



**Request for Application (RFA)
Ryan White Part B Core Medical & Support Services**

Item	Description
Issued By	Mississippi State Department of Health (MSDH), Ryan White HIV/AIDS Program Part B
Total Amount Available	\$12,750,000/year
Deadline to Apply	12/13/2024 at 5:00 pm Central Standard Time (CST)
Deadline for Questions	11/15/2024 at 5:00 pm CST
Deadline for Required Letter of Intent to Apply	11/27/2024 at 5:00 pm CST
Submit Questions to	Smartsheet Form for Questions Only Electronic Submissions Accepted No Paper Copies
Submit Letter of Intent to Apply to	Smartsheet Form for Letter of Intent Only Electronic Submissions Accepted No Paper Copies
Submit Final Application to	Smartsheet Form for Final Applications Only Electronic Applications Accepted No Paper Copies

SPECIAL INSTRUCTIONS:

Eligible entities are 501(c)(3) non-profit organizations, quasi-governmental/quasi-public organizations, and government entities.

The following are interchangeable: Mississippi State Department of Health, Department for Public Health, Ryan White Part B Program

The following are interchangeable: Application, Proposal, Response, Application Proposal

The Mississippi State Department of Health reserves the right to waive minor informalities and/or request clarifications from applicants.

TABLE OF CONTENTS

Contents

TABLE OF CONTENTS	2
GENERAL INFORMATION	4
I. ANNOUNCEMENT	4
A. <i>Geographic Areas</i>	4
B. <i>Background</i>	5
C. <i>Purpose</i>	5
D. <i>Eligible Applicants</i>	6
E. <i>Funding Period</i>	6
F. <i>Supported Activities and Services</i>	7
G. <i>Award</i>	9
II. CONTACTS	9
<i>Program Contact</i>	9
III. FORMAT	10
A. <i>Formatting</i>	10
B. <i>Schedule</i>	10
C. <i>Inquiry Procedures</i>	10
D. <i>Letter of Intent</i>	10
E. <i>Pre-Submission Conference</i>	10
SCOPE OF SERVICES	11
I. DEPARTMENT OVERVIEW	11
II. PROGRAM OVERVIEW.....	11
A. <i>Mississippi Epidemiological Overview Background</i>	11
B. <i>Mississippi HIV Epidemiological Overview (2022 Data)</i>	12
C. <i>Mississippi Out of Care Epidemiological Overview:</i>	13
III. APPLICATION REQUIREMENTS (PAGE GUIDELINES SET MAXIMUM LENGTHS).....	15
A. <i>Application Cover Letter (up to 1 Page)</i>	15
B. <i>Applicant Description (up to 2 Pages)</i>	15
C. <i>Barriers to Care (up to 1 Page)</i>	16
D. <i>Service Methodology (up to 5 pages)</i>	16
E. <i>Staffing Plan (up to 2 pages)</i>	17
F. <i>Clinical Quality Management (up to 1 page)</i>	18
G. <i>Budget Expectations (No page limits)</i>	18
H. <i>Audited Financial Statements (No page limits)</i>	18
IV. SUCCESSFUL APPLICANT REQUIREMENTS	18
A. <i>Performance Measures</i>	18
B. <i>Agreement Management/Data Reporting</i>	19
C. <i>Data Reporting</i>	19
D. <i>Program Monitoring</i>	19
IV. PROPOSAL SUBMISSION OVERVIEW	20
A. <i>Submission Format Information</i>	20
V. EVALUATION OF PROPOSALS	21
A. <i>Evaluation Process</i>	21

APPENDIX 23

I. ABBREVIATIONS / ACRONYMS / DEFINITIONS23

II. SERVICE UNIT DEFINITIONS24

III. SMARTIE GOALS30

GENERAL INFORMATION

I. ANNOUNCEMENT

Ryan White Part B Core and Support Services

The Mississippi State Department of Health (MSDH), Ryan White Part B Program (RWPB) is pleased to announce up to \$12,750,000 available in funding for services designed to improve community health outcomes through the delivery of core medical and support services to Mississippi residents with HIV. MSDH is seeking applications from qualified organizations to provide essential healthcare and support services as part of the Ryan White HIV/AIDS Part B Program.

This RFA is divided into two tracks:

- Track A:** Applicants may request funding to provide services by Health Resources and Services Administration (HRSA)-defined Ryan White service category in any or all Mississippi public health district(s). There is a preference for applicants seeking to establish an HIV medical home model. A medical home is defined as providing either outpatient ambulatory health or medical case management in addition to a minimum of four (4) other Ryan White services. Applicants are not required to apply as a medical home and may apply for however many services they feel appropriate for their healthcare delivery model.
- Track B:** Track A applicants may request additional funding to provide outreach and retention services (defined in [Supported Activities and Services](#) section) in District 5 (Hinds, Rankin, and Madison counties only), District 7, District 8, and District 9 (reference Geographic Areas chart below for counties).

Services will be provided within the nine (9) Mississippi RWPB Public Health Districts identified as:

A. Geographic Areas

Regions	District	Counties	Persons with HIV	% of Persons with HIV
North	D-1 (Northwest)	Quitman, Yalobusha, Tallahatchie, Tate, Tunica, Panola, Grenada, Coahoma, Desoto	947	10%
	D-2 (Northeast)	Tishomingo, Prentiss, Benton, Pontotoc, Tippah, Union, Itawamba, Alcorn, Marshall, Lafayette, Lee	701	7%
	D-3 (Delta/Hills)	Humphreys, Montgomery, Carroll, Attala, Holmes, Leflore, Bolivar, Sunflower, Washington, Humphreys	755	8%
Delta	D-4 (Tombigbee)	Choctaw, Calhoun, Noxubee, Chickasaw, Winston, Monroe, Clay, Oktibbeha, Lowndes, Choctaw, Calhoun, Noxubee, Chickasaw,	522	5%
Central	D-5 (West Central)	Issaquena, Sharkey, Webster, Claiborne, Simpson, Copiah, Yazoo, Warren, Madison, Rankin, Hinds	3409	35%

