

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

**Guidance for Applicants (GFA) No. SM-01-012
Part I - Programmatic Guidance**

**Cooperative Agreement to Provide Minority Community Based HIV/AIDS
Related Mental Health Treatment and Education Services**

Short Title: MINORITY HIV/AIDS MENTAL HEALTH SERVICES

**Application Due Date:
May 21, 2001**

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Appendix A: Mental Health Care for People Living with or Affected by HIV/AIDS:
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Appendix B: SAMHSA/CMHS's GPRA Client Outcome Measures.

Appendix C: Participant Feedback Form

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services announces the availability of Fiscal Year 2001 funds for cooperative agreements implementing **SM-01-012: Minority HIV/AIDS Mental Health Services**. This announcement has three initiatives. Each initiative requires a separate application.

I. HIV/AIDS related Mental Health Treatment Services:

Approximately \$6 million will be available annually for approximately 15 community-based HIV/AIDS Mental Health Treatment Service awards. The average annual award per site should range from \$350,000 to \$450,000 in total costs (direct and indirect). Awards may be requested for up to five (5) years.

II. HIV/AIDS and Mental Health Education Services:

Approximately \$2 million is available annually for 8-12 awards to conduct HIV/AIDS and mental health education and training at the community level to applicants who are also applying for a mental health treatment services award. Applicants applying under this initiative **MUST** also apply for an award under initiative

1: HIV/AIDS Related Mental health Treatment Services. The average annual training award will range from \$150,000 to \$350,000 per site in addition to the base treatment services award. Awards may be requested for up to five (5) years.

III. Coordinating Center:

Approximately \$1.4 million is available for the program Coordinating Center on an annual basis. The actual funding level will depend on the number and size of the education/training activities funded at the mental health treatment sites. The award for the coordinating center must be requested for five (5) years.

All annual continuation awards depend on the availability of funds and progress achieved.

Target Population

African American, Hispanic/Latino and/or other racial/ethnic minority communities in need of HIV/AIDS Related Mental Health Treatment and Education/Training Services.

Background/ Program Overview

Recent data indicate that more than 700,000 cases of AIDS had been reported in the U.S., and more than 120,000 persons were reported with HIV infection (CDC, 2000). Each year an additional 40,000 Americans become infected with HIV, and these rates vary with gender, race and ethnicity. African American and

Hispanic/Latinos have higher prevalence rates than whites (Gayle 1997). As HIV/AIDS increases among people of color, the need for mental health treatment increases.

Neuropsychiatric complications are not always diagnosed nor treated either at the time of diagnosis or through out the course of the HIV/AIDS disease process. These complications, particularly when left untreated, are associated with increased morbidity and mortality, impaired quality of life, and numerous psycho-social challenges, such as non-adherence with the treatment regimen.

The theoretical and practical foundation of the proposed program grows out of an earlier CMHS/SAMHSA, HRSA, and NIH demonstration program which produced *The Mental Health Care for People Living with or Affected by HIV/AIDS: A Practical Guide (1999)*. This guide provides a basis for providing coordinated and/or integrated HIV/AIDS care with mental health services. Applicants are encouraged to consult this guide, which can be found in Appendix A in Part I or requested from the Knowledge Exchange Network (KEN) at 1-800-789-2647.

To date, HIV/AIDS services have not always addressed related mental health treatment needs; nor have mental health services always been accessible to individuals living with HIV/AIDS. These system deficiencies result in a lack of coordinated and integrated care for individuals with HIV/AIDS. Resources and community service infrastructures related to comprehensive care that include culturally appropriate and competent mental health services need to be identified and applied to meet the unmet needs of individuals of color

with HIV/AIDS, both in traditional and non-traditional settings.

The FY 2001 congressional appropriation report language reflects congressional Black Caucus and Hispanic Caucus desires to create a mental health services counter-part program to the Minority HIV/AIDS Targeted Capacity Program at the Center for Substance Abuse Treatment (CSAT), started 2 years ago with similar congressional language, to meet unmet substance abuse needs of individuals of color living with HIV/AIDS.

Of special interest is the need to provide mental health treatment in both traditional and non-traditional settings. ("Traditional" usually refers to medical, mainstream mental health treatment settings, including outpatient clinics, community mental health centers, in-patient hospitals, emergency rooms, residential treatment programs, and physician offices; "non-traditional" usually refers to culturally defined settings where mental health care is provided and emotional support given, including self-help groups, informal social gathering places such as hair salons, clubs, bars, sports arenas, religious practitioners and places of worship, schools, playgrounds, local markets and other places where community members exchange information and experiences about "what works" and "how to get help.")

At the same time that mental health treatment service needs remain unmet, there is a simultaneous need to increase culturally relevant HIV/AIDS educational resources, also in both traditional and non-traditional settings. Knowledge and skill development in HIV related mental health services will enhance identification of individuals needing referral to comprehensive

HIV/AIDS services; increase the referrals themselves; create alliances /linkages between traditional and non-traditional mental health support systems; assist in better compliance to medication regimens; and possibly reduce stigma related to HIV/AIDS and mental disorders.

Program Goals:

The principal goals of this new program include:

- , To expand and strengthen the capacity of community-based entities to provide culturally appropriate/competent mental health treatment services targeted to African Americans, Hispanics/Latinos, and/or other racial, ethnic minorities living with HIV/AIDS;
- , To improve the core client outcomes of recipients of the expanded culturally competent mental health treatment services; and,
- , To develop and/or apply culturally appropriate/competent HIV/AIDS education and training in traditional and non-traditional community settings, targeting African Americans, Hispanics/Latinos, and other racial/ethnic minority groups. (See Appendix D in Part II for the definition of “culturally appropriate/competent.”)

Program Description:

The main purpose or objective of this program is to expand service capacity targeted to meet unmet mental health treatment needs of individuals living with HIV/AIDS who are

African American, Hispanic/Latino and/or from other racial ethnic minority communities. An adjunct purpose is to conduct HIV/AIDS and mental health education and training to African American, Hispanic/Latino and/or other racial ethnic minority communities who provide mental health care and emotional support in traditional and/or non-traditional settings.

