

- | | |
|--|--|
| <input type="checkbox"/> Perception of risk of harm from substance abuse (participant level) | <input type="checkbox"/> Past 30-day substance use (participant level) |
| <input type="checkbox"/> Disapproval of substance abuse (participant level) | <input type="checkbox"/> Consequences of substance abuse (participant level) |
| <input type="checkbox"/> Other substance abuse risk/protective factors (participant level) | <input type="checkbox"/> Substance abuse related community-level outcomes |
| <input type="checkbox"/> Past 30-day substance use (participant level) | |

Goal: Prevent, slow the progress, and reduce the negative consequences of HIV or viral hepatitis transmission

Objective(s) (enter one or more objectives in the below roster)

Objective Description	Date Started	Planned Completion Date	Current Status	Date Exited (If Status is "completed" or "exceeded target")
Objective Name _____ Objective Description _____	Month __ __ Day __ __ Year __ __ __ __	Month __ __ Day __ __ Year __ __ __ __	<input type="checkbox"/> Not started <input type="checkbox"/> Less than half completed <input type="checkbox"/> Half completed <input type="checkbox"/> More than half completed <input type="checkbox"/> Completed <input type="checkbox"/> Exceeded target	Month __ __ Day __ __ Year __ __ __ __

Outcome Category (select one or more)

- HIV Knowledge, beliefs, and attitudes (participant level)
- Risky sexual behaviors (participant level)
- Other HIV or viral hepatitis risk/protective factors (participant level)
- HIV or viral hepatitis related community-level outcomes

Goal: Reduce behavioral health disparities in the community

Objective(s) (enter one or more objectives in the below roster)

Objective Description	Date Started	Planned Completion Date	Current Status	Date Exited (If Status is "completed" or "exceeded target")
Objective Name _____ Objective Description _____	Month __ __ Day __ __ Year __ __ __ __	Month __ __ Day __ __ Year __ __ __ __	<input type="checkbox"/> Not started <input type="checkbox"/> Less than half completed <input type="checkbox"/> Half completed <input type="checkbox"/> More than half completed <input type="checkbox"/> Completed <input type="checkbox"/> Exceeded target	Month __ __ Day __ __ Year __ __ __ __

Outcome Category (select one or more)

€ Access to services (participant level)

€ Community-level measures of behavioral health disparities

8. Evidence-based Justification (completed if “Yes” is selected for “Is this direct-service intervention evidence-based?”; select all that apply)

- Inclusion in a Federal List or Registry of evidence-based interventions or other evidence-based practice resource center
- Being reported (with positive effects) in a peer reviewed journal
- Documentation of effectiveness based on all three of the following criteria: 1) based on solid theory validated by research; 2) supported by a body of knowledge generated from similar interventions; 3) consensus among informed experts of effectiveness based on theory, research, practice, and experience

9. Do you plan to adapt this direct-service intervention from the original? (completed if “Yes” is selected for “Is this direct-service intervention evidence-based?”; select only one)

- Yes
- No

10. Description of Adaptation _____

(completed when “Yes” is selected for “Do you plan to adapt this direct-service intervention from the original?”)

11. Status (select only one)

- Active
- Inactive

12. Planned Direct Service Begin Date

|__| |__| | / |__| |__| | / |__| |__| |__| |__|
Month Day Year

13. Number of Sessions Planned (Frequency) _____

(Enter a number to indicate the number of sessions planned for this direct service per participant (for individual-format services) or group of participants (for group-format services). For example, if you are planning to provide 15 sessions for each person in the intervention, enter 15)

14. Number of Minutes Planned (Dosage) _____

(Enter a number to indicate the number of minutes planned for all sessions of this direct service per participant, rounded to the nearest 5 minutes (e.g., if you are planning to implement 900 minutes for each person in the intervention, enter 900 here).

5.4 HIV Testing Planning

1. How does your organization plan to provide HIV testing services? *(select all that apply)*
 - 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
2. Please describe how HIV testing will be conducted and where (e.g., off site, local health department, subcontract, hospital, etc.)_____
3. How many people do you expect will receive an HIV test using CSAP/MAI grant funds each year?

5.5 Viral Hepatitis (VH) Testing Planning

1. How does your organization plan to provide VH testing services? *(select all that apply)*
 - Rapid VH testing will be provided by the grantee organization
 - Rapid VH testing will be available through referral to an outside organization
 - Confirmatory VH testing will be available through referral to an outside organization
2. Please describe how VH testing will be conducted and where (e.g., off site, local health department, subcontract, hospital, etc.)_____
3. How many people do you expect will receive a VH test using CSAP/MAI grant funds each year?