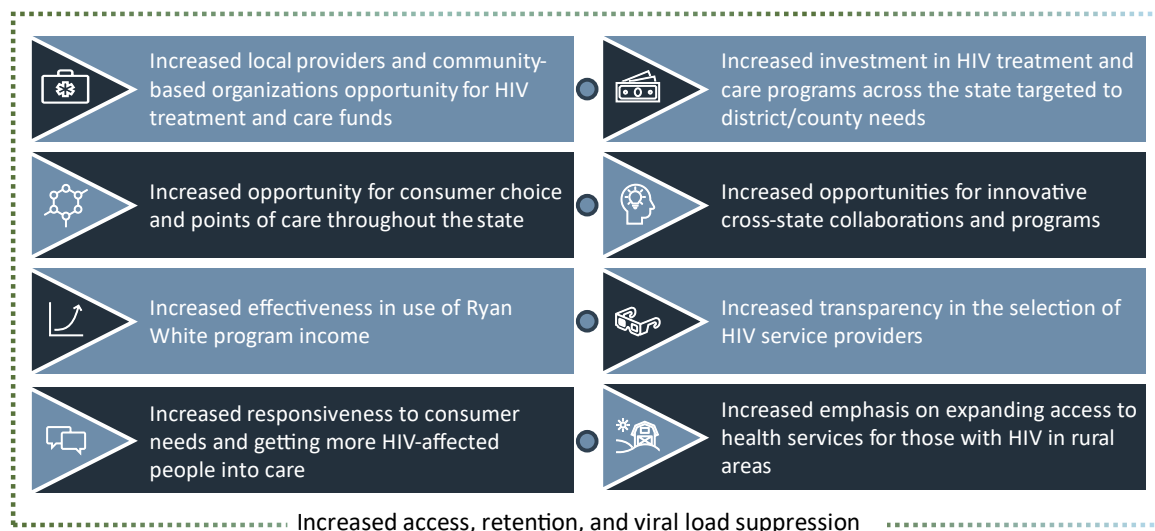
Regions	District	Counties	Persons with HIV	% of Persons with HIV
	D-6 (East Central)	Kemper, Smith, Newton, Jasper, Leake, Neshoba, Clarke, Scott, Lauderdale	704	7%
South	D-7 (Southwest)	Franklin, Jefferson, Wilkinson, Amite, Walthall, Lawrence, Lincoln, Adams, Pike	507	5%
	D-8 (Southeast)	Perry, Jefferson Davis, Wayne, Lamar, Covington, Marion, Greene, Jones, Forrest	955	10%
	D-9 (Coastal Plains)	George, Stone, Hancock, Pearl River, Jackson, Harrison	1258	13%

B. Background

RWPB is funded by HRSA to coordinate and provide HIV treatment services statewide through an award to the Mississippi State Department of Health. RWPB partners with health organizations throughout the state to accomplish this task. In addition to the resources available through the RWPB grant, further funds for this RFA are available through program income generated by billing third-party insurance for medications purchased at 340B pricing.

C. Purpose

The purpose of this RFA is to identify organizations to deliver a full range of core medical and support services that contribute to access to medical care, retention in primary care, HIV viral suppression¹, elimination of health disparities, and improvement in the quality of life among persons of low income with HIV. Through the RFA, we anticipate significant increase in a variety of factors essential to increasing access, retention, and viral suppression.



¹ The U.S. Centers for Disease Control and Prevention (CDC) defines HIV viral suppression as a clinically appropriate laboratory test demonstrating less than 200 copies of HIV per milliliter of blood.

D. Eligible Applicants

Eligible applicants include the following:

- Not-for-Profit Hospitals
- Community-based organizations
- Academic institutions
- HIV service organizations
- Social service organizations
- Federally Qualified Health Centers
- Community Health Centers
- Local health departments
- Faith-based organizations
- Community Mental Health Centers
- Other eligible non-profit health/service applicants

All applicants are required to submit a comprehensive proposal that clearly outlines their service delivery plan, budget, and a detailed explanation of how their program will contribute to the goals of the Mississippi Ryan White HIV/AIDS Part B Program. To qualify for an award, all applicants must have the following minimum qualifications:

- Applications must be complete and comply with all requirements specified in the RFA.
- Be in good standing with the Department and have no long-standing, significant unresolved issues on current or prior agreements with MSDH.
- Knowledge of the community/area(s) to be served including any emerging trends, populations, or HIV service needs/gaps.
- Demonstrated access or knowledge of how to access persons with HIV.
- Documented ability to execute the proposed plan of service delivery, including accounting and financial reporting systems and sound fiscal stability.
- Sufficient experienced staff, or the ability to hire qualified personnel, and/or subcontract for services; to execute the proposed plan of service delivery.
- Demonstrated experience managing and subcontracting services.
- Computer resources HRSA's web-based CAREWare² data collection system.

Any proposal or proposing entity not meeting these minimum requirements shall be removed from further review.

Activity and Approach

RWPB will create a formal subrecipient agreement to provide direct funding to organizations that provide new or existing services for persons with HIV within the State of Mississippi.

E. Funding Period

The period of performance shall be from April 1, 2025 – March 31, 2026. There will be an additional four (4) option years following this initial period of performance and applicants will be funded for option

² CAREWare is a free, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and applicants. More information can be found at: <https://ryanwhite.hrsa.gov/grants/manage/careware#:~:text=CAREWare%20is%20a%20free%2C%20electronic,and%20first%20released%20in%202000.>

years based on funding availability, outcomes achieved, and statewide needs assessment.

F. Supported Activities and Services

The award of any subrecipient agreement pursuant to this RFA depends on funding available to the Department.

Funding Allocation

An anticipated total of approximately \$12,750,000 is estimated to be available for the subgrant period. Awards are based on each applicant's ability to achieve the RWPB performance measures³ and are limited in amount in direct correlation to the proposed detailed budget of the application. Award amounts may include the cost of an individual, or multi-staff, required to implement a highly sophisticated effort to meet as many goals as possible in the timeframe of the award. An award amount will be based on the annual associated costs required to implement the project. Additional continuation funding for optional years will be granted based upon satisfactory achievement of annual goals/performance measures as defined in subgrant agreements and availability of funds.

The amount of funding provided will vary based on the proposed activities and the quality of the applications received. The applications will be evaluated based on the type of support being requested, the proposed activities, and how they will benefit marginalized, vulnerable, and minority populations with HIV. Additionally, MSDH may provide extra funding for a specific service category based on system needs and the quality of the applications.

All applications should seek funding for staffing and/or supplies to carry out a service. There will be no fee-for-service contracts.

Track A

MSDH will fund up to \$10,965,000 under Track A. Applicants may apply up to the amount indicated below per service category for each District. The amount available in the District is reflective of the percent of people living with HIV in the District relative to the total number of people living with HIV in the state. The only exception to this is the Outreach category where MSDH has prioritized having at least 1 – 2 outreach specialists per District. Applicants should read the service unit definitions in [Appendix III](#) for further directions and clarity on each service. There is a preference for applicants seeking to establish an HIV medical home model. A medical home is defined as providing either outpatient ambulatory health or medical case management in addition to a minimum of four (4) other Ryan White services (see Appendix III for service specific requirements). Applicants do not have to apply for a medical home and may apply for however many services they feel appropriate for their healthcare delivery model.

Applicants may apply for services in more than one District. A separate application must be submitted for each District. Applicants applying in more than one District must provide the services applied for in the District for which they have applied. Applications for funding in a District that depend on clients having to travel from a different District to receive services will be considered unresponsive. **Clients are free to travel if they wish to receive services in a different District.** However, the focus of the application should be on providing services to persons in the District as opposed to marketing services in

³ The HIV/AIDS Bureau (HAB) performance measure portfolio focuses on critical areas of HIV care and treatment and aligns with milestones along the HIV care continuum. Ryan White Recipients are encouraged to use these performance measures but may develop their own local. While KDPH has locally adopted performance measures, HAB's performance measure Portfolio can be found at: <https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>

another District and requiring clients to travel.