The expansion of HIV/AIDS Related Mental health treatment services, education, and training will assist traditional and non-traditional health care providers and community support systems to identify and address mental health issues specifically related to HIV/AIDS; will increase referrals to HIV/AIDS and/or mental health services; and will enhance the coordination/integration of HIV/AIDS services with mental health services. Such an approach will enable 1) coordinated and integrated mental health treatment services to be tailored to the needs of each community, and 2) the identification and/or application of culturally appropriate/ competent components of treatment and education services.

I. HIV/AIDS Related Mental Health

Treatment Services: Approximately 100 clients per site will receive mental health treatment services annually (1500 per year).

Expected HIV/AIDS Related Mental Health treatment program outcomes include the following:

- a) Increased capacity to provide mental health treatment services to individuals and communities of color with HIV/AIDS;
- b) Identification of culturally appropriate/competent approaches to mental health treatment in traditional and non-traditional settings;

c) Increased understanding of how community programs initiate, apply and/or expand mental health treatment services to individuals and communities of color with HIV/AIDS;

d) Identification of types of mental health treatment services utilized, by whom, and at what frequency;

e) Identification of types of mental health treatment providers needed in both traditional and non-traditional environments; and,

f) Improved client outcomes as measured by the CMHS GPRA client outcome assessment strategy.

II. HIV/AIDS and Mental Health

Education Services: Approximately 300-500 individuals will receive HIV/AIDS education and training annually through those sites selected to provide HIV/AIDS Related Mental health treatment services.

Expected Mental Health and HIV/AIDS education and training program outcomes include:

a) Enhanced understanding of HIV/AIDS, including psychological and neuropsychiatric complications, among traditional and non-traditional mental health providers in the community;

b) Improved ability of traditional and non-traditional mental health providers to make referrals to both mental health and HIV/AIDS services, and to substance abuse treatment when necessary; and,

c) Improved comfort, willingness, and capability within both traditional and non-

traditional settings to provide HIV/AIDS and mental health information in a culturally competent and coordinated fashion as measured by the CMHS OMB approved trainee Participant Feedback Forms.

III. Coordinating Center.

The Coordinating Center will ensure the collection and analysis of process and descriptive information/data pertaining to common measures across the sites. The Center will provide both individual and multi-site technical assistance in the implementation of the programs including assistance with issues of recruitment, retention, evaluation, and outcome assessment.

This partnership of community based organizations and a coordinating center with CMHS will facilitate the best possible implementation of new and expanded HIV/AIDS Related Mental health treatment and educational services.

Who Can Apply?

This announcement has three initiatives. Each initiative requires a separate application.

I. HIV/AIDS RELATED MENTAL

HEALTH TREATMENT SERVICES:

Applications may be submitted by domestic private/public non-profit community based organizations that serve predominantly racial and ethnic minorities disproportionately impacted by the HIV/AIDS epidemic (i.e. African Americans, Hispanics/Latinos, and other racial/ethnic minorities)

Applicants must have the capacity and experience to provide HIV/AIDS Related Mental health treatment services to the target population (s). Community Mental Health Centers or other community health facilities operated by local governments or jurisdictions, as well as Indian tribes and tribal organizations, may apply. Other than these entities, governmental entities are not eligible for funding under this GFA (i.e. city, county, and State governments). This eligibility restriction reflects congressional report language and the need to work directly at both traditional and non-traditional community levels in building a community HIV/AIDS Related Mental health infrastructure of treatment services.

Examples of community based organizations eligible to apply include:

HIV/AIDS Service Entities
Mental Health Service Entities, including
Community Mental Health Centers
Substance Abuse Treatment Entities
Behavioral Health or Entities targeting Co-
Occurring Illnesses
Primary Care/Medical Service Entities

or any combination of the above as long as they are community based.

APPLICANTS MUST DOCUMENT THE FOLLOWING OR THEIR APPLICATIONS WILL NOT BE REVIEWED:

Be in compliance with all local, city, county and/or State licensing and/or accreditation/certification requirements. Put the licensure/ accreditation/certification documentation (or a statement that the local/State government does not require such) in Appendix 1 of your application.

Have been providing medical and/or behavioral health treatment services for a minimum of 2 years immediately prior to the date of this application.. Two-year experience documentation must be provided in Appendix 1 of your application.

CMHS/SAMHSA believes that only existing, experienced community based organizations have the infrastructure, staff and expertise to provide services to address as quickly as possible to meet the goals of this GFA. The proposed treatment services program is to be implemented within 120 days of the award.

II. HIV/AIDS AND MENTAL HEALTH EDUCATION AND TRAINING:

Applications may be submitted only by community based organizations that are applying for the mental health treatment services grants in this GFA Applications may be for the expansion of a promising or proven community based education/training program or for the development of a new community based education/training program.

III. COORDINATING CENTER:

Applications may be submitted by domestic public and private nonprofit entities for the Coordinating Center cooperative agreement award. Applicants for the Coordinating Center may not apply for the mental health treatment service grants.

Application Kit

Application kits have several parts. The grant announcement has two parts. Part I is different for each GFA. Part II has general policies and procedures that apply to all SAMHSA grant and cooperative agreements. You will need to use both Parts I and II for your application. This document is Part I. The application kit also includes the blank forms (PHS-5161 and SF-424) you will need to complete your application.

To get a complete application kit, including Parts I and II, you can:

Call the Knowledge Exchange Network (KEN) 1-800-789-2647.

Download from the SAMHSA site at www.SAMHSA.gov

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

Please note:

, Use application form PHS 5161-1.
, Be sure to type:

“SM-01-012: Minority HIV/AIDS Mental

*Health Services Initiative 1 - HIV/AIDS
Related Mental Health Treatment Services”*

OR

*“SM-01-012: Minority HIV/AIDS Mental
Health Services Initiative 2 - HIV/AIDS
Related Mental Health Education Services”*

OR

*“SM-01-012: Minority HIV/AIDS Mental
Health Services Initiative 3 - Coordinating
Center”*

in Item Number 10 on the face page of the application form.

Application Dates

Your application must be received by May 21, 2001.

