

**ATTACHMENT 3
PROGRAM EVALUATION PLAN**

RFP NO. ADHS11-00000347

Program Evaluation Plan

Contractor Name: Gila County

A detailed plan for the first year of the full funding period/project cycle (April 1, 2011 through March 31, 2012) is to be submitted. The plan should specify specific Evaluation tools and service delivery monitoring measures which will be taken to establish baseline measures for the Program Implementation Plan. In addition, the Program Evaluation Plan must demonstrate how specific variables required by HRSA, or by the ADHS Quality Management Plan as shown in Exhibit 3 will be measured and reported.

Using this form, submit an evaluation plan which is a detailed plan for the first year of this funding period/project cycle. Reference Exhibit 5 for more detail on how to prepare the Program Evaluation Plan

An update of this plan will be required annually, and beginning in the second year of the project cycle, it will be required to include specific measures that assess goals for program improvement outlined under the 2nd year Program Implementation Plan.

Monitoring and Evaluation Plan

Evaluation and Monitoring Questions	Use and Purpose	Evaluation and Monitoring Tools	Event/Time Used Responsible Party
<p>Case Management (Non-Medical)</p> <p>Does each client have a current (updated within the past 6 months) comprehensive individualized care plan?</p>	<p>To look at strengths and gaps in programs or performance, trends in service and emerging issues.</p>	<p>Review of Client Charts</p>	<p>Event: Quarterly Review Time Used: 6 hours or as needed. Responsible Party: Case Manager and Deputy Director of Prevention.</p>

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<p>Emergency Financial Assistance</p> <p>Were all clients requesting Emergency Financial Assistance screened for eligibility and were all other avenues of assistance eliminated before the assistance was provided?</p>	<p>To determine in detail how the intervention was delivered and to determine gaps in assistance available at the local level.</p> <p>To be accountable to clients and funders.</p>	<p>The number and types of Emergency Financial Assistance provided to clients will be tracked based on the Case Managers records. A review will determine the purposes of the EFA's, the needs of local clients, and any gaps in resources. CAREWare.</p>	<p>Event: Ongoing. Reviewed Quarterly. Time used: As needed Responsible Party: Case Manager and Deputy Director of Prevention.</p>
<p>Psychosocial Support Services</p> <p>Are the support groups implemented as intended and reach the target audience?</p>	<p>To determine how the service program is being implemented. Quality Assurance.</p>	<p>A record will be kept regarding attendance (HIV/Aides Infected or HIV/Aides Affected). Topics discussed. What curriculum and material were used?</p>	<p>Monthly Support Group Sessions. Time used: 8 hours Responsible Party: Case Manager</p>
<p>Treatment Adherence Counseling</p> <p>Were individuals affected by HIV/AIDS provided with support?</p>	<p>To determine strengths or gaps in program or performance.</p>	<p>Number and types of encounters with individuals affected by HIV/AIDS will be monitored. (list)</p>	<p>Event: Ongoing. Reviewed Quarterly Time used: As needed Responsible Party: Case Manager and Deputy Director of Prevention.</p>

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<p>Food Bank/Home-Delivered Meals</p> <p>How many food cards and gift cards for clients were provided?</p>	<p>Needs Assessment, baseline data. To help design and/or modify intervention.</p>	<p>Number, types and amount of food and gift cards provided to client. CAREWare</p>	<p>Event: Ongoing, Reviewed Quarterly Time Used: As needed Responsible Party: Case Manager</p>
<p>Housing Services</p> <p>Were all clients requesting Housing Assistance screened for eligibility and were all other avenues of assistance eliminated before the assistance was provided?</p>	<p>To determine in detail how the intervention was delivered and to determine gaps in assistance available at the local level.</p> <p>To be accountable to clients and funders</p>	<p>The number and requests for housing assistance provided to clients, process used and outcome will be tracked based on the Case Managers records. A review will determine the needs of local clients, and any gaps in resources. CAREWare</p>	<p>Event: Ongoing, Reviewed Quarterly. Responsible Party: Case Manager and Deputy Director of Prevention.</p>
<p>Medical Transportation Services</p> <p>Were all clients requesting Medical Transportation Services screened for eligibility and were all other avenues of assistance eliminated before the assistance was provided?</p>	<p>To determine in detail how the intervention was delivered and to determine gaps in assistance available at the local level.</p> <p>To be accountable to clients and funders</p>	<p>The number and requests for medical transportation provided to clients, process used and outcome (gas card/ taxi, etc) will be tracked based on the Case Managers records. A review will determine the needs of local clients, and any gaps in resources. CAREWare</p>	<p>Event: Ongoing, Reviewed Quarterly. Time used: As needed Responsible Party: Case Manager and Deputy Director of Prevention.</p>

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Evaluation plans shall be in accordance with requirements laid out in the Method of Approach and Scope of Work for the Proposal.			