
**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
(SAMHSA)
CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)
SAMHSA's Performance Accountability and Reporting System (SPARS)**

Minority AIDS Initiative (MAI) Data Collection Overview

General Grant Information and Purpose

CSAP MAI grants include the HIV Capacity Building Initiative (HIV CBI) program, the HIV Prevention Navigator Program for Racial/Ethnic Minorities Ages 13–24 Cooperative Agreement (Prevention Navigator), and, when available, the Secretary's Minority AIDS Initiative Funds (SMAIF). These grants

- fund substance use, HIV, and viral hepatitis (VH) prevention services for at-risk minority populations in communities disproportionately affected by HIV/AIDS;
- address behavioral health disparities among at-risk populations by implementing strategies to decrease differences in access, service use, and outcomes among racial and ethnic minority populations; and
- support the four primary goals of the National HIV/AIDS Strategy:
 - reduce new HIV infections,
 - increase access to care and improve health outcomes for people living with HIV,
 - reduce HIV-related disparities and health inequities, and
 - achieve a coordinated national response to the HIV epidemic.



MAI Grant Expectations and Required Activities

The Substance Abuse and Mental Health Services Administration (SAMHSA) expects MAI grantees to use its Strategic Prevention Framework (SPF) to implement their projects and achieve program goals. The five steps of the SPF are (1) Assessment, (2) Capacity, (3) Planning, (4) Implementation, and (5) Evaluation. This document provides information on each SPF step.

1. Assessment

- Grantees must conduct and submit a needs assessment of the community or communities they are serving **within 6 months of the grant award**. The needs assessment must include an assessment of the
 - magnitude of substance use, HIV, and VH (including the hepatitis C virus) in the community;
 - risk and protective factors associated with substance use, HIV, and VH;
 - **number of individuals at risk for substance use, HIV, and VH;**
 - community's assets and resources; and
 - community's readiness to act.

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- As part of the needs assessment, grantees must identify gaps in services and capacity as well as priorities based on epidemiological analyses.
- Grantees must also
 - use existing community/county data to identify racial and ethnic minority youth and young adult populations vulnerable to substance use, HIV/AIDS, and VH;
 - include prevalence and incidence rates on alcohol consumption, drug use, HIV/AIDS, and VH among the population of focus; and
 - form and manage a workgroup with key stakeholders or work with an existing epidemiological workgroup to collect and analyze relevant community data.

2. Capacity

- Grantees should conduct the following capacity building activities:
 - develop and enhance local capacity and mobilize community resources to implement effective programs, practices, and policies;
 - develop and implement culturally and linguistically appropriate prevention strategies; and
 - meet routinely with key stakeholders and representatives from state government agencies, publicly funded sexually transmitted disease (STD) programs, and community programs.
- One suggestion is to train community stakeholders about the connection between access to alcohol and HIV transmission through implementation of evidence-based practices and environmental prevention strategies.

3. Planning

- Grantees must develop and submit a data-driven comprehensive strategic plan **within 6 months of the grant award**. The strategic plan must be informed by the community needs assessment, be based on documented population needs, and include an array of appropriate evidence-based direct interventions and indirect prevention strategies.
- The SAMHSA Government Project Officer (GPO) must approve strategic plans **before implementation of direct interventions and indirect prevention strategies**. SAMHSA expects that the needs assessment and strategic plan be finalized and approved within the first 6 months of the project.
- Using needs assessment data, grantees must provide information on how they plan to
 - provide culturally and linguistically appropriate, evidence-based direct interventions and indirect prevention strategies to the population of focus, and
 - conduct HIV and VH testing activities for the population of focus.
- MAI grantees are required to develop a strategic plan and obtain SAMHSA approval for their plan before proceeding with the capacity building step.

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4. Implementation

- The SPF Implementation step encompasses the following grantee activities:
 - conducting focus groups to identify high-risk populations;
 - providing outreach that includes prevention education strategies; and
 - implementing
 - an array of evidence-based substance use, HIV, and VH direct interventions and indirect prevention strategies; and
 - strategies for testing and linkage to services (e.g., substance use, HIV, and VH screening and risk assessments; rapid HIV testing; rapid VH testing; pre- and post-testing counseling; linkages to counseling, medical treatment, and other support services).

5. Evaluation

- As part of the SPF Evaluation step, grantees must provide ongoing monitoring and performance assessment of project activities.
- Grantees are also asked to
 - assess program effectiveness, ensure quality of provided services and strategies, identify successes, implement needed improvements, and promote the sustainability of effective policies, programs, and practices; and
 - adjust implementation plans based on the results of performance assessment activities.