Applications received after this date will only be accepted for the appropriate receipt date if they have a proof-of-mailing date from the carrier no later than May 14, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on *treatment services* program issues and the *coordinating center*, contact:

Mary C. Knipmeyer, Ph.D.
Director, HIV/AIDS Treatment Adherence,
Health Outcomes and Cost Study
Office of the Associate Director for Medical
Affairs
CMHS
5600 Fishers Lane

Rockville, MD 20857
(301) 443-0688
E-Mail:mknipmey@samhsa.gov

For questions on *education/training* program issues, contact:

Barbara J. Silver, Ph.D.
Director HIV/AIDS Education and Prevention Programs
Office of the Associate Director for Medical Affairs
CMHS
5600 Fishers Lane
Rockville, MD 20857
301-443-7817
E-mail:bsilver@samhsa.gov

For questions on *grants management issues*, contact:

Steve Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666.
E-Mail: shudak@samhsa.gov

Cooperative Agreements

These awards are being made as cooperative agreements because they are complex and require substantial Federal staff involvement, including

- C technical assistance to sites;
- C coordinating multi-site evaluations; and,
- C coordinating this program with other CMHS/SAMHSA programs.

HIV/AIDS Related Mental health treatment service (including those with education/training components, and the coordinating center awardees: All recipients will participate as full members in the cooperative agreement and their activities will include compliance with all aspects of the terms and conditions for the cooperative agreement and cooperation with guidance provided by and requests from CMHS staff.

The individual sites will be responsible for consulting with the Coordinating Center to develop an individual site evaluation that includes collection of both process and outcome data and that will assist in documenting the extent to which the objectives set forth in the application have been met. Sites also will participate in the development and implementation of Coordinating Center evaluations at the multi-site level, particularly regarding the GPRA evaluation.

Education/training Awardees will participate in the multi-site evaluation using the OMB approved Participant Feedback Forms.

The Coordinating Center will: provide ongoing technical assistance regarding project plan implementation and also provide overall coordination and management of the program data. In conjunction with CMHS and the projects, the coordinating center will design and implement the overall multi-site evaluations, including GPRA. The Coordinating Center will be responsible for coordination of the multi-site training component evaluation.

CMHS Project Officer: The cooperative agreement mechanism includes substantial post-award Federal programmatic participation in the conduct of the project. It is anticipated that

CMHS staff participation in this program will be substantial. In addition to the general project officer function of monitoring the conduct and progress of the individual projects and making recommendations about continuance of the project, CMHS staff will be active participants in planning and implementing the Program through promoting exchange of relevant information among the projects and participating in/and or providing support services for training, evaluation, and data collection/management. CMHS staff also will monitor the function and activities of the coordinating center, assuring that progress is satisfactory, and required reporting is timely.

Other: A CMHS-funded logistics contractor will arrange meetings in consultation with the Coordinating Center and with the approval of the CMHS Project Officer.

FUNDING RESTRICTIONS

Funds awarded cannot be used to pay for pharmacological agents for HIV anti-retro viral therapy, STDS, TB and hepatitis B and C.

Funding Criteria

I. Decisions to fund a HIV/AIDS mental health treatment services grant are based on:

1. The strengths and weaknesses of the application as shown by the Peer Review Committee and approved by the CMHS National Advisory Council;
2. Availability of funds; and,
3. Geographic diversity across rural and

urban areas, and target population.

NOTE: Because applicants are not required to apply for the training funds available through this GFA, a decision not to request training funds will not adversely affect the priority score.

II. Decisions to fund the optional training component are based on:

1. Funding of HIV/AIDS Related Mental health treatment services through this GFA;
2. The strengths and weaknesses of the training aspect of the applications as shown by the Peer Review Committee and approved by the CMHS National Advisory Council; and,
3. Availability of Funds

III. Decisions to fund the Coordinating Center are based on:

1. The strengths and weaknesses of the application as shown by the Peer Review Committee and approved by the CMHS National Advisory Council; and,
2. Availability of Funds

Reporting/Evaluation Requirements

The Government Performance and Results Act (GPRA) mandates increased accountability and performance-based management by Federal agencies. This has resulted in greater focus on results or outcomes in evaluating effectiveness of

Federal activities, and in measuring progress.

Grantees are expected to comply with GPRA including, but not limited, to the collection of CMHS/SAMHSA Core Client Outcomes. Applicants should state the procedures that they will put in place to ensure coordination and cooperation in the collection of GPRA Core Client Outcomes (see Appendix B in Part I.). Examples of outcome requirements include:

Adults: Percent of service recipients employed; permanently housed in the community; with no/reduced involvement with criminal justice system; with no/reduced alcohol or illegal drug consequences; and decreased utilization of hospital emergency services and hospital in-patient services for mental health treatment with increased use of culturally competent mental health services as needed.

Adolescents: Percent of adolescents who either are service recipients or are children of adult service recipients who are attending school; in stable living environments; have no/reduced involvement in juvenile justice system; and are receiving culturally competent mental health services as needed.

Applicants must agree to participate in all technical assistance and training activities designed to support this initiative and must budget for participation in the multi-site and GPRA evaluations in addition to their local evaluation.

Applicants applying for education training support must agree to use the CMHS OMB approved trainee Participant Feedback Forms for all training sessions (Please refer to Appendix C).

CMHS has available a variety of evaluation tools that grantees may find useful in developing, or augmenting, their existing capacity to collect the types of data that will be required. Post award support will be provided by the Coordinating Center and the CMHS Project Officer to grantees through the provision of clinical and programmatic technical assistance, assistance with data collection, reporting, analysis and publication, and assistance with evaluating the impact of expanded new services.

