**INSTRUCTIONS**

Complete one report per Subcontractor. Reports are due as specified in Contract. Only report on services provided through the Substance Abuse Block Grant (SABG) (***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:** |  |
| **RBHA CONTRACTOR HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREVENTION COORDINATOR/DESIGNEE NAME :** |  | **PHONE:** |  |
| **EMAIL:** |  |  |  |
|  |
| **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** |  |  |
| **RBHA ENROLLED BEHAVIORAL HEALTH RECIPIENT WITH A SERIOUS MENTAL ILLNESS (SMI) DESIGNATION** |  |  |
| **INDIVIDUALS RECEIVING TREATMENT ENGAGEMENT SERVICES** |  |  |
| **INDIVIDUALS WHO INJECT DRUGS**  |  |  |
| **PREGNANT WOMEN** |  |  |
| **WOMEN 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** |  |  |

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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 to sabg populations and populations at high rick for hiv transmission.**
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| 1. **Describe the ongoing efforts to provide support to marginalized populations that do not often seek treatment services (populations such as transgender communities, minority communities, etc.).**
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| **SECTION D: OTHER** |
| 1. **List the HIV trainings taken by program staff during this period.**
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