Table 1 defines the Track A service categories. Service categories in light green are core services and services in light blue are support services.

Table 1: Track A Service Categories

	District 1	District 2	District 3	District 4	District 5	District 6	District 7	District 8	District 9	Total
Medical Case Management	\$250,000	\$175,000	\$200,000	\$125,000	\$875,000	\$175,000	\$125,000	\$250,000	\$325,000	\$2,500,000
Outpatient/Ambulatory Health Services	\$400,000	\$280,000	\$320,000	\$200,000	\$1,400,000	\$280,000	\$200,000	\$400,000	\$520,000	\$4,000,000
Nutrition	\$20,000	\$14,000	\$16,000	\$10,000	\$70,000	\$14,000	\$10,000	\$20,000	\$26,000	\$200,000
Oral Health	\$40,000	\$28,000	\$32,000	\$20,000	\$140,000	\$28,000	\$20,000	\$40,000	\$52,000	\$400,000
Home Health	\$5,000	\$3,500	\$4,000	\$2,500	\$17,500	\$3,500	\$2,500	\$5,000	\$6,500	\$50,000
Mental	\$35,000	\$24,500	\$28,000	\$17,500	\$122,500	\$24,500	\$17,500	\$35,000	\$45,500	\$350,000
Substance Abuse	\$25,000	\$17,500	\$20,000	\$12,500	\$87,500	\$17,500	\$12,500	\$25,000	\$32,500	\$250,000
Food Bank	\$30,000	\$21,000	\$24,000	\$15,000	\$105,000	\$21,000	\$15,000	\$30,000	\$39,000	\$300,000
Transportation	\$35,000	\$24,500	\$28,000	\$17,500	\$122,500	\$24,500	\$17,500	\$35,000	\$45,500	\$350,000
Housing	\$40,000	\$28,000	\$32,000	\$20,000	\$140,000	\$28,000	\$20,000	\$40,000	\$52,000	\$400,000
Linguistic	\$10,000	\$7,000	\$8,000	\$5,000	\$35,000	\$7,000	\$5,000	\$10,000	\$13,000	\$100,000
Psychosocial	\$25,000	\$17,500	\$20,000	\$12,500	\$87,500	\$17,500	\$12,500	\$25,000	\$32,500	\$250,000
Non-Medical Case Management	\$45,000	\$31,500	\$36,000	\$22,500	\$157,500	\$31,500	\$22,500	\$45,000	\$58,500	\$450,000
Outreach	\$160,000	\$85,000	\$85,000	\$85,000	\$160,000	\$160,000	\$160,000	\$160,000	\$160,000	\$1,215,000
Health Education / Risk Reduction	\$15,000	\$10,500	\$12,000	\$7,500	\$52,500	\$10,500	\$7,500	\$15,000	\$19,500	\$150,000
Total	\$1,135,000	\$767,500	\$865,000	\$572,500	\$3,572,500	\$842,500	\$647,500	\$1,135,000	\$1,427,500	\$10,965,000

See HRSA’s Ryan White policy update [PCN 16-02](#) for a summary of allowable and unallowable uses of funding per service category.

Track B

MSDH will fund up to \$1,785,000 under Track B. Track B is established to address the significant number of persons who have been diagnosed with HIV and are currently out of care. This Track supports specialized outreach and retention activities in areas of the state that have significant numbers of persons out of care. Applicants under Track B should have applied to provide a medical home under Track A and use Track B funding to enhance outreach and retention efforts. A Track B applicant may subcontract outreach and retention services. At a minimum, Track B applicants will hire:

- a. two (2) outreach workers tasked with locating persons out of care or with significant time since a missed appointment; and
- b. one (1) medical case manager who will provide short-term assessment and referral services to address the social determinants of health-based challenges that caused the client to be out of care or to have missed an appointment without rescheduling within a reasonable amount of time.

Track B also seeks to establish rapid re-entry medical services in Districts 7, 8, and 9. This is defined as having medical staff (e.g., MD, PA, NP, RN) who are able to provide a treatment visit to persons out of care or with missed appointments within 48 hours of being located. Mobile medical may be utilized. All medical services must take into account the impacts of stigma and be able to provide services without significant client apprehension that accessing services at the site could signal their HIV status to others.

Track B applicants may submit applications in more than one Public Health District/jurisdiction in Track B but the services must be provided in the District(s)/jurisdiction applied for and there must be Track A services also applied for in each District where Track B funds are sought.

Table 2 defines Track B service categories. Service categories in green are core services and services in blue are support services.

Table 2: Track B Service Categories

	District 7	District 8	District 9	Hinds/Rankin /Madison	TOTAL
Medical Case Management	\$95,000	\$95,000	\$95,000	\$95,000	\$380,000
Outpatient/Ambulatory Health Services	\$90,000	\$90,000	\$90,000		\$270,000
Mental	\$40,000	\$40,000	\$40,000		\$120,000
Substance Abuse	\$40,000	\$40,000	\$40,000		\$120,000
Food Bank	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Transportation	\$15,000	\$15,000	\$15,000	\$20,000	\$65,000
Housing	\$30,000	\$30,000	\$30,000		\$90,000
Outreach	\$160,000	\$160,000	\$160,000	\$160,000	\$640,000
TOTAL	\$495,000	\$495,000	\$495,000	\$300,000	\$1,785,000

See [Appendix III](#) for service category and unit of service definitions.

See HRSA’s Ryan White policy update [PCN 16-02](#) for a summary of allowable and unallowable uses of funding per service category.

G. Award

Selected awardees will be notified via email regarding MSDH’s intent to award for the distribution of funds.

MSDH will establish a subrecipient agreement with the selected awardees, outlining the expectations and establishing the reimbursement schedule.

II. CONTACTS

Official Contact. The Department has designated the individual below as the Official Contact for purposes of this RFA. The Official Contact is the **only authorized contact** for this request and, as such, handles all related communications on behalf of the Department. Applicants, prospective applicants, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFA is strictly prohibited. Applicants or prospective applicants who violate this instruction may risk disqualification from further consideration.

Program Contact

Name: Kendra Johnson, Director of Sexual Health Promotion
 Address: Mississippi State Department of Health
 P.O. Box 1700
 Jackson, MS 39215

To Submit Questions: <https://app.smartsheet.com/b/form/476ea281a9de49fbb566ff9337885853>

III. Format

A. Formatting

- Proposal should be double-spaced using Arial, Calibri, or similar 12-point sans-serif style font.
- No less than 1" top, bottom, left and right margins.
- Proposal should not exceed outlined page limitations, excluding the cover letter and budget template.
- Each component should be clearly labeled and numbered accordingly.
- Failure to include any of the components below may deem your application non-responsive.

B. Schedule

See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only. The Department may amend the schedule as needed and make any amendments publicly available via the agency's website.

