Fiscal Year 2022 State and Regional Primary Care Association Cooperative Agreements Non-Competing Continuation Progress Report: Sample Progress Update

Instructions for Completing the Progress Update

EHBs will prepopulate the FY 2021 Progress Update with information from the most recently approved Project Work Plan (PWP). Refer to Table 2: FY 2021 Progress Update Field Guide in the PCA NCC progress report instructions for guidance on completing the EHBs form. Additional resources, including the EHBs Non-Competing Continuation User Guide, are available on the PCA TA webpage.

Sample Progress Update

Text in *italics* indicates items that will prepopulate from your last approved PWP. **Bolded** field names indicate fields where you must provide information. The sample below demonstrates the level of detail requested your progress updates.

Goal A: Increase Access to Comprehensive Primary Care	
Objective A1: Comprehensive Services	
Objective Description	*Increase the percentage of health centers that have successfully implementedHealth Center Program supplemental funding*
Supplemental Funding Opportunity	*Ending the HIV Epidemic (EHE)*
Baseline Data Source	*To develop the baseline, health centers were surveyed about their success in implementing their substance use disorder and mental health services (SUD- MH) awards. These awards were selected because: (1) the awards required afirm deliverable (hiring a 1.0 FTE) to receive ongoing funding, and (2) we provided state-level T/TA to health centers on implementing these awards. These requirements are the most similar the HIV supplemental requirements, which is the supplemental award we propose to address. Of the 39 health centers in the state that received SUD-MH funding, 1 returned the award based on shifting health center priorities and 1 failed to hire 1.0 FTE within 8 months.*
Baseline Numerator	*28*
Baseline Denominator	*39*
Baseline Percentage	*71.8%*
Objective Target	*100%*

Goal A: Increase Access to Comprehensive Primary Care	
Current Numerator	31
Current Denominator	35
Current Percentage	*88.6%*
Progress Toward Target Percentage	*59.6%*
Objective Impact Narrative	*Our state currently has 44 Health Center Program award recipients (health centers) and 4 look-alikes with more than 300 service delivery sites, covering 62 of 77 counties. As of 2018, the percentage of patients who were Newly Diagnosed HIV and Received Follow-up Treatment is 60%.* *Our work is two-fold:* *(1) To work with the health centers that received the supplemental funding tobe better prepared to provide the HIV prevention services needed in their communities, and* *(2) To work with the health centers that did not receive supplemental funding and the look-alikes to improve capacity to provide HIV prevention services topatients.* *We will build on our past practices to ramp up success with future supplemental funding implementation in our state by supporting all current and potential health centers in building workforce capacity, a foundational need for all funding implementation success. Since our state is targeted by the Ending the HIV Epidemic initiative, we will work with both health centers and other partners to ensure a 100% implementation success rate with any HIV prevention-focused supplemental funding that will be awarded in our state.*
Objective Impact Narrative Progress	We focused our initial efforts on supporting the 35 health centers that received PCHP awards in meeting the FTE requirement. 31 of the 35 health centers receiving PCHP funding were counted as successfully implementing EHE funding because they hired 0.5 FTE. We will continue working with these health centers to help them successfully demonstrate progress on the PCHP objectives. We will provide additional support to the remaining health centers that have not yet met the PCHP FTE requirement to hire. We are closely monitoring PCHP deadlines and revaluating our T/TA activities as needed to provide additional support and prevent the remaining health centers' funding being impacted. Delayed hiring was expected with COVID-19 challenges; however, health centers have reported an increase in hiring because of increased PPE and formalized safety measures. We expect the health centers will have staff in place to meet the requirement by January 2022.

Goal A: Increase Access to Comprehensive Primary Care	
	The Current Numerator and Denominator do not align with the Baseline Numerator and Denominator because the SUD-MH awards were used to determine the Baseline Percentage and Objective Target. Our current percentage for this Objective (88.6%) puts us on track to achieve this goal within the three-year period of performance.
Formal Training and Technical (T/TA) Session Target	*36*
Formal T/TA Session Target Current Numeric Progress	18
Formal T/TA Session Target Current Progress Narrative	As of December 31, 2021, we provided 18 out of 36 formal T/TA sessions. This puts us on track to meet the target by the end of the performance period, assuming an average of 12 sessions per year. To stay on track, we switched the delivery method from in-person to online, to accommodate social distancing concerns.
Participation Target	*350*
Participation Target Current Numeric Progress	174
Participation Target Current Progress Narrative	As of December 31, 2021, there have been 174 attendees across our formal T/TA sessions. During the first budget period, in the first 6 months we had 40 participants, less than the original 58 attendees we predicted to have by December 2020, assuming an even distribution of attendees over three years. Our average total participation increased since last year. We were able to achieve a higher turnout on a virtual Zoom meeting. Therefore, we consider ourselves on track to meet the Participation Target.
Participant Satisfaction Target	*4.5*
Participant Satisfaction TargetCurrent Numeric Progress	4.0
Participant Satisfaction ProgressNarrative	Online surveys were sent during the last five minutes of each T/TA session, and participants were given three days to respond before receiving a survey reminder. We had an average response rate of 72 percent, which we maximized by allowing participants to rate the training during the final portion of the training. Because responses are anonymous, we have not been able to assess the degree to which respondents represent the variety of our health centers. This was an intentional decision to maximize the response rate.
Participant Behavior Change Target	*4.5*

