# **FORM F: WORK PLAN**

This section is worth sixty percent (60%) of the score of the Application.

***Instructions:*** Applicant must describe its plan for service delivery to the Priority Population(s) in the proposed service area(s).

* Applicants must answer all the questions under Activity 1: Focused HIV, STI, and HCV Testing in Non-Traditional Settings Work Plan.
* If Applicant is applying for Activity 2: Focused HCV Prevention and Navigation in Non-Traditional Settings or Activity 3: Innovative Interventions-Addressing Determinates of Health, the Applicant must also answer all the questions under those work plan sections.
* The work plan must be no longer than ten (10) pages, not counting the required attachments. An additional five (5) pages will be allowed for each optional activity, for Applicants applying for Activity 2 or Activity 3.

1. **Activity 1: Testing: Focused HIV, STI, and HCV Testing in Non-traditional Settings Work Plan**
2. Community Engagement
   1. Describe how the Applicant will collaborate and exchange referrals with other entities involved in the prevention and treatment of HIV, STI, and/or viral hepatitis in the Applicant’s community and with entities that provide the social/supportive or health services most needed by the Priority Population(s) included in the Application. The latter group may include entities that are not strictly focused on HIV/STI/viral hepatitis, such as providers of housing or employment assistance. Please attach letter or memorandums of agreement.
   2. Describe the protocols that will be used for internet-based communication strategies with the eligible Priority Population(s). If there are organizational barriers to using the internet to reach client groups, please describe the barriers and how the Applicant will address them.
   3. Describe the Applicant’s planned community engagement activities in **Form F-1, Community Engagement Pla**n. Include any memoranda of understanding (MOUs) as attachments.
3. Condom Distribution
   1. Describe the Applicant’s proposal for increasing the distribution of condoms in the community. Include descriptions of activities, community partners (e.g., civic, retail, faith-based, social service), and number of distribution sites. Describe how the Applicant’s distribution program will address barriers to greater condom availability and access in Applicant’s eligible Priority Populations(s). How are sites determined/vetted? Describe how the Applicant addresses condom acceptability.
4. HIV, STI, and HCV Testing
   1. Describe how the Applicant will conduct HIV/Syphilis/HCV testing and deliver test results as required in the Program Operating Procedures and Standards.
   2. Describe the HIV/Syphilis/HCV testing technology the Applicant will use.
   3. Describe how the Applicant will ensure opt-out syphilis testing is being offered to the clients.
   4. If applicable, describe how HIV self-testing will be offered.
   5. If Applicant proposes to use tangible reinforcements, detailed information must be provided on purpose, type, and dollar amount. Applicants proposing to use tangible reinforcements must describe the policies and procedures for their purchase, use, and distribution.
   6. Formal individualized prevention counseling must be available but is not required for every client encounter. Describe how the Applicant will ensure that counseling resources will be available when needed.
   7. Clients must receive population-specific, tailored health education messages or materials that address the client’s HIV vulnerability and prevention needs. Given the Applicant’s understanding of the eligible Priority Population(s), describe the basic messages and materials that will be a part of typical sessions.
   8. Describe how the Applicant will tailor testing programs to address needs and barriers as follows:
      1. Places and events where testing will be offered. Attach letters/memoranda of agreement as appropriate; and
      2. Actions the Applicant will take to encourage testing and remove barriers, such as use of electronic testing reminders, social network referral programs, couples testing, using tangible reinforcements/rewards for testing, or other innovative approaches.
   9. Describe the Applicant’s planned client outreach activities in **Form F-2, Client Engagement and Outreach Plan**
   10. Describe how the Applicant will ensure that positive test results, including HIV preliminary positive results, STI, and other reportable conditions, are reported to disease surveillance units.
   11. Describe how Applicant will work their local /regional public health office to develop a partner services procedure (PSP) that describes how they will jointly ensure that clients with positive test results receive partner services.
5. Status Neutral Linkage and Engagement in Comprehensive Prevention and Care
   1. Describe the Applicant’s status-neutral model. Include details on the Applicant’s process to refer clients to prevention services, such as PrEP and nPEP or link new or previously diagnosed clients to comprehensive HIV medical care.
   2. List any formal referral relationships with PrEP/nPEP or HIV-related medical care providers and attach MOUs, if applicable.
   3. Describe how program staff assist with linkage to care, including how staff work with clients to make appointments and work to ensure appointments are kept. If the Applicant provides navigation services through peers, include this in the description.
   4. If the Applicant proposes to use an enhanced linkage intervention, provide a description of intervention activities, and the number of clients proposed to be served with the intervention, and the expected improvement in linkage/engagement that will result from the intervention. If the intervention will be focused on subgroups rather than all clients, please describe the types of clients who are the intervention's focus.
6. **Activity 2: HCV Prevention: Focused HCV Prevention and Navigation in Non-Traditional Settings Work Plan**
7. Program Design
   1. Describe how the Applicant plans to use the requested funds including specific goals, activities, and outcomes. Explain why this funding is critical to the Applicant’s program and what the added value will be if Applicant receives funding.
   2. Describe the Applicant’s history of providing or collaborating to provide harm reduction services, such as reducing overdoses and overdose deaths, and linking people to substance use treatment services, including medications for opioid use disorder. Harm reduction is defined as community-driven public health strategies to empower people who use drugs and their families with the choice to live healthy and self-directed lives.
   3. Provide an overview of the Applicant’s peer-navigation model. Include details on the Applicant’s process to link new or previously diagnosed clients to HCV medical care.
   4. Describe how the Applicant will leverage resources in Activity 1 to supplement HCV testing for people who inject drugs.
   5. Describe how the Applicant will ensure that positive HCV test results are reported to disease surveillance units.
8. Community Engagement
   1. How does the Applicant ensure the meaningful involvement of people who inject drugs (PWID)? How does the Applicant identify and respond to racial and ethnic disparities to ensure equitable services for PWID?
   2. Describe the Applicant’s history of collaborating and exchanging referrals with other entities involved in harm reduction services. How do these entities contribute to the provision of services most needed by the Priority Population(s) identified in Applicant’s Application?
   3. If applicable, describe Project partners and their role in the implementation of this Project or program. Please do not merely list organizational mission statements but describe how each major partner will be involved in implementation.
9. **Activity 3: Intervention: Innovative Interventions: Addressing Determinants of Health**