- **RFA Released:** November 1, 2024
- **Deadline for Questions:** November 15, 2024, by 5:00pm CST
- **Answers Released:** November 22, 2024
- **Required Letter of Intent Due:** November 27, 2024, by 5:00pm CST
- **Proposals Due:** December 13, 2024, by 5:00 PM CST
- **Anticipated Announcement of Award:** February 03, 2025
- **Start of Agreement:** April 1, 2025

C. Inquiry Procedures

All questions regarding this RFA must be directed, in writing, electronically to this [Smartsheet form](#) before the deadline specified in the Schedule. Early submission of questions is encouraged. Questions will not be accepted or answered verbally, in person, or over the telephone. All questions relevant to the RFA or submission process that are received prior to the deadline(s) will be answered.

The Department will not answer questions when the source is unknown (i.e., anonymous questions). Questions deemed unrelated to the RFA, or the submission process will not be answered. The Department may combine similar questions and give only one answer. All questions (received by the published deadline) and answers will be compiled into a written amendment to this RFA. If any answer to any question constitutes a material change to the RFA, the question and answer will be placed at the beginning of the amendment and noted as such.

D. Letter of Intent

A Letter of Intent (LOI) is required to apply for this RFA. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted via [Smartsheet form](#) by the deadline established in the Schedule. The LOI must clearly identify the sender, including the applicant organization's name and postal address, and name, telephone number, and email address of the applying point of contact for the organization.

E. Pre-Submission Conference

A pre-submission conference will not be held to answer questions from prospective applicants.

SCOPE OF SERVICES

I. DEPARTMENT OVERVIEW

MSDH is responsible for developing and operating state public health programs and activities for individuals in Mississippi. MSDH's mission is to protect and advance the health, well-being, and safety of everyone in Mississippi.

The Ryan White Part B Care and Treatment Division provides a comprehensive system of care that includes primary medical care, insurance assistance, medications and essential support services for people living with HIV who are uninsured or underinsured.

II. PROGRAM OVERVIEW

The Mississippi State Department of Health administers Ryan White Part B funding to provide essential HIV care services for individuals living with HIV/AIDS in Mississippi. RWPB funds services to individuals with HIV based on income eligibility, with priority given to those out of medical care, or medically underserved low-income individuals with HIV. To do this, the RWPB program partners with Mississippi community-based organizations, HIV service organizations, Federally Qualified Health Centers, Community Health Centers, local health departments, and other eligible health applicants to deliver services to individuals.

The purpose of this RFA is to identify subrecipients that will deliver access to a full range of core medical and support services that contribute to retention in care, viral load suppression, eliminate health disparities, and to end the HIV epidemic in the State of Mississippi by 2030⁴. This RFA is in alignment with the Ryan White HIV/AIDS Treatment Modernization Act⁵, HIV/AIDS Bureau, Division of State HIV/AIDS Programs [National Monitoring Standards for Ryan White Part B Grantees](#), and Mississippi Ryan White Part B Standards of Care.

MSDH is committed to the elimination of health inequities. Racial and ethnic minorities and Mississippi disadvantaged residents experience health inequities, and therefore do not have the same opportunities as other groups to achieve healthy outcomes. Throughout the various components of the proposal, applicants are required to address the extent to which health disparities and/or health inequities are manifested in their communities. This includes the identification of specific group(s) which experience a disproportionate burden of disease (this must be supported by data). The applicant must also explain how the proposed program services and/or activities will address these disparities.

A. Mississippi Epidemiological Overview Background

HIV has been a U.S. Centers for Disease Control and Prevention (CDC) notifiable disease since the early 1980's. Laboratories are mandated to report results of tests indicative of HIV infection and applicants

⁴ Ending the HIV Epidemic in the U.S. (EHE) is a bold, whole-of-society initiative coordinated by the U.S. Department of Health and Human Services (HHS) to reduce new HIV infections in the U.S. by 75% by 2023 and by 90% by 2030 and advance health equity by scaling up key HIV prevention and treatment strategies. More information can be found at: <https://www.hrsa.gov/ending-hiv-epidemic>

⁵ On August 18, 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act—the legislation that created the Ryan White HIV/AIDS Program—to improve the quality and availability of HIV care and treatment for low-income people with HIV. More information can be found at: <https://ryanwhite.hrsa.gov/livinghistory/#:~:text=On%20August%2018%2C%201990%2C%20Congress,low%2Dincome%20people%20with%20HIV.>

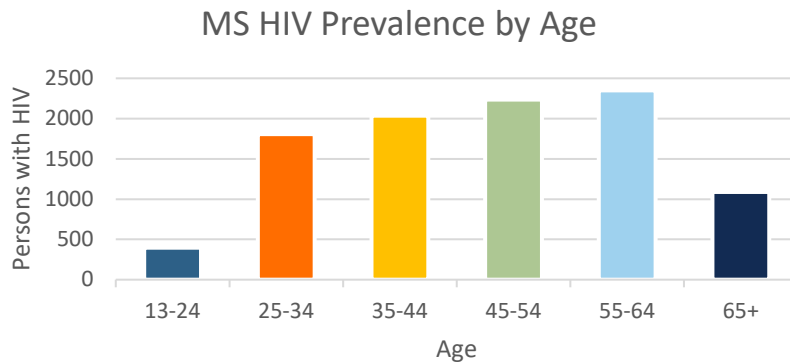
are mandated to report diagnosed cases. When looking at the impact of HIV in Mississippi, it is necessary to explore data based on people living with the disease and out of care.

B. Mississippi HIV Epidemiological Overview (2022 Data)

HIV Prevalence

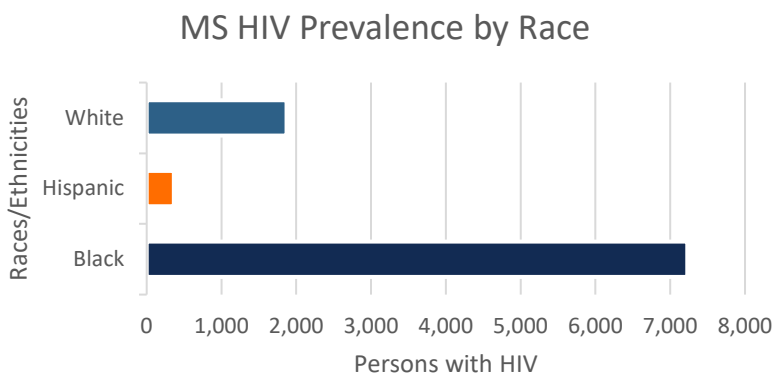
- There are approximately 9,915 persons diagnosed as living with HIV in Mississippi.
- Approximately 52% of persons living with diagnosed HIV (5,184 persons) are out of care.
- Approximately 71% of persons living with diagnosed HIV in Mississippi (7,043 persons) are male.
- Approximately 29% of persons living with diagnosed HIV in Mississippi (2,872 persons) are female.
- There is no reliable data currently on transgender or gender non-conforming persons living with HIV in Mississippi, however national trends would indicate significant impact among this population.

Mississippi HIV by Age



The majority of persons living with HIV in Mississippi are over the age of 35. However, 22% of persons living with HIV are teenagers or young adults (below 35 years of age).

