



## Fiscal Year 2020 State and Regional Primary Care Association (PCA) Cooperative Agreements Notice of Funding Opportunity: Sample Project Work Plan

### Instructions for Completing the Project Work Plan

You must complete the Project Work Plan (PWP) in the HRSA Electronic Handbooks (EHBs). The PWP outlines your proposed training and technical assistance (T/TA) activities in the first 12 months of the proposed project, along with targets to be attained by the end of the 3-year project period (by June 30, 2023).

Reference Appendix B: Goals and Objectives Development Guide in the PCA NOFO (available for download from the [PCA Technical Assistance webpage](#)) for numerator and denominator definitions to use when developing your baseline data. Information included in the PWP should not be developed based only on a sample or subset of health centers within the proposed state or region.

### Sample Project Work Plan

<b>Goal A: Increase Access to Comprehensive Primary Care</b>	
<b>Objective A1: Comprehensive Services</b>	
Objective Description	Increase the percentage of health centers that have successfully implemented Health Center Program supplemental funding
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 a firm 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.
Numerator	37
Denominator	39
Baseline Percentage	94.9%
Objective Target	95%
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%



	<p>The PCA's work is two-fold:</p> <p>(1) To work with the health centers that received the supplemental funding to be better prepared to provide the HIV prevention services needed in their communities, and</p> <p>(2) To work with the health centers that did not receive supplemental funding and the 4 look-alikes to improve capacity to provide HIV prevention services to patients.</p> <p>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.</p> <p>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 95% success rate with any HIV prevention-focused funding that will be awarded in our state.</p>
Formal Training and Technical (T/TA) Session Target	36 [Cumulative number of formal T/TA sessions to support the successful implementation of supplemental funding throughout the 3-year project period]
Participation Target	350 [Cumulative number of health center representatives who will participate in the 72 formal T/TA sessions noted above throughout the 3-year project period]
Participant Satisfaction Target	4.5 [Estimated average satisfaction score using a 5-point scale for all successful implementation of supplemental funding T/TA participants throughout the 3-year project period]
Participant Behavior Change Target	4.5 [Estimated average T/TA behavior change score using a 5-point scale for all successful implementation of supplemental funding T/TA participants throughout the 3-year project period]
<b>Note:</b> Identify a minimum of two and a maximum of five key factors for this Objective. Include at least one contributing and one restricting factor.	
<b>Key Factors (Minimum 2) (Maximum 5)</b>	
Key Factor Type	[ <input checked="" type="checkbox"/> ] Contributing      [ <input type="checkbox"/> ] 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	[ <input type="checkbox"/> ] Contributing      [ <input checked="" type="checkbox"/> ] 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.
Key Factor Type	[ <input type="checkbox"/> ] Contributing      [ <input type="checkbox"/> ] Restricting
Key Factor Description	



Key Factor Type	<input type="checkbox"/> Contributing	<input type="checkbox"/> Restricting
Key Factor Description		
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Key Factor Description		
<b>Note:</b> At least two activities and a maximum of five activities for each Objective.		
<b>Activities (Minimum 2) (Maximum 5)</b>		
Activity Name	HIV Prevention Council Establishment	
Activity Description	<p>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).</p> <p>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.</p> <p>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.</p>	
Person/ Group Responsible	R. Doe, Program Lead and H. Black, Program Coordinator	
Targeted Start Date	July 1, 2020	
Targeted End Date	June 30, 2021	
Expected Outcomes	<p>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.)</p> <p>In the upcoming 12 months, the PCA will work with the Council to:</p> <ul style="list-style-type: none"> <li>- Identify and confirm at least 12 Council representatives</li> <li>- Establish meeting dates and times for the upcoming year</li> <li>- Gather information for possible year-long agenda items</li> <li>- Establish the agenda for T/TA sessions</li> <li>- Identify current case studies of best practices for HIV testing, PrEP, and linkage to care</li> <li>- Identify common barriers to HIV prevention service implementation in the state and develop solutions</li> </ul>	



Comments (Optional)	This activity will be ongoing for three years and the PCA will update the activity description and expected outcomes each year as needed. It is predicted that the Council will work to address issues and best practices around outreach, testing, prevention, and treatment. As this Activity continues, it's expected that health center representatives will shift, so that over the 3 year project most health centers in the state will have been represented.
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