Goal A: Increase Access to Comprehensive Primary Care		
Participant Behavior Change Target Current Numeric Progress	4.5	
Participant Behavior Change Target Progress Narrative	The current metric reflects seven trainings that we conducted from July 1, 2020 through September 2021, where surveys were sent three months later. The response rate was 27 percent. To increase the response rate, our future plans will include behavior change surveys for past trainings during trainings with related content, as well as in meeting invitations to ongoing workgroups whose members were likely to have attended the training we are surveying. It is possible that as we improve the response rate, the Participant Behavior Change Target progress will decrease before it increases. Behavior change is difficult and we are planning on supporting health centers to make appropriate changes for the remainder of the period of performance.	
Note: Identify a minimum of two and a maximum of five key factors for this Objective. Include at least one contributing and one restricting factor.		
Key Factors (Minimum 2) (Maximum 5)		
Key Factor Type	[X] Contributing	[ ] Restricting
Key Factor Description	*There are strong relationships between current HIV providers and health centers in the state, and we will leverage these relationships to support successful supplemental funding implementation.*	
Key Factor Type	[ ] Contributing	[X] Restricting
Key Factor Description	*Given the stigma that remains around HIV, some communities have been resistant to welcoming such services provided by the health centers. Health centers need to increase their knowledge of normalizing HIV treatment.*	
Activities (Minimum 2) (Maximum 5)		
Activity Name	*HIV Prevention Council Establishment*	
Activity Description	*We will create an HIV Prevention Council ("the Council") that will include one representative from approximately 25% of the state's health centers (targeting 10-15 health center representatives) along with representatives from other relevant partners in the state (e.g., health departments, HIV service organizations).* *The Council will help us to identify the most important issues facing health centers in the state around HIV prevention and linkage to care and will advise us on sharing best practices and solutions for overcoming challenges. The Council will meet 1-2 times per month depending on need, and will guide the PCA in prioritizing T/TA topics related to HIV services for health centers.* *For Year 1, the PCA will work to recruit representatives for the Council and establish a mission and purpose statement. The council will work alongside PCA staff to identify challenges and best practices around HIV testing, PrEP and linkage to care, and will provide input on the development of formal T/TA sessions.*	

Goal A: Increase Access to Comprehensive Primary Care	
Person/Group Responsible	*R. Doe, Program Lead and H. Black, Program Coordinator*
Targeted Start Date	*July 1, 2021*
Targeted End Date	*June 30, 2022*
Expected Outcomes	*The HIV Prevention Council will be created to include at least one representative from approximately 25% of the state's health centers (10-15 representatives).* *In the upcoming 12 months, the PCA will work with the Council to:* - *Identify and confirm at least 12 Council representatives* - *Establish meeting dates and times for the upcoming year* - *Gather information for possible year-long agenda items* - *Establish the agenda for T/TA sessions* - *Identify current case studies of best practices for HIV testing, PrEP, and linkage to care* - *Identify common barriers in HIV prevention service implementation in the state and develop solutions*
Activity Progress Update	We began work on this activity in August, once our PWP was finalized with our PO. Of the six proposed steps, we have accomplished the first four outcomes. We confirmed 15 Council representatives in August. In September, we confirmed the group will meet once per month, and have sent meeting invitations for the remainder of the year. To gather information for yearlong agenda items, we solicited representatives on the most pressing issues the workgroup should address. We also contacted health centers without a staff person on this committee to ensure their needs and priorities are considered by the representatives. We finalized agendas for the rest of the budget year in October, in advance of our first meeting.
Anticipated Activity Progress	From November 2021 through March 2022, we expect to review current case studies of best practices for HIV testing, PrEP, and linkage to care to identify common barriers in HIV prevention service implementation. We will use this knowledge to develop strategies to mitigate gaps in HIV prevention service implementation.
Comments (Optional)	*More information about our support of health centers during COVID-19, and our involvement in the PPE and formalized safety measures initiatives discussed in the Objective Impact Narrative can be in Objective F1.*