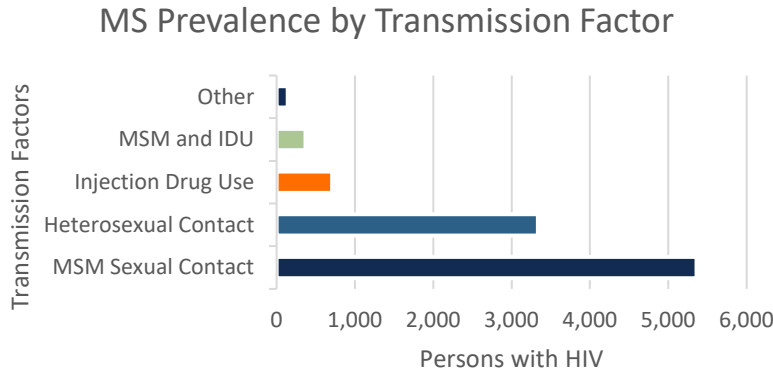
Mississippi HIV by Race/Ethnicity



While Black people represent 36% of persons in Mississippi, they represent a disproportionate amount of persons living with diagnosed HIV in Mississippi (73%). Hispanics represent 3.6% of

the population of Mississippi and 3.6% of persons living with diagnosed HIV. However, testing and outreach among Spanish speaking people is limited and the true number of Hispanic persons living with HIV could be significantly higher.

Mississippi HIV by Transmission Category

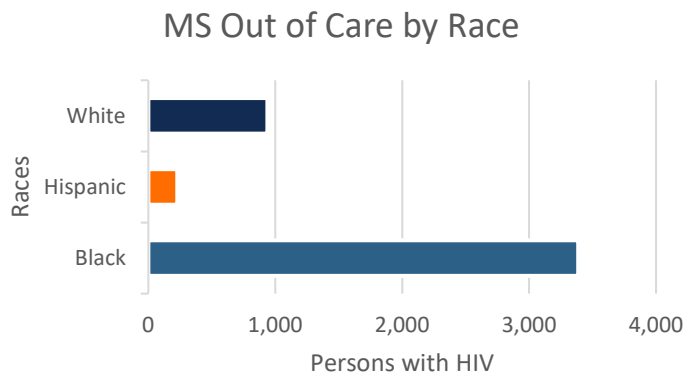


Male-to-male sexual contact represents the largest transmission category among those living with diagnosed HIV (5,360 persons and 54% of diagnosis). However, there is a significant amount of heterosexual transmission (3,335 persons and 34% of diagnosis). Heterosexual transmissions include a significant number of males which indicates either stigma-based misidentification of transmission, lower rates of circumcision (particularly in rural areas), other factors which place males at risk through heterosexual contact, or a combination of all three.

C. Mississippi Out of Care Epidemiological Overview:

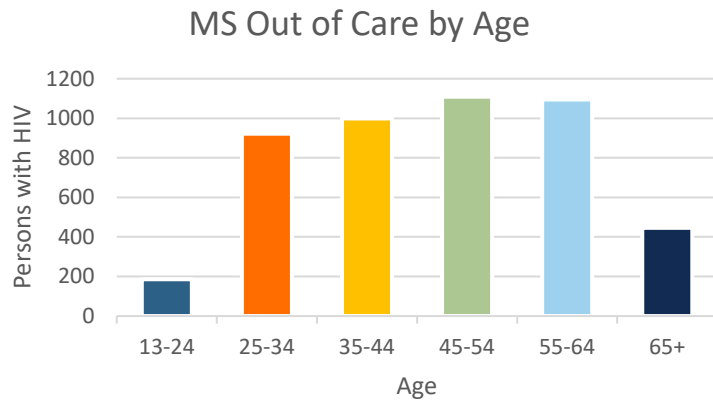
There are 5,184 persons with HIV who are out of care in Mississippi.

Out of Care by Race



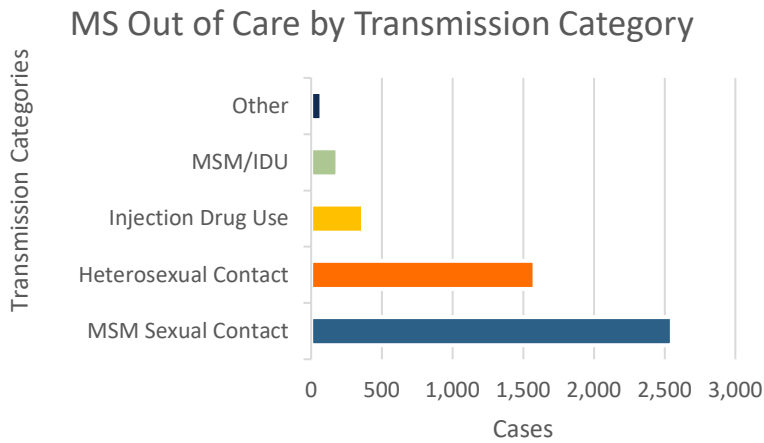
59% of Blacks, 53% of Whites, and 66% of Hispanics living with HIV are out of care based on the most recently available epidemiological data.

Out of Care by Age



Roughly half of all age groups are out of care.

Out of Care Category of Transmission



Roughly half of all transmission categories are out of care.

III. APPLICATION REQUIREMENTS (page guidelines set maximum lengths)**A. Application Cover Letter (up to 1 Page)**

The purpose of this subsection is to provide an overview of the proposal. Applicant should detail:

- Name of the organization
- Physical address
- Telephone number
- Email address
- Contact person
- Application Track(s): Prevalence-based support (Track A) or Re-engagement in care supplemental support (Track B)
- Legal standing as an entity
- The Public Health District to be served
- The services proposed to provide
- The amount of funding per service
- The total amount of funding sought
- The estimated number of clients proposed to be served for each service
- The total number of unduplicated clients to be served through all proposed RWPB services
- The names of any subcontract service applicants proposed to collaborate with (by service)

The cover should be signed by an organizational representative who is authorized to enter into a legally binding agreement with the state.

B. Applicant Description (up to 2 Pages)**Purpose, Mission, Vision, and History of Organization**

The applicant must provide a brief overview of the history and structure of the organization including current services provided and number of clients served. Applicants currently or previously funded by MSDH should provide a summary of services provided in the past two (2) years including: service categories provided, number of clients served by year for each service category, and the name and number of units of service provided by year for each service category.

Entity Type (non-profit, etc.) / Years of Operation

The applicant must indicate entity type and years of operation.

Location of Service(s) and Hours of Operation

The applicant must detail all locations where services will be provided in the District, and hours of operation, including nontraditional locations and hours.

Accreditation / Certification / Licensure (if applicable)

Please define any organizational accreditations, certifications, or licensure.

Cultural and Linguistic Capacity

The applicant must describe the organization's experience in delivering culturally sensitive services to persons and communities disproportionately infected and affected by HIV, such as LGBTQ+, people of color, and ethnic/minority populations.

C. Barriers to Care (up to 1 Page)

Describe all significant barriers to care experienced by persons with HIV in the chosen District, including any health disparities and how the proposed service(s) will address said barriers. The applicant should describe the extent to which health disparities and/or health inequities are manifested in their communities and how they address such disparities.

