***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:**