Post Award Requirements

1. Bi-annual reports, one of which is an Annual Report, are required by all sites and the Coordinating Center; specialized reports may be required as well;
2. Although variations based on local circumstances are anticipated, in general sites are expected to use the instrumentation and data collection strategies set forth by the Coordinating Center in collaboration with CMHS;
3. Grantees must provide information to the Coordinating Center as needed;
4. All sites must comply with process, outcome, and GPRA, and training (as relevant) reporting requirements;
5. Grantees will be required to attend, and thus must budget for 3 to 4 technical assistance meetings in the first and subsequent years of the grant. A minimum of two persons are expected to attend; and,
6. Grantees who also receive training funds

need to plan on 3 to 4 separate or concurrent meetings for the Training Director and appropriate training personnel and make appropriate budget estimates in the proposal.

substance abuse treatment, and medical HIV/AIDS treatment needs for each client;

5. Grantees are expected to provide mental health treatment services to approximately 100 persons or more annually;

6. Grantees will work in a coordinated fashion with local and State level mental health, behavioral health and public health authorities, and where applicable with other CMHS-funded community based programs; CSAT HIV/AIDS Targeted Capacity and Outreach Program recipients and other relevant mental health and substance abuse programs in the community; HIV/AIDS CDC funded projects; Health Resources and Services Administration (HRSA) Ryan White Planning Councils and any relevant Department of Housing and Urban Development (HUD) Housing Opportunities for People with AIDS (HOPWA); and,

7. Each grantee must establish a Consumer Advisory Board (CAB) representative of the target community. Consumers are to be involved from the inception to the final analysis of all services provided, including both mental health treatment services and educational/training services (where applicable), and individuals with HIV/AIDS Related Mental disorders. While not required for the CAB, individuals with both addictive and mental disorders who have HIV/AIDS would be particularly appropriate. The Consumer Advisory Board shall not include individuals receiving services

Program Information

I. HIV/AIDS Related Mental Health Treatment

1. Grantees are expected to develop and implement a program that addresses unmet HIV/AIDS Related Mental health treatment service need(s) in traditional/and or non-traditional minority community settings, as proposed in their application;
2. Grantees are expected to develop and implement a program that addresses gaps in mental health treatment service capacity by increasing the accessibility and availability of HIV/AIDS Related Mental health treatment services for African American, Hispanic/Latino, and/or other racial/ethnic minority communities;
3. Grantees are expected to develop new mental health treatment services and/or expand existing services, based on what they propose;
4. Grantees are expected to provide integrated or coordinated services, assuring the development and ongoing utilization of treatment plans that address mental health treatment,

through this award.

II. Specific Educational/Training Component Requirements:

1. Grantees are expected to develop and implement, or expand, an HIV/AIDS mental health care education and training program to traditional and non-traditional mental health service providers working in traditional and non-traditional settings. This activity should include the neuropsychiatric and psycho-social aspects of HIV/AIDS as well as the integration of substance and alcohol use and mental health issues as they relate to the progression of prevention and/or progression of HIV/AIDS;
2. Grantees who are expanding an existing program are expected to train an average of 500 people per year;
3. Grantees who are developing a new educational/training program are expected to train 300 people a year;
4. Grantees are expected to provide education/training that reflects the needs of their respective communities. These training programs will typically include(as single topic or multi-topic sessions):
 - a) psycho social aspects of HIV/AIDS;
 - b) neuropsychiatric sequella of HIV/AIDS;
 - c) issues specific to HIV/AIDS for people with serious mental illness in both inpatient and/or outpatient settings;
 - d) substance abuse and HIV/AIDS,
 - e) issues specific to HIV/AIDS in women, adolescents, young adults, and aging adults;
 - f) issues specific to men who have sex with men;

and g) protease inhibitors and other medications recommended, including issues related to decision making and adherence/compliance to treatment regimens;

5. Grantees are expected to provide education/training that reflects cultural competence, vis-a-vis both mental health care providers and HIV/AIDS care providers and their clients; and incorporates the most recent and ongoing information education/training information;
6. Grantees are expected to provide training to providers in a variety of settings who (1) are, more than likely, already overburdened and over scheduled; (2) have similar needs but differ in their educational level and experience; and (3) cannot attend traditional training venues; and,
7. Grantees must use the OMB approved trainee participant feedback forms for all training sessions.

III. Coordinating Center Requirements:

The coordinating center is expected to:

1. Provide direction, leadership, and technical assistance to all sites regarding the implementation of the goals and objectives of the GFA (treatment/services and education/training) as implemented by each of the approximately 15 community-based sites;
2. Provide regular and ongoing technical assistance to the sites in the

- implementation and modification of treatment services site specific program plans and evaluation protocols, assuring multi-site compatibility;
3. Provide regular and ongoing technical assistance to the sites in the development/expansion of their education/training program plans and evaluation protocols, as appropriate;
 4. Develop a standard site visit protocol and conduct technical assistance site visits to all of the sites at least twice per year (up to 4 times per year for those sites requesting or requiring customized assistance);
 5. In coordination with CMHS and the logistics contractor, organize and provide leadership, and therefore budget for, meetings of all sites (multi-site) at least twice per year. Meetings to be held in Washington D.C.;
 6. Provide technical assistance to the sites in the development/implementation of documenting their projects for purposes of future replication;
 7. Develop and/or provide software to assist sites in the collection/analysis of process, outcome, GPRA, and, as appropriate, the education/training data;
 8. Provide technical assistance to the sites in the collection/analysis of process, outcome, GPRA, and, as appropriate, the education/training data;
 9. Conduct the multi-site data analysis of
 10. the required GPRA outcome data;
 10. Conduct the multi-site data analysis of the OMB approved trainee Participant Feedback Forms, understanding that for year one (01) only “cleaned and processed” data sets from the individual grantees will be supplied by the CMHS contractor that developed the forms;
 11. Monitor common data collection, and provide data management, data quality control, and analysis of multi-site data. The center will be expected to maintain the multi-site data in a fully documented manner (a multi-site data repository) so that the data can be made accessible to others for secondary analysis, and/or prepared as data sets for release to CMHS and the public; and,
 12. Provide coordination and technical assistance to the training component grantees in the implementation of the OMB approved trainee Participant Feedback Forms in conjunction with the CMHS Project Officer and the CMHS contractor that developed the forms. This technical assistance may be through a variety of mechanisms, including phone, email, mailings, meetings with all training sites, and or individual site visits.
- Note:** In Year 1 the CMHS contractor will: 1) provide one time training and instructional materials to the training component sites that describes the procedures for implementing the multi-site evaluation and appropriate use of the OMB approved Participant Feedback Forms; the Coordinating Center will arrange the meeting; 2) deliver Participant Feedback Forms to the Coordinating Center for distribution to the sites; 3) receive the Participant Feedback Forms

directly from the training component sites; 4) edit/clean hard copy data forms to prepare for data capture/entry, create electronic files, and submit the electronic data files and forms to the Coordinating Center; 5) provide consultation to the Coordinating Center on steps and procedures for performing data cleaning, quality and consistency checks in order to modify the electronic data files received from the Contractor; 6) prepare and deliver to the Coordinating Center a 1-year cumulative data set and accompanying codebook; and 7) develop a plan for activities designed to enable the Coordinating Center to assume all aspects of the training component evaluation in years 2-5 of the program.

