



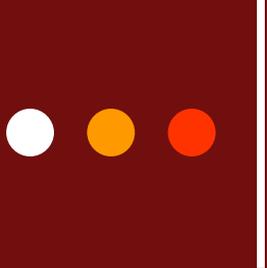
High Impact Prevention Reporting

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Reporting Forms

- Monthly Contract Deliverables Reporting Form
- Client Level Reporting Form – Evaluation Web



Demographic tables

- Tables are for individuals you enroll in an intervention
 - HR, LIFE, CRCS, ARTAS, CLEAR, VOICES, Peer programs, etc.
 - If you are implementing more than one intervention, submit a separate demographic table for each intervention
 - Not for HIV testing, outreach or condom distribution
- Remember race and ethnicity totals should be equal

FEMALES													
Race	<13		13-18		19-24		25-34		35-44		45+		Total
	P	N	P	N	P	N	P	N	P	N	P	N	
American Indian/Alaska Native													0
Asian													0
Black/African American					2			8					10
Native Hawaiian/Pacific Islander													0
White													0
Multiracial													0
Don't Know													0
Decline to answer													0
Total	0	0	0	0	2	0	0	8	0	0	0	0	10

Ethnicity	<13		13-18		19-24		25-34		35-44		45+		Total
	P	N	P	N	P	N	P	N	P	N	P	N	
Hispanic/Latino													0
Not Hispanic/Latino					2			8					10
Don't Know													0
Decline to answer													0
Total	0	0	0	0	2	0	0	8	0	0	0	0	10

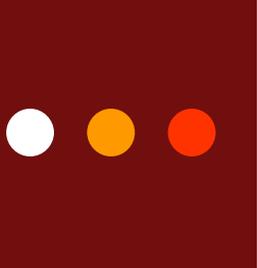
Fill out if the intervention you are implementing has cycles

For Providers implementing behavioral HIV prevention interventions with multiple sessions (e.g., Healthy Relationships), please list the intervention cycle number and date for cycle(s) initiated this month. If there are ongoing cycle(s) put the number of the cycle(s) and for completed cycle(s) put the date. This will offer financial a look at the timing of the intervention and help in payment.

Initiated cycle number 1 date 1/15/13 Ongoing cycle number _____ Completed cycle number _____/date_____

Initiated cycle number _____/date_____ Ongoing cycle number _____ Completed cycle number _____/date_____

Initiated cycle number _____/date_____ Ongoing cycle number _____ Completed cycle number _____/date_____



Prevention for Positives Indicators

- Enter the number of HIV+ individuals who receive services from your agency regardless of whether they participated in an intervention
 - Fallen out of care who were linked to care
 - Linked to HIV medical care
 - Increased adherence to ART
 - Retain and re-engage in HIV medical care
- Required by the CDC but not part of your contract deliverables



Prevention with Positives Indicators	Monthly	Year to Date
Number of HIV-positive clients who participated in a program or activity this month		
Number of new positives who have fallen out of care who were linked to care this month		
Number of HIV-positive clients who participated in a program or activity designed to link them to HIV medical care this month		
Number of HIV-positive clients who participated in a program or activity designed to increase adherence to ART this month		
Number of HIV-positive clients who participated in a program or activity designed to retain or re-engage them in HIV medical care this month		



Contract Deliverables Table

- List out all contract deliverables
 - Enroll a minimum of 5 HIV+ individuals into intervention per month, 15 per quarter and 60 for the contract period
 - HIV Testing
 - Condom Distribution
 - Outreach
 - Interventions for High-Risk Negatives
 - Community Mobilization – BRTA, FRTA