The applicant should also describe the availability of services for which they are applying in the District and any challenges persons with HIV may have with accessing those services.

D. Service Methodology (up to 5 pages)

Track A

Table 3: Allowable Service Categories

Service Categories	
Core Services	
Medical Case Management	Oral Health Services
Home Health Services	Outpatient/Ambulatory Health Services
Medical Nutrition Therapy	Substance Abuse Outpatient Care
Mental Health Services	
Support Services	
Emergency Financial Assistance	Medical Transportation
Food Bank/Home Delivered Meals	Non-Medical Case Management
Health Education/Risk Reduction	Outreach Services
Housing	Psychosocial Support Service
Linguistic Services	

Full-service descriptions/definitions can be found in [Appendix III](#) and should be referred to when describing the approach to providing the service. Further details on service descriptions can be found by reviewing HRSA’s Ryan White policy update [PCN 16-02](#).

Proposed Service Methodology (up to 5 pages)

Please detail the following:

- The service category or categories being applied for;
- The amount per service;
- A detailed description of the applicant’s approach to conducting each service (the approach should consider all barriers noted in section C and the reasoning for the need);
- The job titles and number of FTE to be hired or assigned (e.g. 3 FTE Medical Case Managers) for each service;
- The timeline for service implementation and key year 1 milestones;
- The amount of funding being sought (may not exceed maximum amount allocated by district);
- A brief history of the applicant’s experience providing the service(s); and
- If multiple services being applied for, describe how services will be coordinated into a seamless and cohesive delivery system.

Track B

Allowable Service Categories

Table 4: Allowable Service Categories

Service Categories	
Core Services (District)	
Medical Case Management	Mental Health Services
Outpatient/Ambulatory Health Services	Substance Abuse Outpatient Care
Support Services (District)	
Outreach Services	Medical Transportation
Food Bank/Home Delivered Meals	Housing

Full-service descriptions/definitions can be found in [Appendix III](#) and should be referred to in describing the approach to providing the service. Further details on service descriptions can be found by reviewing HRSA’s Ryan White policy update [PCN 16-02](#).

Proposed Service Methodology (up to 2 pages)

Provide a summary for each service applying for funding, at a minimum, this will include:

- Describe how the applicant will integrate outreach and medical case management into service delivery;
- Describe how the applicant will establish rapid re-entry medical services (if applicable);
- Describe how the other support services applied for will be used to supplement efforts at re-linkage and retention in care; and
- Describe how the applicant will leverage these funds to enhance Track A activities.

E. Staffing Plan (up to 2 pages)

All proposals must address or comply with the following staffing specifications:

Staffing Requirements

- The applicant must describe the minimum educational requirements, minimum experience requirements, and any applicable credentials/licensure for all staff funded through this program.
- The applicant must describe the administrative structure of the organization and how they will provide oversight of program operations.
- Resumes must be provided for all existent staff to be assigned to this program as an attachment. This will not count against page limitations. The profile of staff who will be working in this program must be clear with adequate time allocated to manage the services to be provided.

Organizational Chart

The applicant must include an organizational chart as an Appendix. This will not count against page limitations. The chart will at a minimum include all service categories for which the applicant seeks funding and outline lines of reporting authority up to the highest management position (e.g., Director, Executive Director, CEO).

Subcontractors

If subcontractors will be used in the proposed program, specify the following information for each one:

- Legal Name of Agency, Address, FEIN;
- Contact Person, Title, Phone, Fax, Email;
- Services Currently Provided;

- Services to be Provided Under Subcontract;
- Subcontractor Oversight;
- Subcontract Cost and Term; and
- Subcontractor Qualifications (see Staffing Requirements above).

F. Clinical Quality Management (up to 1 page)

The applicant must describe a mechanism to implement a quality management program to monitor, evaluate, and improve the delivery of RWPB services, and to assess the impact of HIV health services per performance measures.

Please provide a narrative that describes the following:

- How client level and performance measures data will be collected, tracked, and analyzed to evaluate implementation effectiveness and achievement of goals.
- How staff and consumers will be engaged in CQM activities.
- How CQM activities will be coordinated with the MS RWPB CQM plan.
- Who will be designated as the coordinator of CQM activities (role).

G. Budget Expectations (No page limits)

Budget Narrative and Budget

The proposal must contain an itemized budget using the approved budget template with justification for each line item on the budget forms.

- i. All costs (travel, printing, supplies, etc.) must be included in the proposal.
- ii. The maximum amount allowable for indirect/administrative costs is 10% of direct costs.
- iii. The State of Mississippi is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or State government. Such taxes must not be included in agreement prices. Applicants must be tax exempt and not rely on the State's exemption status or be prepared to not receive reimbursement for taxes.
- iv. The proposed budget is subject to change during the award negotiations based on availability of funds, service allocation recommendations by district service areas.

H. Audited Financial Statements (No page limits)

The applicant must also define fiscal stability as indicated in the organization's last two years of most recent annual audited financial statements, this includes auditor management letter and corrective action plan if applicable.

IV. SUCCESSFUL APPLICANT REQUIREMENTS

A. Performance Measures

The successful applicant will be required to monitor, collect, and report to MSDH client level data using the performance measures listed below. The successful applicant will also be required to utilize the HRSA Ryan White Part B data collection system known as CAREWare to document, and report all services provided, this includes programmatic reporting and other key data and performance metrics as requested by MSDH.

Table 5: Performance Measures

Performance Measures	Outcomes
Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection.	Increase the percentage of patients with a diagnosis of HIV prescribed HIV antiretroviral therapy during the measurement year.
Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one (1) medical visit during the measurement year.	Increase the percentage of patients with a diagnosis of HIV who are retained in care.
Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.	Increase the percentage of patients with a diagnosis of HIV who are virally suppressed.

B. Agreement Management/Data Reporting

Successful applicants will be required to comply with expectations set by MSDH, this includes submission of monthly financial expenditure reports with backup documentation, monthly data reports, quarterly narrative program reports, monitoring subrecipient programmatic performance, annual HRSA compliance site visits, quarterly site visits, and other programmatic reporting in collaboration with MSDH staff.

C. Data Reporting

Successful applicants will be required to collect and submit triannual aggregate service data report, HIV clinical data, clinical quality management (CQM) and core medical and support services data to MSDH and HRSA.

D. Program Monitoring

Successful applicants will be required to establish policies and procedures to monitor programmatic and fiscal compliance with HRSA’s National Monitoring Standards, Ryan White Part B Standards of Care (SOC), and MSDH requirements. Successful applicants will be required to implement the RWPB program monitoring tools, this includes fiscal, programmatic, and annual comprehensive site visit to subcontractors. (Guidance will be provided).