13. Provide technical assistance to the sites in the modification of their projects as per the data/findings of the interim multi-site evaluation (modifications, deemed appropriate by both the site Project Director and the CMHS Project Officer);
14. Provide multi-site reports to the CMHS Project Officer and provide feedback to the sites on a monthly basis (including education and training issues as appropriate);
15. Produce, at minimum, an interim report on program findings after 18 months, followed by periodic reports and a final report at the end of 60 months for publication by CMHS. Additional dissemination of findings at SAMHSA and/or CMHS-sponsored events, as well as national meetings of professional associations, is also expected.

DETAILED INFORMATION ABOUT WHAT TO INCLUDE IN YOUR APPLICATION

In order for your application to be complete and eligible, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded. Your total abstract may not be longer **35** lines.

3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM

Standard Form 424A. See Appendix B in Part II for instructions.

5. PROGRAM NARRATIVE AND SUPPORT DOCUMENTATION

These sections describe your project. The program narrative is made up of Sections A

through D. More detailed information of A-D follows #10 of this checklist.

- **Section A** -*Description/Justification of Need*
- **Section B** - *Project Plan*
- **Section C** - *Evaluation/Methodology*
- **Section D** - *Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support*

The supporting documentation for your application is made up of sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

Section E- Supporting Documentation:
Literature Citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section F - *Budget Justification, Existing Resources, Other Support*

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

Section G- *Biographical Sketches and Job Descriptions*

Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than 2 pages. If the person has not been hired, include a letter of commitment from him with his sketch.

- Include job descriptions for key personnel. They should not be longer

than 1 page.

- Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

Section H- *Confidentiality and SAMHSA Participant Protection (SPP)*

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

6. APPENDICES 1 THROUGH 4

- C Use only the appendices listed below.
- C Don't use appendices to extend or replace any of the sections of the Program Narrative (reviewers will not consider them if you do).

Appendix 1: Documentation of 2 year existence and licensure

Appendix 2: Letters of Support/Commitment

Appendix 3: Management Staffing Chart

Appendix 4: Training Guidance

7. ASSURANCES

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS

9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II for lobbying prohibitions. See Appendix C in Part II for instructions.

PROJECT NARRATIVE-Sections A

Through D Highlighted

Your application consists of sections A through H. **Sections A through D, the project narrative parts of your application, describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through D.** If you are applying for the training component in addition to the treatment services component, or for the coordinating center, you will need to complete the relevant sections labeled as A-D (that is, **applicants applying for the training component will be completing two sections labeled A-D**).

For all components, Sections A through D may not be longer than 25 pages.

A peer review committee will assign a point value to your application based on how well you address these sections. Separate point values will be given for the treatment service and training components.

With the exception of the applicants for the Coordinating Center, all applicants must apply for the HIV/AIDS Related Mental health treatment services award. Funding decisions will be made based on the funding criteria in this GFA. Therefore it is possible that 1) an applicant who does not apply for the optional training/education component will receive an award; 2) an applicant who applies for both the mental health treatment services and the training/education component will receive funds for both activities; and/or 3) a satisfactory training/education application component will not receive funding, because the mental health

services treatment component is not funded

The number of points after each main heading shows the maximum points a review committee may assign to that category. For example, a perfect score for Section A in the Treatment Component will result in a rating of 30 points.

Reviewers also will be evaluating for cultural competence for each distinct population to be served. Points will be deducted from applications that do not adequately address cultural competence. See Appendix D in Part II for guidelines for applicants and peer reviewers that will be used to assess cultural competence.

I. HIV/AIDS Related Mental Health Treatment Services

Section A - D may not be longer than 25 pages.

Section A: Project Description and Justification of Need (25 points)

1. Describe the nature of the problem and extent of any unmet HIV/AIDS Related Mental health treatment needs (based on local data and the community's priorities);
2. Describe and document the current inability to respond to the unmet need(s) with existing mental health treatment resources and HIV/AIDS services, and the potential impact if the problem or unmet/ need is not resolved; and,

3. Define the target population and provide justification for any exclusions under SAMHSA's Population Inclusion Requirement (see Part II).

**Section B:
Project Plan (40 points)**

1. Describe the plan to address the need(s) cited in Section A, including the number of individuals to be served, the types and numbers of services to be provided, and anticipated outcomes. Describe how the targeted population will be identified, recruited and retained in treatment. A description of current referral arrangements and proposed amendments to them will support this aspect of the narrative. **NOTE:** There are no minimum or maximum numbers or types of mental health needs that must be addressed as long as the community's top priority(ies) are addressed;
2. Describe the HIV/AIDS Related Mental health treatment to be developed, expanded or enhanced and document that it demonstrates best practices based on research and clinical literature or successful outcomes based on local outcome data. This explanation should include data on current capacity, average length of treatment, retention rates, and outcomes. It should also address age, race/ethnic, cultural, language, sexual orientation, disability, literacy and gender issues and how the treatment component will handle these issues relative to the target population;

3. For those data sources that are not well known, provide enough information on how the data were collected so that the reliability and validity of the data can be assessed;
4. Describe how individuals reflective of the target population were involved in the preparation of the application, and how they will be involved in the planning, implementation, and data interpretation of the project;
5. Describe how the mental health treatment component will be embedded within the existing community-based response to HIV/AIDS and mental health problems. This should include what roles other community organizations will have in the project's overall effort;
6. Describe how the project plan is culturally competent; and,
7. Describe how a consumer Advisory Board will be formed and implemented.

