

Board of Commissioners Grant Fact Sheet

Committee Name: Health 2016

Date of Committee:

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| 1. Grant Name: | 2016 COMBINED HIV/STD PREVENTION AND SERVICE PROGRAMS |
| 2. Grantor: | State of Tennessee, Department of Health |
| 3. Submitted by: | Cedric Robinson |
| 4. Amount: | Amended amount --\$2,162,900 |
| 5. Funding Period: | January 1, 2016 – December 31, 2016 |
| 6. Deadline: (if applicable) | December 31, 2016 |
| 7. Target Population: | At-risk populations in Shelby County |
| 8. Grant Funding: | <input type="checkbox"/> New <input type="checkbox"/> Single Year <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Multi-Year Renewable |

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| <p>9. What are the specific goals of the grant? (The final grant proposal should include the goals and the measurable objectives.)</p> | <p>The goal of the grant is to offer HIV testing, implement and coordinate activities and services related to HIV Prevention (Disease Intervention Services), provide surveillance services (STD/STI/HIV Surveillance Activities), provide STD screenings and treatments (STD Clinical Services) and conduct other services to reduce barriers to care and improve accessibility to treatment for person's at-risk (incarcerated persons) for and STD or HIV infection. An additional goal is to ensure appropriate laboratory services are available for processing STD tests, and an efficient data entry and retrieval system is in place to track disease impact and measure programs success in reducing disease prevalence.</p> |
| <p>10. How will the project be evaluated to determine that the goals are being met?</p> | <p>Infectious Disease Section Leadership meets quarterly with representatives from the Tennessee Department of Health to discuss our progress with achieving the agreed-upon goals and to discuss program revisions.</p> |

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| <p>11. What bench marks will be utilized to determine that the goals are being met?</p> | <ul style="list-style-type: none">• Number of tests provided to at-risk individuals in the community (including the jails and clinical settings)• Accuracy and maintenance of daily laboratory and control logs• Proficiency and timeliness of reporting reactive (positive) reports to the State within 24 hours of receiving confirmatory results• Number of persons that receive partner services, counseling and are linked to care• Proficiency and accuracy of the monthly reports submitted to the state outlining testing activities• Number of person engaged for Hepatitis (B/C) Services. |
| <p>12. Who will conduct the evaluation?</p> | <p>The evaluation is conducted on a monthly basis internally by the Infectious Disease Leadership team and quarterly externally by the Grantor, Tennessee Department of Health. Both evaluations assess the effectiveness of the program as well as program compliance. As part of the evaluation process, surveillance data is used to develop effective strategies for addressing the prevalence of infectious diseases in Shelby County.</p> |
| <p>13. What will happen to the program after it ends?</p> | <p>The program is a mandated Federal Program and it is anticipated the program will be sustained. However, if the program ends, the community will experience an unknown increase in infectious diseases. Data shows when surveillance and targeting testing declines the incidence of STDs/HIV increases. This could potentially become a serious public health threat in this community.</p> |

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| 14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds. | SCHD for this effort does not subcontract with any organization (partner) to address the scope of services listed in the contract. |
| 15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds. | N/A |
| 16. What are the criteria for selecting partners? (if applicable) | N/A |
| 17. What type of reporting is required? | The health department submits information (data) to the Tennessee Department of Health on an ongoing basis through the state controlled data entry system (PRISM) regarding program activities. There are periodic reports (cumulative) that outline the program's progress towards achieving the program's goals. |
| 18. Will Shelby County Government be the fiscal agent? | Yes |
| 19. What budget categories will be included? (Check all that apply) | <ul style="list-style-type: none"> -Personnel -Fringe benefits -Supplies -Travel -Others (telephone cost, postage, and printing) |
| 20. What new personnel will be hired? (if applicable) | One (1) Public Health Nurse for Viral Hepatitis (B/C) will be added to the grant. |
| 21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application. | N/A |
| 22. How much money is allocated for evaluation? | None |

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| 23. Does the grant require a match? | No |
| 24. Who will provide accounting for the grant? | Accounting staff from the Shelby County Health Department provide accounting services for this grant. |
| 25. Does the grant require the signature of the Mayor and/or County Commission Chairman? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

26. INTERNAL VERIFICATION

To be verified by the Shelby County Board of Commissioners prior to grant acceptance.