***Georgia Department of Public Health***

***(Office of HIV/AIDS)***

***MAI Data Monthly Report***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month:** |  | | **Year:** |  | | |
| Name of Agency: | |  | | | Phone Number: |  |
| Name of Person Completing Form: | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Total # of Clients Served*** *(Only clients newly enrolled this month)* | | ***ARTAS*** | ***NON-ARTAS*** |  | ***Total # of Clients Served*** *(Only clients newly enrolled this month)* | | | | | ***ARTAS*** | | ***NON-ARTAS*** |
| Black/African American  *(Non-Hispanic)* | | 0 | 0 | # of Females ***>24*** | | | | | 0 | | 0 |
| # of Males ***>24*** | | | | | 0 | | 0 |
| Hispanic  *(Any Race)* | | 0 | 0 | # of Transgender ***Male to Female*** | | | | | 0 | | 0 |
| # of Transgender ***Female to Male*** | | | | | 0 | | 0 |
| More than One Race | | 0 | 0 | # of Transgender Unknown | | | | | 0 | | 0 |
| Other | | 0 | 0 | # of Females ***18-24*** | | | | | 0 | | 0 |
| ***Total:*** | | 0 | 0 | # of Males ***18-24*** | | | | | 0 | | 0 |
| *\*If clients are not classified as Black, Hispanic, or More than One Race (to include Black or Hispanic) do not count on this form.* | | | | ***Total:*** | | | | | 0 | | 0 |
|  | | | | | | | | | | | | |
| ***Number of Target Populations Served This Month*** *(One client may be entered in multiple target population categories)* | | | | | | | ***ARTAS Linkage*** | | ***NON-ARTAS Linkage*** | | | |
| Heterosexual Women | | | | | | | 0 | | 0 | | | |
| Heterosexual Men | | | | | | | 0 | | 0 | | | |
| Men that have sex with men (MSM) | | | | | | | 0 | | 0 | | | |
| Homeless | | | | | | | 0 | | 0 | | | |
| Parolees | | | | | | | 0 | | 0 | | | |
| Injection Drug Users (IDU) | | | | | | | 0 | | 0 | | | |
| Lesbian/ Bisexual Women | | | | | | | 0 | | 0 | | | |
| Transgender | | | | | | | 0 | | 0 | | | |
| MSM/IDU | | | | | | | 0 | | 0 | | | |
|  | | | | | | | | | | | | |
| ***The entire number of active clients enrolled*** *(newly and previously enrolled)* | | | | | | | | | | | | |
| # of clients newly enrolled in ARTAS this month | | | | | | | | | 0 | | | |
| # of clients previously enrolled in ARTAS *(not counting those enrolled this month)* | | | | | | | | | 0 | | | |
| # of clients who received ARTAS services this month | | | | | | | | | 0 | | | |
|  | | | | | | | | | | | | |
| ***Total Clients Served:*** | | | | | ***ARTAS Linkage*** | | | ***NON-ARTAS Linkage*** | | | | |
| ***Month*** | ***Cumulative*** | | ***Month*** | | | ***Cumulative*** | |
| Total # of clients ***“Previously Diagnosed”*** | ***“Lost to Care”*** | | | | 0 | 0 | | 0 | | | 0 | |
| **“Newly Engaged”** | | | | 0 | 0 | | 0 | | | 0 | |
|  | | | | | | | | | | | | |
| ***Total Clients Served:*** | | | | | ***ARTAS Linkage*** | | | ***NON-ARTAS Linkage*** | | | | |
| ***Month*** | ***Cumulative*** | | ***Month*** | | | ***Cumulative*** | |
| Total # of clients ***“Successfully”*** discharged | | | | | 0 | 0 | | 0 | | | 0 | |
| Total # of Clients ***“Lost to Follow-Up” or “Non-Compliant”*** | | | | | 0 | 0 | | 0 | | | 0 | |
| Total # of Clients **“*Deceased”*** | | | | | 0 | 0 | | 0 | | | 0 | |
|  | | | | | | | | | | | | |
| ***Referrals Types given this month:*** | | | | | ***# of Clients Referred:*** | | | | | | | |
| ***ARTAS*** | | | ***NON-ARTAS*** | | | | |
| **Medical Care** | | | | | 0 | | | 0 | | | | |
| **ADAP** | | | | | 0 | | | 0 | | | | |
| STD Clinic | | | | | 0 | | | 0 | | | | |
| Substance Abuse Treatment/Prevention | | | | | 0 | | | 0 | | | | |
| Mental Health | | | | | 0 | | | 0 | | | | |
| Housing Assistance | | | | | 0 | | | 0 | | | | |
| Medicaid | | | | | 0 | | | 0 | | | | |
| Long-term Case Management | | | | | 0 | | | 0 | | | | |
|  | | | | | | | | | | | | |
| ***# of clients enrolled in services:*** | | | | | ***ARTAS Linkage*** | | | ***NON-ARTAS Linkage*** | | | | |
| ***Month*** | ***Cumulative*** | | ***Month*** | | | ***Cumulative*** | |
| # of clients enrolled in Medical Care | | | | | 0 | 0 | | 0 | | | 0 | |
| # of clients enrolled in ADAP | | | | | 0 | 0 | | 0 | | | 0 | |

**Monthly Narrative**

**90 Day Follow-up:**

Of clients referred to medical care three months prior,       are still in care out of       enrolled that month.  *Example – For clients enrolled in March,* *the number remaining in care should be documented on the May monthly report.*

**List any barriers that you experienced while trying to link clients to needed services:**

**Describe successes that you had in getting clients into care or services more quickly or efficiently:**

**Provide a summary of your linkage efforts for this month (include both ARTAS and Non-ARTAS Linkages).**

**Provide a summary of your outreach efforts pertaining to MAI “Lost to Care” initiatives, specifically pertaining to the HIV Surveillance Lost to Care data.**

**Describe any staff changes this period:**

**Describe any technical assistance needs:**