**Section C: Evaluation/Methodology
(10 points)**

1. Present a plan for collecting, analyzing, and reporting the information required to document that your project's goals and objectives have been reached. This should include a description of the applicant's existing approach to the collection of client, service use, and outcome data and how that will be modified to meet the requirements described in this GFA. Describe data management practices to be used in this project;

2. Describe how the project will be kept consistent over time noting when modifications are needed and for what reason. This process is important to understanding how results will be assessed;
3. Discuss the extent to which the program can supply necessary GPRA data for information on implementation and validity of results;
4. Discuss the extent to which the target population will be involved in the interpretation of findings; and,
5. Describe plans for reporting and disseminating the projects findings.

groups, universities, clinics, CDC HIV/AIDS funded projects, HRSA Ryan White Planning councils, etc.

5. Provide a staffing plan, including the level of effort and qualifications of the Project Director and other key personnel including the clinical, mental health, and HIV/AIDS, and support personnel within the treatment component;
6. Describe the available resources (e.g., facilities, equipment), and provide evidence that services will be provided in a location/facility that is adequate and accessible and that the environment is conducive to target population participation;
7. Show evidence of the appropriateness of the proposed Project Director and staff to the language, age, gender, sexual orientation, disability and ethnic/racial/cultural factors of the target population;

Section D: Project Management: Implementation Plan, Organization, Staff Equipment/Facilities, and Other Support (25 points)

1. Describe the time line for the project;
2. Present a management plan for the project that describes the organizations that will be involved in the project; present their roles in the project; and address their relevant experience;
3. Discuss the capability and experience of the applicant organization with similar projects and populations and in providing culturally appropriate/competent services;
4. Discuss linkages/collaborations with other organizations including non-profit

8. Provide evidence that the proposed staff have requisite training, experience, and cultural competency to provide HIV/AIDS mental health treatment services to African American, Hispanic/Latino and/or other racial/ethnic communities;
9. Provide evidence that required resources not included in this Federal budget request are adequate and accessible; and,
10. A detailed work plan, including activities, time lines, and personnel, should be included in chart format in Appendix 3.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered

II. HIV/AIDS Education/Training
Sections A-D may not be longer than 25 pages.

Section A: Program Description and Justification of Need (25 points)

1. Describe the specific/special/unique needs including unmet needs) of the mental health care service traditional and/or non-traditional provider community for continued education and training in the mental health aspects of HIV/AIDS;
2. Describe the primary mental health service provider groups that are targeted for training. The applicant should indicate how the needs of these providers reflect the current and ongoing needs of the site's community(ies); and,
3. Applicants who currently provide HIV/AIDS mental health related training in their community should include an estimate of the number of traditional and/or non-traditional providers/institutions to whom they have provided training within the last 2 years.

Section B: Project Plan (40 points)

1. Applicants proposing to develop and implement new HIV/AIDS mental health care training programs should

describe their plans to develop new curricula and/or use existing curricula. (Information on the latter must be provided in Appendix 4 of the application);

2. Applicants proposing to expand their current program should provide a brief description of what program enhancements, if any, they intend to develop, the rationale for these enhancements, and the strategy for developing these enhancements (information on current curricula must be provided in Appendix 4);
3. Describe how the education/training plan is culturally relevant to African American, Hispanic/Latino and /or other racial/ethnic minority groups;
4. Describe strategies for the recruitment and selection of the required minimum number of individuals to be trained, including trainees from special populations (i.e., appropriate inclusion of racial/ethnic gay and bisexual men, women);
5. Describe how the educational/training sessions will be conducted in both traditional and non-traditional community settings;
6. Describe strategies to include trainers from diverse populations (i.e., appropriate inclusion of gay and bisexual men, women, and the target population);
7. Describe any plans to provide training through collaborations with relevant community agencies and coordination

with other Federal and non-Federal AIDS provider education programs; and,

8. Describe the process by which people living with and/or affected mental illness and by HIV/AIDS have been involved in the development of the education curricula, and how these individuals will be involved in future modifications of the curricula and the education project itself.

**Section C: Study Evaluation
(10 points)**

1. Describe procedures to ensure the integrity of the training project across trainers, sites, and training approaches;
2. Describe strategies for data collection management, and analysis of the OMB approved trainee Participant Feedback Forms taking into account the utilization of a CMHS contractor in year 1;
3. Discuss the extent to which the target population, including consumers, will be involved in the interpretation of findings; and,
4. Describe plans for reporting and disseminating the project's findings.

**Section D: Project Management
(25 points)**

1. Applicants should provide a description of the proposed project time lines and a management plan that includes staffing patterns (e.g., rationale for percentage of time for key personnel); a description of tasks to be performed,

the relationship of the tasks to each other and to the project objectives, and the staff position/consultant responsible for each task.;

2. Applicants should differentiate staff/tasks related to education/training implementation from staff/tasks related to the service component of this grant. (Note: Although an evaluation professional is not required for implementation of the CMHS OMB approved feedback forms, a staff member will need to be responsible for coordinating evaluation activities including distribution/receipt of forms to/from trainers and/or participants and serving as a contact point with the Coordinating Center.)

Charts may be included in Appendix No. 3, entitled, Organizational Structure/Time line/Staffing Patterns

3. Applicants should provide a brief description of any relevant collaborating organizations that will also provide education and training to the provider trainees including a designation of the type of organization; and,
4. Applicants should provide a description of the staffing and management plans, project organization, and other resources that demonstrates that they are appropriate to carrying out all aspects of the proposed project; reflective of the diversity of the trainee population; and sensitive to age, gender, race/ethnicity and other cultural factors related to the target population and, as appropriate, the community to be served.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

III. COORDINATING CENTER

Section A: Project Description and Justification of Need (10 points)

1. Provide an analysis of the current issues in regard to the provision of mental health/psycho-social/neuropsychiatric and culturally competent services for people living with and/or affected by HIV/AIDS, including issues related to providing culturally competent, as defined in Appendix D of Part II, education and training to both traditional and nontraditional mental health care providers, in both traditional and non-traditional settings;
2. Describe how the proposed project, if fully successful, would contribute to achieving the goals outlined in this GFA; and,
3. Describe the methodological and logistical issues involved in conducting a multi-site program of this type;
4. Describe the process in which people living with and/or affected by HIV/AIDS as well as those with related mental illness or mental health problems and other relevant stakeholders were involved in the planning of this project and will continue to be involved in the implementation of the project.