<u>Contract Deliverables</u> Below are the deliverables of the contract.	<u>Monthly</u> Provider is to input the services delivered per each contract deliverable for the month referenced above.	<u>YTD Service Totals</u> Provider is to keep a running total of deliverables throughout the course of the contract.	<u>Quarterly Deliverables</u> Provider is to report quarterly totals for each deliverable here.			
			Q1	Q2	Q3	Q4
Conduct a minimum of 10 HIV tests per month, 40 per quarter, and 175 over the contract	15	15 / 175				
Enroll in CRCS a minimum of 3 new individual per month, 12 per quarter, and 36 over the contract	3	3 / 36				
Conduct a minimum of 1 CRCS session per month, 6 sessions per quarter, and 24 sessions over the contract	1	1 / 24				
Distribute a minimum of 3,000 condoms per month, 10,000 condoms per quarter, and 40,000 condoms over the contract	3,500	3,500 / 40,000				
Conduct a minimum of 250 face-to-face outreach contacts per month, 800 per quarter and 3,000 over the contract	275	275 / 3,000				
Enroll a minimum of 4 individuals into VOICES per month, 12 per quarter and 48 over the contract	4	4 / 48				
Conduct a minimum of 1 VOICES session per month, 4 per quarter and 12 sessions over the contract	1	1 / 12				
Establish 1 signed faith partnership leader agreement per month, 3 per quarter and 12 over the contract	1	1 / 12				
Submit a draft Service Delivery Plan by January 31, 2013 and Final Service Delivery Plan by March 2, 2013	Submitted draft service delivery plan on January 20, 2013	Submitted draft service delivery plan on January 20, 2013				



<u>Contract Deliverables</u> Below are the deliverables of the contract.	<u>Monthly</u> Provider is to input the services delivered per each contract deliverable for the month referenced above.	<u>YTD Service Totals</u> Provider is to keep a running total of deliverables throughout the course of the contract.	<u>Quarterly Deliverables</u> Provider is to report quarterly totals for each deliverable here.			
			Q1	Q2	Q3	Q4
Conduct a minimum of 10 HIV tests per month, 40 per quarter, and 175 over the contract	15	50 / 175	50			
Enroll in CRCS a minimum of 3 new individual per month, 12 per quarter, and 36 over the contract	3	9 / 36	9			
Conduct a minimum of 1 CRCS session per month, 6 sessions per quarter, and 24 sessions over the contract	1	6 / 24	6			
Distribute a minimum of 3,000 condoms per month, 10,000 condoms per quarter, and 40,000 condoms over the contract	3,500	12,000 / 40,000	12,000			
Conduct a minimum of 250 face-to-face outreach contacts per month, 800 per quarter and 3,000 over the contract	275	850 / 3,000	850			
Enroll a minimum of 4 individuals into VOICES per month, 12 per quarter and 48 over the contract	6	15 / 48	15			
Conduct a minimum of 1 VOICES session per month, 4 per quarter and 12 sessions over the contract	1	3 / 12	3			
Establish 1 signed faith partnership leader agreement per month, 3 per quarter and 12 over the contract	1	3 / 12	3			
Submit a draft Service Delivery Plan by January 31, 2013 and Final Service Delivery Plan by March 2, 2013	Final submitted on February 28, 2013	Draft submitted on January 20, 2013				



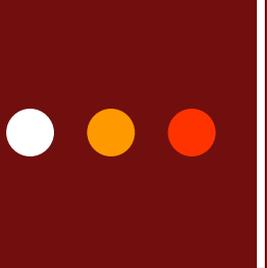
Condom Distribution

- Enter all data related to condom distribution
- Along with the name of the venue/location add the zip code
- Target population – Hetero or MSM
- If HIV status is unknown, add them to high-risk negative/unknown status



Required and Optional Program Component Summary

- Provide a DETAILED summary of all components related to your contract
- Each component has three questions regarding programmatic objectives, problems or constraints and issues or concerns
- We want to hear any issues or problems your agency may encounter as well as program successes - we can offer TA or additional resources to help
- The more information the better and will reduce your chances of having your invoice kicked back or not paid by DFS



Monthly Report Submissions

- Reports should be submitted to your contract manager by the 10th of each month
- In addition to your contract manager please CC me on the electronic report submission



January's Submission

- As reports are reviewed feedback is provided
- As of Tuesday only 15/27 providers submitted January's report

Client Level Reporting Form

Agency Name/ID _____
 Intervention Name/ID _____

Client-Level Data Collection Template Client ID: _____

PART I (Completed by provider)

Session Date: _____ # of Planned Sessions: _____ Site ID: _____ Site ZIP code: _____ Site County: _____

PART II (Completed by client)
Please answer these questions the best you can. All of your answers will be kept confidential.