IV. PROPOSAL SUBMISSION OVERVIEW

A. Submission Format Information

1. Complete and sign Cover Letter in PDF format as RWPB FY26 Cover Letter [your organization name]
 - Example: *RWPB FY26 Cover Letter Acme Association.pdf*
2. Save the Responses in PDF format as RWPB FY26 Responses [your organization name]
 - Example: *RWPB FY26 Responses Acme Association.pdf*
3. Save the Budget Template in PDF format as RWPB FY26 Budget [your organization name]
 - Example: *RWPB 26 Budget Acme Association.pdf*
4. Save the Workplan template in PDF format as RWPB FY26 Workplan [your organization name]
 - Example: *RWPB FY26 Workplan Acme Association.pdf*
5. Submit all proposal elements in a *single submission* to the [Smartsheet form](#).
6. The applicant's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

V. EVALUATION OF PROPOSALS

A. Evaluation Process

Qualified objective reviewers will evaluate applications using the criteria outlined in the RFA. To ensure a fair and equitable evaluation process, Track A applications and Track B applications will be evaluated against other applications within their respective tracks within Public Health Districts.

Evaluation Criteria (and Weights)

Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Objective Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals.

Table 6: Evaluation Criteria

EVALUATION CRITERIA	POINTS AVAILABLE
APPLICANT DESCRIPTION	15
The extent to which an applicant clearly describes its: <ul style="list-style-type: none"> • Purpose, mission, vision, and history • Entity types and years of operation • Location of services and hours of operation • Accreditation/certification/licensure (if applicable) • Experience in providing HIV services • Cultural and linguistic capacity 	
BARRIERS TO CARE	10
The extent to which an applicant clearly describes: <ul style="list-style-type: none"> • Barriers to care for persons with HIV in MS • The availability of services for which they are applying in the District and any challenges persons with HIV may have with accessing those services 	
SERVICE METHODOLOGY	40
The extent to which the applicant describes: <p>For Track A</p> <ul style="list-style-type: none"> • The service category or categories being applied for; • The amount per service; • Its approach to conducting each service including how it will account for all barriers noted in section C and the reasoning for the need); • The job titles and number of FTE to be hired or assigned (e.g. 3 FTE Medical Case Managers) for each service; • The timeline for service implementation and key year 1 milestones; • The amount of funding being sought (may not exceed maximum amount allocated by district); • A brief history of its experience providing the service; and • If multiple services being applied for, how services will be coordinated into a seamless and cohesive delivery system. <p>For Track B</p> <ul style="list-style-type: none"> • How it will integrate outreach and medical case management into service delivery; • How it will establish rapid re-entry medical services (if applicable); 	

EVALUATION CRITERIA	POINTS AVAILABLE
<ul style="list-style-type: none"> • How the other support services applied for will be used to supplement efforts at re-linkage and retention in care; and • How it will leverage these funds to enhance Track A activities. • How it will take into account the impacts of stigma and is able to provide services without significant client apprehension that accessing services at the site could signal their HIV status to others. 	
STAFFING PLAN	15
<p>The extent to which the applicant clearly describes:</p> <ul style="list-style-type: none"> • The minimum educational requirements, minimum experience requirements, and any applicable credentials/licensure for all staff funded through this program. • The administrative structure of the organization and how they will provide oversight of program operations. • Appropriateness of staff experience detailed in the attached resumes • Project oversight as documented on their organization chart • Any and all subcontractors (as applicable) 	
CLINICAL QUALITY MANAGEMENT	5
<p>The extent to which the applicant clearly describes:</p> <ul style="list-style-type: none"> • How client level and performance measures data will be collected, tracked, and analyzed to evaluate implementation effectiveness and achievement of goals. • How staff and consumers will be engaged in CQM activities. • How CQM activities will be coordinated with the MS RWPB CQM plan. • Who will be designated as the coordinator of CQM activities (role). 	
FISCAL EXPECTATIONS	5
<p>The extent to which the applicant clearly:</p> <ul style="list-style-type: none"> • Submits required audits with no significant findings 	
BUDGET AND BUDGET NARRATIVE	10
<p>The extent to which the applicant clearly:</p> <ul style="list-style-type: none"> • Demonstrates clear connection between activities for each activity and expenses • Reasonably reflects the costs associated with implementing program services • Includes a detailed budget that itemizes specific uses of funds 	

APPENDIX

I. ABBREVIATIONS / ACRONYMS / DEFINITIONS

ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
BFO	Best and Final Offer
CHIP	Children’s Health Insurance Programs
Client	Individual who is HIV Positive
EFA	Emergency Financial Assistance
EIS	Early Intervention Services
FDA	Federal Drug Administration
FPL	Federal Poverty Level
ART	Antiretroviral Therapy
HRSA	Health Resources and Services Administration
KADAP	Mississippi AIDS Drug Assistance Program
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other Sexual Identities
LOI	Letter of Intent
MCM	Medical Case Management/Medical Case Managers
MMSC	Male-to-Male Sexual Contact
NMCM	Non-Medical Case Management
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
PHS	Public Health Services
PLWH	Person Living with HIV
RFA	Request for Application
RW	Ryan White
RWHAP	Ryan White HIV/AIDS Program
SCSN	Statewide Coordinated Statement of Need

Subrecipient: a private provider organization, MS State agency, or municipality that enters a subgrant agreement with the Department as a result of this RFA.

Applicant: a private provider organization, MS State agency, or municipality that has submitted a proposal to the Department in response to this RFA. This term may be used interchangeably with respondent throughout the RFA.

Prospective applicant: a private provider organization, MS State agency, or municipality that may submit a proposal to the Department in response to this RFA but has not yet done so.

Subcontractor: an individual (other than an employee of the contractor) or business entity hired by a subrecipient to provide a specific health or human service as part of an agreement with MSDH as a result of this RFA.

II. SERVICE UNIT DEFINITIONS

Service Category	Definition	Unit of Service	Examples of Allowable Services
Core Services			
Home & Community-Based Health Services	Services provided to a client living with HIV in an integrated setting appropriate to a client’s needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.	1. Encounter (single meeting with the client not to exceed 1 per day)	<ul style="list-style-type: none"> • Appropriate mental health, developmental, and rehabilitation services provided by state Department of Mental Health certified entities or those entities who have scope of practice defined by state statute that allow for such. • Day treatment or other partial hospitalization services • Durable medical equipment • Home health aide services and personal care services in the home
Medical Case Mgt	Provision of a range of client-centered activities, provided by a trained social worker or nurse, focused on improving health outcomes in support of the HIV care continuum.	1. Quarter Hour	<ul style="list-style-type: none"> • Development of a comprehensive, individualized care plan • Timely and coordinated access to medically appropriate levels of health and support services and continuity of care. • Continuous client monitoring to assess the efficacy of the care plan. • Re-evaluation of the care plan at least every 6 months with adaptations as necessary • Ongoing assessment of the client’s and other key family members’ needs and personal support systems. • Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments. • Client-specific advocacy and/or review of utilization of services. • All types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). • May also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible.
Medical Nutrition Therapy	All services performed under this service category must be pursuant to a medical provider’s referral and based on a nutritional plan developed by the registered dietitian or	1. Encounter	<ul style="list-style-type: none"> • Nutrition assessment and screening • Dietary/nutritional evaluation • Food and/or nutritional supplements per medical provider’s recommendation • Nutrition education and/or counseling