Section B: Project Plan (30 points)

1. Describe the plan to provide technical assistance and direction in the implementation of the common process and outcome evaluation as well as the GPRA evaluation, and to individual sites (as needed) for their site specific process evaluations;
2. Describe the plan to provide training and technical assistance to site personnel responsible for the training component in the implementation of OMB approved evaluation protocol, including procedures to assure quality control; and,
3. Describe the plan to provide culturally competent, as defined by Appendix D in part II, technical assistance and direction to the education sites in modifying their individual projects to address issues raised by the program evaluation's interim findings about the effectiveness of the various treatment service models;

Section C: Evaluation/Methodology (30 Points)

1. Describe the challenges and potential solutions to assisting individual community based treatment sites develop assessable strategies and mount evaluations of their programs, particularly given the lack of experience some sites may have with service and client evaluation;
2. Describe the plans to establish and maintain a multi-site data repository, including strategies for data collection,

- data processing and clean-up, quality control, and data storage for possible future program replication;
3. Describe how standard evaluation methodologies may require modification based on the realities of community based program implementation that may require modifications over time and/or may not be appropriate to all racial/ethnic communities;
 4. Describe the evaluation strategies and outcomes that the Coordinating Center would utilize in providing technical assistance to the sites as well as provide program and systems' outcomes that could be achieved throughout the course of this program by each site;
 5. Describe the process and time frames for assisting individual sites and for developing multi-site consensus on shared evaluation domains and strategies; and,
 6. Describe any process/outcome evaluations conducted by the applicant that are reflective of working with community based organizations, including any experience with GPRA.

**Section D:
Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (30 points)**

1. Describe time lines for implementing the project;

2. Discuss the capability and experience of the applicant organization (staff and consultants) with similar projects and populations; e.g., experience in implementing and evaluating both HIV/AIDS mental health services and education programs and coordinating multi-site projects;
3. Discuss the capability of specific proposed staff to provide a variety of methods of culturally appropriate technical assistance, both at a multi-site and an individual site basis. Reference other staff experience with this type of technical assistance complexity;
4. Provide a staffing plan, including the level of effort and qualifications of the project director, evaluation coordinator/director, and other key personnel for both the mental health treatment services component and the education/training component. A chart outlining the above should be included in Appendix 3.
5. Describe plans to use consultants, if any; and provide information on their experience, and provide evidence of commitment of proposed consultants (letters may be included in Appendix 2);
6. Describe available resources that demonstrate that all aspects of the proposed project can be carried out;
7. Show evidence of the appropriateness of the proposed Coordinating Center director and staff to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population; and,

8. Describe the role of consumers and others reflective of the target population in developing the Coordinating Center proposal and in participating throughout the life of the project, including any interpretation of findings. Where do consumers fit in the overall project management plan?

NOTE: Although the reasonableness and appropriateness of the proposed budget for each year of the proposed study is not a review criterion for this GFA, the peer review committee will be asked to consider it after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your

application, you will need to:

- C Report any possible risks for people in your project.
- C State how you plan to protect them from those risks.
- C Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Ø Protect Clients and Staff from Potential Risks:

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.

- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.

- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.

- C Give plans to provide help if there are adverse effects to participants, if needed in the project.

- C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.

- C Offer reasons if you do not decide to use other beneficial treatments.

Ü Fair Selection of Participants:

- C Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- C Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- C Explain the reasons for including or excluding participants.
- C Explain how you will recruit and select participants. Identify who will select participants.
- Ü Absence of Coercion:
- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- C If you plan to pay participants, state how participants will be awarded money or gifts.
- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.
- Ü Data Collection:
- C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.
- Ü Privacy and Confidentiality:
- C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- C Describe:
- How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.
- NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations,

Part II.

Y Adequate Consent Procedures:

C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

C State:
- If their participation is voluntary.
- Their right to leave the project at any time without problems.
- Risks from the project.
- Plans to protect clients from these risks.

C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

C Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

APPENDIX A

Mental Health Care for People Living With or Affected by HIV/AIDS:
A PRACTICAL GUIDE, 1999

Available via internet: mentalhealth.org/publications/allpubs/KEN00-0081/KEN00-0081.htm

and hard copy by request:
Knowledge Exchange Network
Publication Number: KEN00-0081

Write: P.O. Box 42490
Washington, DC 20015

Or Call: 1-800-789-2647
Fax: 301-984-8796
Monday through Friday, 8:30 A.M. to 5:00 P.M., EST

Telecommunications Device for the Deaf (TDD):
301-443-9006

International Calls:
1-301-443-1805

b.	Alcohol to intoxication (5+ drinks in one sitting)	_ _ _ _ _
c.	Illegal Drugs	_ _ _ _ _
2.	During the past 30 days, how many days have you used any of the following:	Number of Days
a.	Cocaine/Crack	_ _ _ _ _
b.	Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]	_ _ _ _ _
c.	Heroin [Smack, H, Junk, Skag], or other opiates	_ _ _ _ _
d.	Non prescription methadone	_ _ _ _ _
e.	Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel] MDMA, [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline	_ _ _ _ _
f.	Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]	_ _ _ _ _
g.	Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche]	_ _ _ _ _
h.	Inhalants [poppers, snappers, rush, whippets]	_ _ _ _ _
i.	Other Drugs - Specify_____	_ _ _ _ _

C. FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time?**
 - Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
 - Street/outdoors (sidewalk, doorway, park, public or abandoned building)
 - Institution (hospital., nursing home, jail/prison)
 - Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

5. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions)

 - No difficulty
 - A little difficulty

- Moderate difficulty
- Quite a bit of difficulty
- Extreme Difficulty
- Don't know
- Not Applicable
- Refused

6. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Household responsibilities (e.g., shopping, cooking, laundry, keeping your room clean, other chores)

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

7. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Work (e.g., completing tasks, performance level, finding or keeping a job)

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

8. **During the past week, to what extent have you been experiencing difficulty in the area of:**

School (e.g., academic performance, completing assignments, attendance)

