

**Texas Department of State Health Services  
HIV/STD Prevention and Care Branch  
Reporting Coversheet**

<b>Name of Agency</b>	<b>The University of Texas Medical Branch at Galveston (UTMB)</b>		
<b>Region</b>	<b>Region 6 Houston</b>		
<b>Scope of Work</b>	<b>Minority AIDS Initiative (MAI)</b>	<b>Source of Funds</b>	<b>DSHS</b>
<b>Contract No.</b>	<b>HHS000975300001</b>		
<b>Reporting Period Covered</b>			<b>Year</b>
<b>Contract Period Covered</b>	<b>April 1, 2023 to March 31, 2024</b>		<b>2023/2024</b>
<b>Prepared By: Name and Phone Number</b>			

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MAI Contract	Period Begin	Period End	Narrative Due Date
<b>Quarter 1</b>	<b>4/1/2023</b>	<b>6/30/2023</b>	<b>7/20/2023</b>
<b>Quarter 2</b>	<b>7/1/2023</b>	<b>9/30/2023</b>	<b>10/20/2023</b>
<b>Quarter 3</b>	<b>10/1/2023</b>	<b>12/31/2023</b>	<b>1/20/2024</b>
<b>Quarter 4</b>	<b>1/1/2024</b>	<b>3/31/2024</b>	<b>4/20/2024</b>

**SECTION I  
PROGRAM OBJECTIVES AND DATA**

Performance Measures	This Quarter	Year-To-Date	Contractual Objective	% Achieved YTD
Number of HE/RR units provided to Black or African American clients living with HIV			1200	
Number of HE/RR units provided to Hispanic or Latinx clients living with HIV				
Number of HE/RR units provided to minority clients (not listed above) living with HIV				
Number of HE/RR units provided to non-minority clients living with HIV				
Number of unduplicated Black or African American clients living with HIV receiving HE/RR			600	
Number of unduplicated Hispanic or Latinx clients living with HIV receiving HE/RR				
Number of unduplicated minority clients (not listed above) clients living with HIV receiving HE/RR				
Number of unduplicated non-minority clients living with HIV receiving HE/RR				

**Required performance measures:**

Discuss the progress of meeting each performance measure for the current quarter and year. Briefly describe services being provided by the program staff and how clients are benefiting from MAI services. Any charts/tables to support this section should be included in Section III.

**Contractor will provide a minimum of 1200 units of HE/RR to 600 incarcerated Black, African American, Hispanic, Latinx, and other minorities living with HIV/AIDS. 1 unit of HE/RR = 15 minutes.**

- 1. Provide a brief summary of this quarter’s HE/RR services provided:**
  
  
  
  
  
  
  
  
  
  
  
- 2. Describe challenges your program is facing providing HE/RR to incarcerated MAI clients:**

3. Describe your plan to address the above challenges. What other changes could be implemented to make HE/RR more successful? How can those changes be implemented?

4. Describe UTMB's goal(s) for HE/RR this coming quarter and how it will be implemented?

**SECTION II  
PROGRAM IMPLEMENTATION**

1. List staff changes affecting this program that occurred during this quarter and list any staff vacancies for this grant in the table below:

Staff Changes	Staff Vacancies

2. Discuss any barriers and/or concerns, successful and unsuccessful strategies regarding program activities and/or performance measures not included in Section I:

3. How does the program address language and cultural barriers with clients?

4. Describe how the MAI staff coordinate services with state jails and prisons, and any challenges that they face:

5. Describe the evaluation activities the program conducted towards meeting performance measures that occurred this quarter. These activities can include but are not limited to data quality assurance, evaluation of program files, client satisfaction surveys, client focus groups, etc:

6. List staff training related to this contract that occurred this quarter:

Training	Name of MAI staff attending training

7. Describe technical assistance or training needs for MAI staff to successfully meet program measures:

8. Describe any financial or grant management concerns:

9. Describe any new programs being developed in your area that target the recently released population:

**END OF YEAR FINAL REPORT ONLY**

1. Discuss expenditures for the year. If more than 5% of funds were lapsed, explain why. What strategies will be implemented to ensure funds are not lapsed in the next grant year?

**SECTION III OPTIONAL  
INSERT TABLES OR CHARTS TO SUPPORT PROGRAM ACTIVITIES**