

Board of Commissioners Grant Fact Sheet

Committee Name: Health

Date of Committee:

1. Grant Name:	HIV/AIDS Center of Excellence
2. Grantor:	State of Tennessee, Department of Health
3. Submitted by:	Cedric Robinson
4. Amount:	\$317,200.00
5. Funding Period:	April 1, 2016 – March 31, 2017
6. Deadline: (if applicable)	March 31, 2017
7. Target Population:	Persons Living with HIV/AIDS who do not have sufficient health care coverage.
8. Grant Funding:	<input type="checkbox"/> New <input type="checkbox"/> Single Year <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Multi-Year Renewable

<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 increase access to HIV medical, and support services for person infected with HIV/AIDS by reducing barriers to care (Provide Medical Case Management services to person living with HIV/AIDS who do not have sufficient health care coverage or financial resources for coping with the HIV testing Disease). 1) Assisting eligible HIV-positive persons in applying for the HIV Drug Assistance Program (HDAP) and the Insurance Assistance Program (IAP); 2) Assisting uninsured persons in applying for TennCare; 3) In addition, the goals are to assist eligible persons in accessing health-related services that are not provided by the Center of Excellence, nutritional counseling, dental care, and home-health services and other services.</p>
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<p>10. How will the project be evaluated to determine that the goals are being met?</p>	<p>The project is evaluated to determine goals are being met by:</p> <ul style="list-style-type: none">-Submitting daily program documents to the state department of health on behalf of client seeking drug assistance, insurance assistance, and/or TennCare assistance-Participating in bi-annual audits of the program-Completing and submitting quarterly Implementation Plans depicting the number of services rendered and the amount of the grant exhausted for the quarter.-Completing and submitting bi-annual RSR or Client-Level Data Reports, concerning service utilization (this report is eventually submitted to the Health Resources and Services Administration)-Completing and submitting an annual Woman, Infants, Children and Youth (WICY) Report regarding services provided to individual fitting the demographics for WICY services-Documenting daily the program's activities in a database (CAREWare)-Completing and submitting a monthly report to management regarding program activities
<p>11. What benchmarks will be utilized to determine that the goals are being met?</p>	<p>The benchmarks utilized to determine goals are being met are:</p> <ul style="list-style-type: none">-The number of intakes/assessments and completed Care Plans for new clients-Accuracy and maintenance of daily activities in the program database (CAREWare)-Number of persons receiving case management services and are linked to care-Proficiency and accuracy of monthly reports submitted to the state outlining activities-Proficiency and accuracy maintaining client files/records

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<p>12. Who will conduct the evaluation?</p>	<p>There will be both an internal and external evaluation of the progress of the program. Shelby County Health Department Infectious Disease Leadership will conduct the first line of the evaluation to measure the program activities for program compliance. The State of Tennessee, Department of Health will measure the productivity of our programmatic activities in achieving the prescribed program goals as well.</p>
<p>13. What will happen to the program after it ends?</p>	<p>Persons living with HIV/AIDS that are marginally (inadequately) insured will not be able to get the HIV medications and other related services required to maintain their health.</p>
<p>14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.</p>	<p>No other organization will be recipients of these grant funds, although, agencies we collaborate with, will indirectly benefit from our case management services.</p>
<p>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.</p>	<p>As a program, the health department has provided access to HIV/AIDS medical services for 1,201 persons living with HIV in our community. In addition, we continue to score at 100% each annual evaluation conducted on the program by the TDOH.</p>
<p>16. What are the criteria for selecting partners? (if applicable)</p>	<p>N/A</p>
<p>17. What type of reporting is required?</p>	<p>Currently, the health department submits:</p> <ul style="list-style-type: none"> -Daily-Information submitted daily to the TDOH regarding the applications for client services that the state aggregates and uses as a part of the reporting information. -Monthly-A monthly Client Service Utilization (CUD) Report and Client Linkage-to-Care Reports -Bi-annual-The RSR or Client-Level Data Report -Quarterly-Women, Infants, Children and Youth (WICY) Report and Implementation Plan

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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)	Two new Retention Specialists (Health Investigators) and one Public Health Outreach Coordinator will be hired with the additional funding. These three new positions are in addition to two social workers and an office coordinator that are already funded by this 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
23. Does the grant require a match?	
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.