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

9. **During the past week, to what extent have you been experiencing difficulty in the area**

of:

Leisure time or recreational activities

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

10. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Developing independence or autonomy

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme Difficulty
- Don't know
- Not Applicable
- Refused

11. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Apathy or lack of interest in things

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

12. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Confusion, concentration or memory

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable

- Refused

13. **During the past week, to what extent have you been experiencing difficulty in the area of:**

Feeling satisfaction with your life

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty
- Don't know
- Not Applicable
- Refused

D. EDUCATION, EMPLOYMENT, AND INCOME

1. **Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]**

- Not enrolled
- Enrolled, full time
- Enrolled, part time
- Other (specify)_____

2. **What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]**

|____|____| level in years

2a. **If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?**

- Yes
- No

3. **Are you currently employed?** [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- Employed full time (35+ hours per week, or would have been)
- Employed part time
- Unemployed, looking for work
- Unemployed, disabled
- Unemployed, Volunteer work
- Unemployed, Retired
- Other Specify_____

4. **Approximately, how much money did YOU receive (pre-tax individual income) in the**

past 30 days from...

		INCOME							
a. Wages	\$,				.00
b. Public assistance	\$,				.00
c. Retirement	\$,				.00
d. Disability	\$,				.00
e. Non-legal income	\$,				.00
f. Other _____					,				
--- (Specify)	\$,				.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |_|_| times
2. In the past 30 days, how many times have you been arrested for drug-related offenses? |_|_| times
3. In the past 30 days, how many nights have you spent in jail/prison? |_|_| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:

- I. Physical complaint
- ii. Mental or emotional difficulties
- iii. Alcohol or substance abuse

	No	Yes ±	If yes, altogether for how many nights (DK=98)
	<input type="radio"/>	<input type="radio"/>	_____
	<input type="radio"/>	<input type="radio"/>	_____
	<input type="radio"/>	<input type="radio"/>	_____

b. Outpatient Treatment for:

	No	Yes ±	If yes, altogether how many times
	<input type="radio"/>	<input type="radio"/>	

- | | | | |
|--------------------------------------|-----------------------|-----------------------|---------|
| | | | (DK=98) |
| I. Physical complaint | <input type="radio"/> | <input type="radio"/> | _____ |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____ |
| iii. Alcohol or substance abuse | <input type="radio"/> | <input type="radio"/> | _____ |

c. Emergency Room Treatment for:

If yes, altogether
 No Yes ± for how many times
 (DK=98)

- | | | | |
|--------------------------------------|-----------------------|-----------------------|-------|
| I. Physical complaint | <input type="radio"/> | <input type="radio"/> | _____ |
| ii. Mental or emotional difficulties | <input type="radio"/> | <input type="radio"/> | _____ |
| iii. Alcohol or substance abuse | <input type="radio"/> | <input type="radio"/> | _____ |



H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- Male
- Female
- Other (please specify) _____

2. Are you Hispanic or Latino?

- Yes No

3. What is your race? (Select one or more)

- Black or African American
- Asian
- American Indian
- Native Hawaiian or other Pacific Islander
- Alaska Native
- White
- Other (Specify) _____

4. What is your date of birth?

_____ / _____ / _____ Month /
 Day / Year

APPENDIX C

PARTICIPANT FEEDBACK FORM

GENERAL CURRICULA - POST-TEST ONLY

(Note to Applicants: The actual OMB approved form is currently undergoing minor modifications and will be re-reviewed by OMB; the items listed below are from the current form)

Demographic Items:

1. Anonymous Unique Identifier
2. Reasons for attending training (Mark the single best answer)
3. Gender
4. Race/Ethnicity (Mark the single best answer)
5. How much formal schooling have you received? (Please choose only ONE)
6. Did you provide services directly to HIV-positive individual(s)?

If YES, in what capacity? (Mark the single best answer)

If NO, do you serve in any of the following capacities? (Mark the single best answer)

7. Do you provide direct services to family members/significant others of HIV-positive individuals?
8. What facility BEST describes the primary setting where you work with HIV-positive individual(s)? (Please choose only ONE)
9. Which setting BEST represents where the above work setting is located?

10. Please indicate the number of years that you have provided service in the following areas:

Direct HIV-related clinical mental health services (i.e., therapy)

Direct services to HIV-positive individuals

Other services to HIV-positive individuals

Training Items:

For the following questions, select a rating that reflects your degree (strongly agree – strongly disagree) of agreement with the statement presented:

11. This training session was well organized.
12. This information/skills training was useful.
13. I was satisfied with this training.
14. I would recommend this training to others.
15. The HIV-positive guest speaker/panel was important to my training experience.
16. As a result of this training, I am more comfortable treating and/or caring for HIV-positive and HIV-affected individuals.
17. As a result of this training, I am more willing to treat and/or care for HIV-positive and HIV-affected individuals
18. As a result of this training, I am more capable of treating and/or caring for HIV-positive and HIV-affected individuals.
19. My level of prior knowledge of the information/skills presented at this training was low, moderate or high.

To what extent (great – not at all) has this training increased your HIV/AIDS knowledge/skills in the following areas: (Indicate if topic was not covered in training.)

20. Psychosocial and/or mental health impact of HIV.

Special Populations and Issues

21. Legal and ethical issues.

22. Providing compassionate care to people from different cultures.

23. Caring for special populations (e.g., women, gays and lesbians, and the severely mentally ill)

24. Caring for family and friends of HIV-infected individuals.

HIV-Related Conditions and Treatment Aspects

25. How HIV affects the body.

26. How HIV infection and AIDS are treated.

27. Adherence to treatment.

28. Other sexually transmitted diseases.

29. Neuropsychiatric complications of HIV.

30. Psychotropic and other drug interactions.

Transmission and Prevention

31. Who is affected by the epidemic.

32. Approaches for preventing HIV infection.

33. HIV transmission
34. Counseling and testing issues.
35. How substance use is related to HIV and AIDS.
36. Perinatal transmission issues.
37. Taking a sexual history.
38. Taking a substance use history.
39. Other
40. How will you use what you have learned in this training in your HIV/AIDS work?
41. How could this training be improved?

THANK YOU FOR YOUR PARTICIPATING