Disparity Impact Statement and Grantee Meetings

- In addition to the SPF-specific requirements, grantees must develop a behavioral health **Disparity Impact Statement (DIS) that is due by November 30 in Year 1 of the grant**. The DIS must contain the following information:
 - the number of individuals to be served, reached, or trained during the grant period and identification of subpopulations vulnerable to behavioral health disparities (i.e., racial, ethnic, sexual, and gender minority groups);
 - a quality improvement plan for the use of program data to decrease the differences in access to, use, and outcomes of grant activities; and
 - methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).
- For more information and DIS examples, please visit [SAMHSA's website](#) and review the *Steps to Complete the SAMHSA Behavioral Health Disparity Impact Statement* document located under General Resources in the [SPARS Resource Library](#).
- A minimum of two people, including the project director and project evaluator, must attend at least one joint grantee meeting every other year. Typically held in the Washington, DC, metropolitan area, joint grantee **meetings last up to 3 days**.

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MAI Data Collection Requirements

Progress Reports

- MAI grantees must use [SAMHSA's Performance Accountability and Reporting System \(SPARS\)](#) to report and manage information related to their progress for each of the SPF steps. Based on this information, grantees generate either an annual or quarterly Progress Reports in SPARS on the following schedule:
 - HIV CBI 2018 and later, SMAIF 2018 and later, and Prevention Navigator 2019 and later cohorts (Annual Progress Report) due date: **December 30**
 - HIV CBI 2015, 2016, and 2017 and Prevention Navigator 2017 (Quarterly Progress Reports):
 - Quarter 1 due date: **January 31**
 - Quarter 2 due date: **April 30**
 - Quarter 3 due date: **July 31**
 - Quarter 4 due date: **October 31**
- Additional information is available in the *MAI Progress Report Tool Question-by-Question* document located in the [SPARS Resource Library](#).

Participant-level Data

- Grantees must use [SPARS](#) to report participant-level data for CSAP MAI grants. This data may be submitted at any time but must be updated bi-annually on **May 1 and November 1**. All data collected during the first two quarters of the federal fiscal year (October–March) need to be submitted by May 1 of that year. All data collected during the last two quarters (April–September) must be submitted by November 1.
- SAMHSA expects grantees to administer the Adult/Youth Questionnaires for program participants receiving funded direct-service interventions. Please note the following:
 - Grantees do *not* need to collect participant-level data for those individuals contacted *only* through community outreach or recruitment efforts or for individuals who *only* receive testing services and do not receive a direct-service intervention.
- Grantees must report on the following indicators for *all* individuals who receive an HIV and/or VH test using CSAP/MAI funds:
 - participant demographics,
 - whether the individual is being tested for the first time,
 - HIV/VH positivity,
 - whether the individual was informed of his or her status,
 - whether the HIV/VH positive individual was referred to treatment, and
 - housing status.

Grantees need to keep records of the above HIV testing information and report the numbers *in the aggregate* as part of their progress reports. CSAP developed an internal tracking form for grantees to use, if they wish, to collect testing data as tests are administered. Grantees can then aggregate the data from the forms and report the data in their Progress Reports. The form is available for download in the [SPARS Resource Library](#).

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- Additional information on participant-level data collection is available in the MAI Participant-level Instruments and Data Collection Guide which can be found in the [SPARS Resource Library](#).

Additional Information and Resources

Funding Opportunity Announcements

The most recent Funding Opportunity Announcements (FOAs) for MAI grant programs can be found on the [SAMHSA Grants webpage](#). The FOAs provide more detailed information about grant requirements and expectations.

SPARS Resource Library

The [SPARS Resource Library](#) provides access to resource materials to support grantees' data collection, management, and utilization needs.

SPARS Training Site

Grantees can use the [SPARS Training Site](#) to view trainings and register for upcoming courses.

SPARS Help Desk

Phone (toll-free): (855) 322-2746

E-mail: SPARS_support@rti.org

Hours: Monday–Friday (except holidays), 8:00 a.m.–7:00 p.m. (ET)

Contact the SPARS Help Desk for questions related to grant reporting requirements and using the SPARS system to enter data (e.g., Progress Reports and Participant-level Data), adding new user accounts, resetting passwords, or submitting a technical assistance request.

SAMHSA GPO

Contact your SAMHSA GPO for questions related to data collection requirements and project planning, budgets, and goals.