5.6 Viral Hepatitis (VH) Vaccination Planning

NOTE: This section is for HIV CBI grantees only and is optional

1. How does your organization plan to provide VH vaccination services? *(select all that apply)*
 - VH vaccinations will be provided by the grantee organization
 - VH vaccinations will be available through referral to an outside organization
2. Please describe how VH vaccinations will be conducted and where (e.g., off site, local health department, subcontract, hospital, etc.)_____
3. How many people do you expect will receive a VH vaccination using CSAP/MAI grant funds each year?_____

- Condom distribution
- Enhancing access to HIV and/or viral hepatitis testing through health policy or organizational change
- Promoting changes to alcohol pricing and/or taxation
- Gathering of Native Americans (GONA)
- Promoting policy changes to limit alcohol advertising
- Promoting policy changes (e.g., in workplaces or campuses) to prevent sexual violence
- Other efforts to change community or organizational policies
- Other (Specify) _____

If Information Dissemination is selected as Indirect Service Type, select one of the following indirect services:

- Public speeches or lectures
- Town hall meetings
- Social marketing or social norms campaigns
- Prevention-focused websites
- Information dissemination through social media (e.g., Facebook, Twitter, YouTube)
- E-mail blasts
- Instagram
- Applications for mobile devices (e.g., Smart phones, tablets)
- Posters or billboards
- Public service announcements (PSA) on radio or television
- Newspaper or magazine advertisements
- Newspaper articles or letters to the editor
- Informational booklets, brochures, flyers, or newsletters
- Workshops, seminars, or symposiums
- Health fairs
- Condom demonstrations
- Health & fitness promotions and demonstrations
- Information phone lines or hotlines
- Other (specify) _____

5. What does this indirect service target? (select all that apply)

- SA
- HIV
- Viral hepatitis
- Other (specify) _____

6. Environmental Strategy Purpose (completed if Environmental Strategy is selected for Indirect Service Type; select all that apply)
- Limit access to substances
 - Change culture and context within which decisions about substance use or sexual behaviors are made
 - Change physical design of the environment (e.g., improve lighting, add emergency phones)
 - Reduce negative consequences associated with substance use or risky sexual behaviors
 - Reduce morbidity and mortality related to opioid overdose
 - Enhance access or reduce barriers to prevention and healthcare resources
 - Increase access to condoms or other forms of protection
 - Change social norms
 - Reduce glamorization of substance abuse
 - Increase pricing of alcohol
 - Increase penalties or sanctions
 - Capacity/coalition building
 - Educate for policy change
 - Increased access to viral hepatitis vaccine
 - Other (specify)_____

7. Information Dissemination Purpose (completed if Information Dissemination is selected for Indirect Service Type; select all that apply)
- To raise awareness of substance abuse, HIV, or viral hepatitis related problems in the community
 - To gain support from the community for your prevention efforts
 - To provide information on community norms related to substance use or sexual behaviors
 - To provide information on the harms of substance use or risky sexual behaviors
 - To provide information on how to prevent substance abuse or HIV/VH transmission among family and friends
 - To change individual behaviors with regard to substance use or risky sexual behaviors
 - To provide intervention program information (e.g., contact information, meeting times)
 - To provide surveillance and monitoring information (e.g., information about whom to contact if you witness underage alcohol sales or consumption)
 - To provide information about prevention and healthcare resources in the community
 - To educate for policy change
 - Other (specify)_____

8. Indirect Service Description _____

9. Planned Indirect Service: BEGIN DATE

|__|__| / |__|__| / |__|__|__|__|
Month Day Year

10. Planned Indirect Service: END DATE

|__|__| / |__|__| / |__|__|__|__|
Month Day Year

11. How many people do you plan to reach through this indirect service? _____

12. Is this indirect service evidence-based? (select only one)

- Yes
- No

13. Evidence-based Justification (completed if “Yes” is selected for “Is this indirect service evidence-based?”; select all that apply)

- Inclusion in a Federal List or Registry of evidence-based interventions or other evidence-based practices resource center
- Being reported (with positive effects) in a peer reviewed journal
- Documentation of effectiveness based on all three of the following criteria: 1) based on solid theory validated by research; 2) supported by a body of knowledge generated from similar interventions; 3) consensus among informed experts of effectiveness based on theory, research, practice, and experience