Service Category	Definition	Unit of Service	Examples of Allowable Services
	other licensed nutrition professional.		
Mental Health Services	Provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV.	1. Encounter	<ul style="list-style-type: none"> • Psychiatric Diagnosis • Services only for HIV-infected clients • Treatment modality (group or individual)
Oral Health Services	Provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals.	1. Encounter	<ul style="list-style-type: none"> • Oral health services provided by general dental practitioners, dental specialists, dental hygienists, and auxiliaries and meet current dental care guidelines
Outpatient/ Ambulatory Health Services	Provision of professional diagnostic and therapeutic services in an outpatient setting including access to antiretroviral and other drug therapies	1. Encounter	<ul style="list-style-type: none"> • Physical Examination • Diagnostic testing, including laboratory testing. • Treatment and management of physical and behavioral health conditions • Behavioral risk assessment, subsequent counseling, and referral • Preventive care and screening • Pediatric developmental assessment • Prescription, and management of medication therapy • Treatment Adherence • Education and counseling on health and prevention issues • Referral to and provision of specialty care related to HIV diagnosis (includes all medical subspecialties even ophthalmic and optometric services)
Substance Abuse Outpatient Care	Support for Substance Abuse Outpatient Care, the provision of outpatient services for the treatment of drug or alcohol use disorders.	1. Encounter	<ul style="list-style-type: none"> • Screening • Assessment • Diagnosis, and/or • Treatment of substance use disorder, including pretreatment/recovery readiness programs. • Behavioral health counseling associated with substance use disorder. • Outpatient drug-free treatment and counseling • Medication assisted therapy • Relapse prevention • Peer and/or recovery support

Service Category	Definition	Unit of Service	Examples of Allowable Services
			<p>Note: <i>Acupuncture therapy may be allowable under this service category only when it is included in a documented plan.</i></p> <p><i>Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA or HAB specific guidance.</i></p>
Support Services			
<p style="text-align: center;">Food Bank/Home Delivered Meals</p>	<p>Provision of actual food items</p>	<ol style="list-style-type: none"> 1. Voucher/Card 2. Meal 3. Food Package 	<ul style="list-style-type: none"> • Provision of hot meals • Food bank distribution • A voucher program to purchase food. <p>May also include the provision of non-food items that are limited to:</p> <ul style="list-style-type: none"> • Personal hygiene products • Household cleaning supplies • Water filtration/ purification systems in communities where issues with water safety exist. • Appropriate licensure/ certification for food banks and home delivered meals where required under State or local regulations. <p>No funds may be used for:</p> <ul style="list-style-type: none"> • <i>Household appliances</i> • <i>Pet foods</i> • <i>Other non-essential products</i>
<p style="text-align: center;">Housing</p>	<p>Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services.</p>	<ol style="list-style-type: none"> 1. Occurrence of Payment 2. Encounter 	<ul style="list-style-type: none"> • Housing that provides some type of medical or supportive services • Residential foster care or assisted living and housing that does not provide direct medical or supportive services but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. • Housing-related referral services • Activities related to completing an assessment of housing needs and/or a service plan, providing logistical support in accessing housing, and advocating on client’s behalf

Service Category	Definition	Unit of Service	Examples of Allowable Services
			<i>Housing services funds cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.</i>
Linguistic Services	Support for Linguistic Services including interpretation (oral) and translation (written) services, to eligible clients.	1. Encounter	<ul style="list-style-type: none"> Linguistic services provided as a component of HIV service delivery between the subrecipient and the client
Medical Transportation	Non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.	<ol style="list-style-type: none"> One-way Trip Public Transportation Voucher Gas Card 	<ul style="list-style-type: none"> Agreements with applicants of transportation services Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services but should not in any case exceed the established rates for federal Programs Purchase or lease of organizational vehicles for client transportations programs, provided the recipient receives prior approval for the purchase of a vehicle. Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed) Voucher or token systems <p><i>Unallowable costs include:</i></p> <ul style="list-style-type: none"> <i>Direct cash payments or cash reimbursements to clients</i> <i>Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle</i> <i>Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees</i> <i>Vehicles used for administrative staff and/or administrative purposes</i>
Non-medical case mgt.	Provide advice and assistance to clients in obtaining medical, social, community, legal, financial and other needed services.	1. Quarter Hour	<ul style="list-style-type: none"> Intake or follow up assistance to clients in obtaining medical, social, community, legal, financial, and other needed services in coordination with Medical Case Management Transitional case management for incarcerated persons either as part of discharge planning or for individuals who are in the correctional system for a brief period
Outreach Services	Principal purpose to identify PLWH who either do not know their HIV status, or who know their	1. Encounter	<ul style="list-style-type: none"> Linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Service Category	Definition	Unit of Service	Examples of Allowable Services
	status but are not currently in care. May be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that include explicit and clear links to and information about available HRSA RWHAP services.		<p>Program Guidance:</p> <ul style="list-style-type: none"> • Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care. • Outreach Services must not include outreach activities that exclusively promote HIV prevention education.
Psychosocial Support Service	Provides group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns.	1. Encounter	<ul style="list-style-type: none"> • Bereavement counseling • Caregiver/respite support (RWHAP Part D) • Family preservation programs • HIV support groups • Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services) • Pastoral care/counseling services. <p>Note:</p> <ul style="list-style-type: none"> • Funds under this service category may not be used to provide nutritional supplements. • Pastoral care/counseling must be available to all eligible clients regardless of their religious denominational affiliation. • Funds may not be used for social/recreational activities or to pay for a client's gym membership.
Statewide			
Innovative Collaboration	Provides opportunity for 2 or more organizations to collaborate in developing a demonstration project that will represent innovation in the area of	1. To be negotiated based on winning project	<ul style="list-style-type: none"> • Must include at least 2 different organizations. • Applicants are free to present models of service delivery that incorporate several different service categories. • Applicants must present a rationale detailing why their proposed approach is innovative. • Applicants must include an evaluation framework that at a minimum detail, outcomes, process objectives, evaluation methodology, and data collection tools to be utilized

Service Category	Definition	Unit of Service	Examples of Allowable Services
	linkage, treatment, or adherence		

III. SMARTIE Goals

SMARTIE Goals

What is a SMARTIE Goal?

Specific	Measurable	Achievable	Relevant	Time- Bound	Inclusive	Equitable
S	M	A	R	T	I	E
What is it you want to achieve? Consider including the 5Ws: what, why, who, where, and when.	How will you know when you have achieved your goal? To be able to track progress and to measure the result of your goal, consider: how much or how many?	To keep you motivated toward attaining your goal, are there reasonable and identifiable actions or milestones?	What results can realistically be achieved given your available resources, including people, knowledge, money, and time?	What is an appropriate deadline for achieving your goal? How will you track progress?	How will you include disproportionately affected people into processes, activities, and decision making in a way that shares power?	How will you include an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression?

SMART to SMARTIE Goal: An Example

SMART Goal

Expand youth mental health program into three new counties by the end of June



SMARTIE Goal

Expand youth mental program into three new counties by the end of June, with volunteer task forces that are **representative of the community** (by age, gender, race and other characteristics) **advising the expansion**