Texas Department of State Health Services

# **HIV/STD Section**

# **HIV/STD Prevention and Care Unit Reporting Coversheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Agency** | |  | | | | |
| **Region** | |  | | | | |
| **Scope of Work (SOW)** | | (1) Statewide Condom Distribution  (2) HIV Self Test Kit Distribution | | | | |
| **Contract No.** | |  | | | | |
| **Contract Year** | | September 1, 2022 – August 31, 2023 | | | **Year** | **2023** |
| **Months covered** | | September 1, 2022 – August 31, 2023 | | |
| **Prepared By:** | | **Name:** **Title:**  Email: | | | | |
| **If Initial Report** Check box→ |  | **If Revised Report** Check box→ |  | **Revision Date:** Revision Number: | | |

**Due Date: October 10, 2023**

***Reports must be emailed in MS Word or PDF format to:*** [***hivstdreport.tech@dshs.texas.gov***](mailto:hivstdreport.tech@dshs.texas.gov) ***and*** [***hivprevention@dshs.texas.gov***](mailto:hivprevention@dshs.texas.gov)

***Copy (cc) your DSHS Consultant \**** All DSHS e-mail addresses follow the format: [firstname.lastname@dshs.texas.gov](mailto:firstname.lastname@dshs.texas.gov)

**In Response to All Applicable Scopes of Work**

* 1. Programmatic Highlights

Briefly describe any significant trends affecting programmatic activities. For example, staffing, policy changes, etc. Include challenges and success stories and lessons learned during the reporting period.

* 1. Collaborative Efforts

Briefly describe highlights of collaborative efforts to ensure comprehensive services for your client population such as STI services, HIV medical care services, housing, mental health/substance use, HIV self-test kit access, etc.

* 1. Community Activities

Provide a brief summary of significant community events. Include anything you believe to be important to understand your program in the larger context of your community such as National Condom Week or other HIV Awareness Days, religious leader supporting HIV testing, loss of funding for low-income housing, local politician supporting LGBTQ+ community in the news, etc.

1. Community Engagement

Briefly discuss activities to ensure community and stakeholder engagement such as Community Advisory Board, Client Surveys/Focus groups, etc. to assist with programmatic decision-making.

1. Ending the HIV Epidemic Plan

Discuss your program’s participation in your community’s efforts, e.g., Fast Track Cities, local community collaboratives, etc., to organize a formal plan to end the HIV epidemic.

For more information, visit the *Achieving Together: A Community Plan to End the HIV Epidemic in Texas* website <https://achievingtogethertx.org/txehe/> to get involved and learn more. Contact your consultant for more information.

1. Social Marketing (SM)

During this reporting period, identify activities conducted as part of your social marketing plans. If you did not conduct social marketing activities, check “None” in the list below.

Social Marketing Approach

* Blogs/Vlogs
* Materials Distribution
* Events
* Internet/Digital Advertising
* Traditional Advertising (e.g., print, TV, radio, billboards)
* Social Media (e.g., Facebook, Instagram, Twitter)
* Email Blasts
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None. We did not conduct any social marketing activities.

Briefly describe each marketing approach used specific to relevant scope of work, priority population(s)\* the approach was designed to reach, and outcomes.

\*Priority populations may include Black MSM, Hispanic MSM, Black WSM, Hispanic WSM, Transgender Individuals, Black MSW, and PWID.

CONTINUOUS QUALITY IMPROVEMENT AND MONITORING

During this reporting period, describe continuous quality improvement activities and monitoring performed for all scopes of work.

1. List dates when continuous quality improvement and monitoring occurred, and the activities performed (add more lines as needed).

|  |  |
| --- | --- |
| Date | Continuous Quality Improvement and Monitoring activities |
|  |  |
|  |  |
|  |  |

1. List areas identified that need improvement.
2. Describe improvement plan and timeline.

**Condom Distribution Summary Narrative**

|  |  |  |
| --- | --- | --- |
| Projected Numbers to be Served | | |
| OBJECTIVE A | | |
| Projected number of condoms to be distributed in this contract term | **Goal** | **Actual** |
|  |  |
| OBJECTIVE B | | |
| Projected number of condom distribution sites in this contract term  Clinics/CBOs/ASOs:  Non-conventional locations: | **Goal** | **Actual** |
|  |  |
| OBJECTIVE C | | |
| Projected number of community collaborators assisting with access or distribution efforts in this contract term | **Goal** | **Actual** |
|  |  |

1. What else would you like to share about your agency’s condom distribution activities?
2. Briefly discuss any significant **successes** and **challenges** you experienced during this contract period that affected your program’s activities.

**HIV Self-Performed Test Kit Distribution Summary Narrative** (Previously Home Test kits)

|  |  |  |
| --- | --- | --- |
| Projected Numbers to be Served | | |
| OBJECTIVE A | | |
| Projected number of HIV Self-test kits distributed in this contract term: | **Goal** | **Actual** |
| Hispanic MSM |  |  |
| Black MSM |  |  |
| White MSM |  |  |
| Transgender people |  |  |
| Black heterosexual women |  |  |

1. What else would you like to share about your agency’s HIV Self-test kit distribution activities?
2. Briefly discuss any significant **successes** and **challenges** you experienced during this contract period that affected your program’s activities.