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| **Attachment B: Requested Service Form Part A** [ ]  **or MAI** [ ] (complete 1 form for each requested service and funding category)**Agency Name:** **Authorized Contact and Title:** **Signature of Authorized Contact:**  |
| **Requested Service:**   | **Amount Requested:**  |
| **Provide a *brief* description of the requested service and method of service delivery:**  |
| 1. **Goal:** Specify the overall result to be accomplished, i.e. what is the specific result being sought and why is it being sought:
 |
| **Objectives:** Objectives are specific actions needed to reach your goal. Specify a single, measureable result for each objective. Objectives must be quantified and have a timeframe. | **Define the service unit to be provided:**  |
| **Number of people to be served:** | **Total number of service units to be provided:** |
| **Activities:** Activities are strategies or tasks that must occur to implement each objective. Activities should include an action, identify who will do the action, identify materials and resources needed, and specify when the action will occur. Specify activities for each of your listed objectives. | **Specify who will implement the activities and when the activities will be provided.** |
| **Evaluation:** Describe the specific method you will use to evaluate progress toward your goal and objectives: Who is responsible for evaluating the project and when during the grant year will evaluation be conducted? What actions will you take if you are not making progress toward your goal/objectives? | **Specify who will evaluate progress toward goals and objectives. Use specific staff titles. Indicate when evaluations will be conducted and plans for corrective actions, if needed.** |
| **Performance Measures:** What measures will you use to evaluate your progress? How will these measures be created and monitored and by whom? | **Specify which staff person will be responsible for collecting and reporting performance measures data. Indicate how often data will be collected and what system will be used to manage the data.** |

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| ***Example*****Attachment B: Requested Service Form Part A** [x]  **or MAI** [ ] (complete 1 form for each requested service and funding category)**Agency Name:** Ryan White HIV Services Program**Authorized Contact and Title:** Director**Signature of Authorized Contact:** Paul Babcook, Interim CEO |
| **Requested Service:** Mental Health Services | **Amount Requested:** $100,000 |
| **Provide a *brief* description of the requested service and method of service delivery:** The program is requesting funding to provide mental health services to Ryan White eligible and enrolled clients. The services will be delivered by licensed/professionals in the field of mental health and will be provided on a one on one basis. |
| 1. **Goal:** Specify the overall result to be accomplished, i.e. what is the specific result being sought and why is it being sought:
 |
| 1. To improve health outcomes of PLWH by providing access to and delivery of mental health services, including mental health counseling and access to psychiatric services and eliminate disparities in access to mental health services for disproportionately affected sub-populations and underserved communities.
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| **Objectives**: Objectives are specific actions needed to reach your goal. Specify a single, measureable result for each objective. Objectives must be quantified and have a timeframe. | **Define the service unit to be provided:**A unit of service is defined as the provision of one hour of mental health services |
| 1. By 02/28/2019, provide 500 units of mental health services to 100 RW enrolled clients to improve health, and well-being of PLWH/A, assist in care retention and to decrease the impact of mental health issues on entry into care and to provide access to care for those who demonstrate a need for this service.
 | **Number of people to be served** | **Total number of service units to be provided** |
| 100 | 500  |
| **Activities:** Activities are strategies or tasks that must occur to implement each objective. Activities should include an action and identify who will do the action. Specify activities for each of your listed objectives. | **Specify who will implement the activities and when the activities will be provided.** |
| 1. The completion of a treatment plan for the provision of mental health services. This plan will be made available to the referring agency, as will progress toward completion of the plan.
 | 1. Agency and staff who are funded to do mental health services and the client for whom the plan is being developed.
2. Treatment plan will be completed within 7 working days of admission to program.
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| **Evaluation:** Describe the specific method you will use to evaluate progress toward your goal and objectives: Who is responsible for evaluating the project and when during the grant year will evaluation be conducted? What actions will you take if you are not making progress toward your goal/objectives? | **Specify who will evaluate progress toward goals and objectives. Use specific staff titles. Indicate when evaluations will be conducted and plans for corrective actions, if needed.** |
| Documentation of the referrals received, accompanying assessment, and the completion of a treatment plan if need for service is determined by the mental health staff.1. Upon acceptance to the mental health program, implementation, monitoring and reporting of treatment plan.
 | 1. Funded mental health staff will conduct evaluations on a monthly basis.
2. If progress is not being met treatment plan team, including the client, will re-evaluate to determine what alterations, if any, are needed in the treatment plan
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| **Performance Measures:** What measures will you use to evaluate your progress? How will these measures be created and monitored and by whom? | **Specify which staff person will be responsible for collecting and reporting performance measures data. Indicate how often data will be collected and what system will be used to manage the data.** |
| 1. 75% of clients for whom a mental health treatment plan is completed will adhere to the treatment goals and objectives outlined in their mental health treatment plan.
2. 75% of clients who receive mental health services will remain “active” in the Ryan White HIV Services Program at the end of the grant year
 | Mental health service providers will document mental health treatment plan goals and objectives in case notes in CAREWare or other RWSP approved data management system. Client files will be randomly selected for quarterly review and reporting on the specified measures. |