5.8 Accomplishments and Barriers

1. Type (fill out this section separately for each additional accomplishment or barrier; select only one)

- Accomplishment
- Barrier

2. Accomplishment/Barrier Name _____

3. Description _____

5.9 Conclusions and Recommendations (optional)

1. Date Identified |__|__| / |__|__| / |__|__|__|__|
Month Day Year

2. Conclusion/ Recommendation Name _____

3. Description of Conclusion/ Recommendation _____

6.3 Grant Expenditures

1. Date Updated | | / | | / | | | |
 Month Day Year

2. So far this reporting period, how many of the following did your agency purchase using CSAP/MAI grant funds?

- a) HIV test kits _____
- b) VH test kits _____
- c) VH vaccines _____

3. So far this reporting period, how many grant dollars were spent on ...

Direct Services Implementation	\$
Indirect Services Implementation	\$
HIV Testing	\$
VH Testing	\$
VH Vaccinations	\$
Other Expenses (Specify) _____	\$
Total Grant Dollars Spent	\$ (auto sum)

6.4 Direct-Service Intervention Implementation

Instructions: Complete this section separately for each implementation of each direct-service intervention you listed in Section 5.3. Each time a direct-service intervention is implemented on a different group of individuals, it counts as a separate implementation of that intervention. E.g., if a health education curriculum is delivered to three different groups, each of those count as a separate implementation of the intervention.

1. Date Implementation STARTED | | / | | / | | | |
 Month Day Year

2. Date Implementation ENDED | | / | | / | | | |
 Month Day Year

3. Direct-Service Intervention Name *(Enter the Intervention Name you listed in Section 5.3)*

4. Were all direct services/topics/sessions from the planned intervention covered?

- Yes
- No

5. How did the direct services/ topics/sessions differ from what was planned? _____

(completed if "No" is selected for the question: Were all direct services/topics/sessions from the planned intervention covered?)

6. What are the reasons the intervention differed from planned? _____

(completed if "No" is selected for the question: Were all direct services/topics/sessions from the planned intervention covered?)

7. Retention Activities _____

8. Incentives to participants (select all that apply)

- Merchant Gift Cards
- Transportation
- Evaluation Incentives
- Other (Specify)_____

9. Number of Sessions (Frequency)_____

(Enter a number to indicate the number of sessions conducted for this direct service per participant (for individual-format services) or group of participants (for group-format services). For example, if you provided 15 sessions for each person in the intervention, enter 15)

10. Number of Minutes (Dosage)_____

(Enter a number to indicate the number of minutes spent delivering all sessions of this direct service per participant, rounded to the nearest 5 minutes (e.g., if you met for 900 minutes with each person in the intervention, enter 900 here)).

6.9 Indirect Service Implementation

Instructions: Complete this section separately for each time you implement each Indirect Service you entered in Section 5.7.

1. Date Service STARTED |_|_|_|_| / |_|_|_|_| / |_|_|_|_|_|
 Month Day Year

2. Date Service ENDED |_|_|_|_| / |_|_|_|_| / |_|_|_|_|_|
 Month Day Year

3. Indirect Service (*Enter the Indirect Service you listed in Section 5.7*) _____

4. Did implementation of this indirect service go according to plan?
 Yes
 No

5. How did implementation differ from the planned indirect service? _____

(completed if "No" is selected for the question: Did Implementation of this indirect service go according to plan?)

6. What are the reasons this indirect service differed from planned? _____

(completed if "No" is selected for the question: Did Implementation of this indirect service go according to plan?)

7.5 Closeout Evaluation Report

This section is only required at closeout. As you complete your closeout evaluation report, consider how your interventions addressed the goals of MAI. Think about key areas such as capacity building, substance abuse prevention, HIV/VH prevention, reducing health disparities, etc. Be sure to include information on anything that was interesting or surprising about your findings. Were there any implementation issues that could explain your findings? How about contextual, population, and other variables? Are there any questions that these findings raise? What are the implications of these findings? As you answer the questions below, please be sure to make a logical connection between evaluation findings and conclusions/recommendations. This is an opportunity for SAMHSA to learn about your project and to use evaluation findings for future efforts.

After you answer all questions, upload any supporting documents (if applicable).

1. What were your key accomplishments, strengths, or special achievements? _____
2. Describe any major problems, issues, challenges, or barriers you encountered. _____

3. Describe your dissemination strategies. _____

4. What actions have you taken to ensure sustainability after your Federal MAI grant funding ends? _____

5. What were your lessons learned and/or what suggestions do you have for us to improve MAI going forward? _____
6. Upload/Attach Supporting Documents