**INSTRUCTIONS**

Complete one report per SUBG Subrecipient that receives SUBG funds for early intervention of HIV. Reports are due as specified in Contract. Only report on services provided through the Substance Use Block Grant (SUBG) (***DO NOT include Ryan White, TXIX or any other funding)***

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| **DATE OF REPORT:** |  |

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| **ACC-RBHA:** |  | | | **CONTRACT YEAR:** | |  | | | **REPORT PERIOD:** | | | |  |
| **ACC- RBHA CONTRACTOR HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREVENTION COORDINATOR/DESIGNEE NAME:** | | |  | | | | | | | **PHONE:** | |  | |
| **EMAIL:** |  | | | | | | |  | | |  | | |
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| **HIV PROVIDER:** | |  | | | | |  | | | | | | |
| **COORDINATOR NAME:** | |  | | | | |  | | | | | | |
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| **SECTION A: INDIVIDUALS SERVED** | **SERVICES DELIVERED AT A SUBSTANCE USE DISORDER (SUD) TREATMENT SITE**.  *(SERVICES TO INDIVIDUALS WHO ARE ENGAGED IN SUBSTANCE USE DISORDER TREATMENT)* | **COMMUNITY OUTREACH**  *(SERVICES DELIVERED TO INDIVIDUALS WITH SUBSTANCE USE DISORDERS WHO ARE NOT CURRENTLY ENGAGED IN SUBSTANCE USE TREATMENT OR DROP IN CENTER)* |
| **TOTAL NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED):** |  |  |
| **ACC-RBHA ENROLLED SUD TREATMENT RECIPIENTS** |  |  |
| **INDIVIDUALS RECEIVING TREATMENT ENGAGEMENT SERVICES** |  |  |
| **INDIVIDUALS WHO INJECT DRUGS** |  |  |
| **PREGNANT WOMEN/teenagers** |  |  |
| **WOMEN/teenagers WITH DEPENDENT CHILDREN** |  |  |
| **INDIVIDUALS IN A CRIMINAL JUSTICE SETTING *(IF PROVIDING OUTREACH)*** |  |  |
| **INDIVIDUALS IN A HOMELESS SERVICES SETTING *(IF PROVIDING OUTREACH)*** |  |  |
| **INDIVIDUALS IN A DOMESTIC VIOLENCE SHELTER *(IF PROVIDING OUTREACH)*** |  |  |
| **MOBILE SETTING *(DESCRIBE)*** |  |  |
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| **OTHER INDIVIDUALS *(DESCRIBE)*** |  |  |
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| **SECTION B: SERVICES DELIVERED** | **SERVICES DELIVERED AT A SUBSTANCE USE DISORDER TREATMENT SITE**  *(SERVICES TO INDIVIDUALS WHO ARE ENGAGED IN SUBSTANCE USE DISORDER TREATMENT)* | **COMMUNITY OUTREACH**  *(SERVICES DELIVERED TO INDIVIDUALS WITH SUBSTANCE USE DISORDERS WHO ARE NOT CURRENTLY ENGAGED IN SUBSTANCE USE TREATMENT OR DROP IN CENTER)* |
| **TOTAL NUMBER OF SITES IN WHICH HIV SERVICES WERE DELIVERED** |  |  |
| **NUMBER OF HIV EDUCATION AND HEALTH PROMOTION SERVICES PROVIDED** |  |  |
| **NUMBER OF HIV TESTS ADMINISTERED** |  |  |
| **TOTAL NUMBER OF SEROPOSITIVE TEST RESULTS** |  |  |
| **Number of individuals referred to PrEP services?** |  |  |

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| **SERVICES** | **SERVICES DELIVERED AT A SUBSTANCE USE DISORDER TREATMENT SITE**  *(SERVICES TO INDIVIDUALS WHO ARE ENGAGED IN SUBSTANCE USE DISORDER TREATMENT)* | **COMMUNITY OUTREACH**  *(SERVICES DELIVERED TO INDIVIDUALS AT HIGH RISK FOR HIV, BUT NOT CURRENTLY ENGAGED IN SUBSTANCE USE DISORDER TREATMENT)* |
| **NUMBER OF OTHER SUPPORT SERVICES PROVIDED *(DESCRIBE IN THE SPACE BELOW )*** |  |  |
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| **NUMBER OF TREATMENT ENGAGEMENT SERVICES *(DESCRIBE IN THE SPACE BELOW)*** |  |  |
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| **SECTION C: DEMOGRAPHICS AND PRIORITY POPULATIONS** | | |
| 1. **Describe the demographic trends for this reporting period (race, ethnicity, age, etc.).** | | |
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| 1. **Describe how priority is given**  **and/or**  **efforts are targeted to serve SUBG populations:**    * 1. Pregnant women (including teenagers) who use drugs by injection      2. Pregnant women (including teenagers) who use substances      3. Other persons who use drugs by injection      4. Substance using women (including teenagers) with dependent children and their families, including females who are attempting to regain custody of their children      5. All other individuals with an SUD (as funding is available) | | |
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| 1. **Describe how priority is given and/or efforts are targeted to serve populations at high-risk for HIV transmission.**     1. Risk factors/disparities in HIV transmission       1. Men who have sex with (MSM)       2. Racial/ethnic disparities among Black/African American and Hispanic/Latinx populations       3. Individuals who use drugs by injection       4. Counties/localities with elevated rates of HIV       5. Other, please list |
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| **SECTION D: OTHER** |
| 1. **List the HIV trainings taken by program staff during this period.** |
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| 1. **Any successes the provider would like to highlight.** |
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| 1. **Provide any challenges, or requests for technical assistance.** |
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