

**Care and Treatment Division
Ryan White Part B
Annual Narrative Report
GY36**

Organization: [Click here to enter text.](#)

Grant #: [Click here to enter text.](#)

Grant Program: Ryan White Part B

Year-End Grant Narrative: [Click here to enter text.](#)

Name of Submitter: [Click here to enter text.](#)

Date of Submission: [Click here to enter text.](#)

Program Officer: [Click here to enter text.](#)

Grant Monitor: [Click here to enter text.](#)

ANNUAL PERFORMANCE SUMMARY

Total Customers Served: (Positive: _____ PrEP-Eligible: _____)

Service Area	Positive Customers				PrEP-Eligible Customers			
	Customer Targets Met		Service Units Met		Customer Targets Met		Service Units Met	
	Y	N	Y	N	Y	N	Y	N
Health Education Risk Reduction								
Medical Case Management								
Medical Transportation								
Mental Health								
Non-Medical Case Management								
Outpatient Ambulatory Health Services								
Psychosocial Support Services								

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For each service category checked 'NO,' briefly describe the challenges faced in meeting the proposed targets during the budget period and plans to address them during the upcoming budget period.

[Click here to enter text.](#)

Final CAREWare submission: ☐ YES ☐ NO

ANNUAL OUTCOMES SUMMARY

Service Area	Positive Customers			PrEP-Eligible Customers		
	Targets Met			Targets Met		
	Viral Load Suppression (VLS) Rate	Y	N	Seroconversion Rate	Y	N
Health Education Risk Reduction	86%			Based on Scopes Target		
Medical Case Management	87%			Based on Scopes Target		
Medical Transportation	84%			Based on Scopes Target		
Mental Health	92%			Based on Scopes Target		
Non-Medical Case Management	90%			Based on Scopes Target		
Outpatient Ambulatory Health Services	89%			Based on Scopes Target		
Psychosocial Support Services	83%			Based on Scopes Target		

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For each outcome measure checked 'NO,' briefly describe the challenges faced in meeting the proposed measure during the budget period and plans to address them during the upcoming budget period.

[Click here to enter text.](#)

FINAL EXPENDITURES/FISCAL REPORT

Final Invoice Submitted: ☐ YES ☐ NO

Over- or Under for the Spending for Grant Year: ☐ YES ☐ NO

For each service category with over- or underspent, briefly describe the challenges faced in meeting the targeted expenditures during the budget period and plans to address them during the upcoming budget period. **Responses must speak to positive and PrEP-Eligible Customers served.**

[Click here to enter text.](#)

PROGRAM IMPLEMENTATION/ACCOMPLISHMENTS OVER THE GRANT YEAR

Describe accomplishments of services and activities provided during the year that successfully helped 1.) Linkage to Care navigation, 2.) rapid initiation of ART/PrEP, 3.) treatment adherence, and retention strategies, and 4.) Customer re-capture and re-engagement efforts. **Responses must speak to positive and PrEP-Eligible Customers served.**

[Click here to enter text.](#)

Explain any additional factors contributing to meeting your target goals for the year.

[Click here to enter text.](#)

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CHALLENGES TO SERVICE DELIVERY OVER THE GRANT YEAR

Explain any additional factors contributing to not meeting your target goals for the year.

[Click here to enter text.](#)

Discuss how these challenges were addressed.

[Click here to enter text.](#)

PERSONNEL

Describe any changes in personnel and or challenges to hiring/retaining personnel during the budget period.

[Click here to enter text.](#)

WAIT LIST

Describe any wait list for the service program throughout the budget period, including the number of customers, average length of time on the waitlist, and the longest period of time for any customer on the list.

[Click here to enter text.](#)

REMEDIATION / CORRECTIVE ACTION

If there were any open remediation/corrective actions during the budget period, provide an update on the status of these actions.

[Click here to enter text.](#)

TECHNICAL ASSISTANCE

Provide a summary of all requests for technical assistance and all technical assistance provided, if any.

[Click here to enter text.](#)

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HIV CASE REPORTS

The number of HIV-positive cases reported to the Department of Health during the budget period.

How many of these cases reported during the budget period were seroconversions? _____

Click here to enter text.

ADDITIONAL INFORMATION

Explain how the following factors have impacted the HIV care continuum outcomes for customers served by your organization:

- Expanded/reduced resources
- Unmet need
- Public health emergencies (e.g., COVID-19, mpox) and/or natural disasters
- Evolving Healthcare Landscape (e.g., changes in health care coverage options)

Click here to enter text.