*Note\* Interventions to facilitate and support linkage to care must be proposed under the Focused HIV/Syphilis/HCV Testing Activity 1.*

1. Program Design:
   1. What is the name of the intervention and what are the goals and expected outcomes? Indicate whether it is for PLWH, people who have an HIV-negative status, or if the intervention is status neutral.
   2. Describe how this intervention will address specific prevention needs for the Applicant’s Priority Population(s) and explain how the intervention removes barriers to prevention for the Applicant’s Priority Population(s).
   3. Indicate the source of the intervention – was it selected from evidence-based interventions (EBI) listed by the CDC or other organization or is it a ‘homegrown’ intervention. If the Applicant’s intervention is ‘homegrown’ or adapted from an Evidence-Based Interventions (EBI), briefly describe how the intervention was developed and tailored to the program’s needs and provide a summary of the evidence on the effectiveness of the intervention.
   4. Provide a description of the activities included in the intervention and how they have been tailored for the Applicant’s Priority Population(s).
   5. Describe how the Applicant will conduct a community needs assessment and/or systems assessment to guide design and implementation of the Project. How will the assessment be guided by stakeholders and persons with experience in formal assessment? If this information is available from a previous assessment or work, please summarize key findings relevant to the proposed Project.
   6. Describe how the Applicant will retain participants in the interventions, if applicable.
2. Community Engagement and Client Recruitment
   1. Describe how the Applicant will market the intervention to the Priority Population(s), and recruit participants. Examples of recruitment include venues/locations; social network activities and social media platforms; and internet-based outreach and recruitment.
   2. If the Applicant will be conducting a community mobilization, please describe the partners in the proposed mobilization, how partners will be recruited, and the activities that will be included. Provide letters/ memorandums of agreement that support this description.
   3. If conducting a systems intervention, describe the proposed approaches and specific changes that are to be achieved. Describe any partners that will be involved in the Project.
   4. Describe how the Applicant will make, document and track referrals to organizations that provide services needed by the Priority Population(s) (e.g., substance abuse treatment, housing assistance, education, transportation, access to medical services, etc.).

**Data for all Activities**

* 1. Collecting and entering data is key to successful evaluation of the program. Enter the role of the person(s) responsible to conduct these activities and how often staff will perform these duties:

|  |  |
| --- | --- |
| Position (s): | Name of Person (s) Responsible: |
| 1. Data Entry |  |
| 1. Data Collection |  |
| 1. Data Quality Management |  |

* 1. Describe the frequency of data collection and how often it will be entered.
  2. Describe any additional data systems the Applicant uses to collect and store program data.

**Program Evaluation for all Activities**

* 1. Program evaluation is important to ensuring that high quality services are delivered, and the goals and objectives of the program are met. Describe the Applicant’s plan to use information from community engagement activities and program performance data to periodically assess progress toward goals and outcomes. Detail how this information will be used to modify program activities based on the information from the evaluation.

|  |  |  |
| --- | --- | --- |
| Name of evaluator(s) and their role(s): | How will information from the evaluation be used for quality assurance (QA)/ quality improvement (QI) activities? | How will information from the evaluation be used and shared with stakeholders? |
| (Add rows as needed) |  |  |

**Work Plan Timeline for all Activities**

* 1. Use the following table to summarize the Applicant’s work plan timeline for year one (1) of the Project.

|  |  |  |  |
| --- | --- | --- | --- |
| Task to be Accomplished | Position(s) Responsible | Start Date | End (Due) Date |
| Development of Policies and Procedures |  |  | Ninety (90) Days from start of Grant Agreement |
| Staff hiring or appointment of staff |  |  | Ninety (90) Days from start of Grant Agreement |
| Staff Training |  |  | Twelve (12) months from hire date |
| Set up of billing system to send monthly billing to DSHS |  |  | Ninety (90) Days from start of Grant Agreement |
| Set up of Data accounts with GlobalScape and Evaluation Web |  |  | Ninety (90) Days from start of Grant Agreement |
| (Add rows as needed) |  |  |  |