Date Collected ____/____/____	Year of Birth ____-____ <input type="checkbox"/> Declined to answer	What was your sex at birth? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to answer	What is your current gender identity? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – MTF <input type="checkbox"/> Transgender – FTM <input type="checkbox"/> Declined to answer
Are you: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	What is your race? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Declined to answer <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Don't know		
Have you been tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	If yes, what was the result of your <u>most recent</u> HIV test? <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
If you are female, are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	If you are pregnant, are you getting prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	Have you injected any drugs within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have injected drugs within the past 12 months, have you shared drug injection equipment with someone within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been diagnosed with a sexually transmitted disease (STD) within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had sex with multiple partners within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you checked one or more boxes above, please complete the following information.			
Within the last 12 months, have you had:	WITH A MALE PARTNER	WITH A FEMALE PARTNER	WITH A TRANSGENDER PARTNER
Vaginal and/or anal sex in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal and/or anal sex without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal and/or anal sex with a person who uses injection drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal and/or anal sex with a person who you know has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal and/or anal sex with a man who has sex with other men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have not checked any of the above boxes please choose one of the following: <input type="checkbox"/> Declined to answer			

- Collects individual client demographics and risk factors
- Captures information that is also on the DH 1628
- Form can be formatted to fit your agencies need. Also, you may use a form that your agency already uses as long as all the client level variables are collected
- Do not send these forms to DOH keep them at your agency
- All data collected will be entered into Evaluation Web once it is up and running for direct data entry of non-testing non-partner services data

Evaluation Web

- CDC's web-based reporting system
- Currently collects HIV testing data

SOMETIME in 2013:

- Direct data entry of non-testing, non-partner services data
 - Client level data (individual & group level)



Evaluation Web Reporting

- Client level reporting form
 - For each client participating in an individual or group level intervention
 - CLEAR, Peer Navigators, CRCS, PfH, HR, ARTAS, LIFE



e-Authentication

- E-Authentication is the CDC web-based identity proofing process required for anyone accessing any Federal reporting system
 - Not the same as a digital certificate used for PEMS
- Submit the agency name, email address and phone numbers of program staff that needs access to Evaluation Web for data entry or reporting purposes



- Once names are submitted you will receive an invitation to register via
“Sams-No-Reply@cdc.gov”
- Information needed for verification:
 - State issued Drivers License or ID or U.S. Passport
 - Your home mailing address that you provided during the SAMS registration must match your photo ID or additional documentation will be needed to be submitted
- This form must be notarized by Notary Republic

Snapshot of Evaluation Web

The image displays two overlapping web forms from the 'EVALUATIONWEB' system. The background form is 'New Client - Demographics' and the foreground form is 'New Client - Risk Profile'.

New Client - Demographics

Client ID:

Date Demographics Collected:

Year of Birth:

Ethnicity: Hispanic or Latino Not Hispanic or Latino Don't Know Declined to Answer Not Asked

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White
 Declined to Answer
 Don't Know
 Not Asked

State/Territory of Residence:

County of Residence:

Assigned Sex at Birth: Male Female Not Asked Declined to Answer

Current Gender Identity: Male
 Female
 Transgender - MTF
 Transgender - FTM

New Client - Risk Profile

Intervention:

Date of Risk Profile:

Choose One: Client completed risk profile
 Client was not asked about risk factors
 No risk identified
 Client declined to discuss risk factors

Previous HIV Test: No Yes Don't Know Declined to Answer Not Asked

Vaginal or Anal Sex with a Male: No Yes Don't Know Declined to Answer Not Asked

Vaginal or Anal Sex without a Condom with a Male: No Yes Don't Know Declined to Answer Not Asked

Vaginal or Anal Sex with a Male IDU: No Yes Don't Know Declined to Answer Not Asked

Vaginal or Anal Sex with HIV-Positive Male: No Yes Don't Know Declined to Answer Not Asked

Vaginal or Anal Sex with a Female: No Yes Don't Know Declined to Answer Not Asked

Vaginal or Anal Sex with a Transgender Person: No Yes Don't Know Declined to Answer Not Asked

Injection Drug Use: No Yes Don't Know Declined to Answer Not Asked

Vaginal or Anal Sex with MSM: No Yes Don't Know Declined to Answer Not Asked

Additional Client Risk Factors: Exchange sex for drugs/money/or something they needed
 While intoxicated and/or high on drugs
 With person of unknown HIV Status
 With person who exchanges sex for drugs/money



Lastly.....

- Submit January's monthly report
- Submit a list of user for Evaluation Web to initiate e-Authentication process



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