# **FORM F: WORK PLAN**

This section is worth 60% of the score in this Application.

***Instructions:*** Applicant must describe their plan for service delivery to the priority population(s) in the proposed service area(s).

* Applicants must answer all questions under Activity 1: Biomedical Prevention in Community Health Settings and Activity 2: Express HIV/STI/HCV Testing Services.
* The workplan must be no longer than ten (10) pages, not including the required attachments.

**General Activities**

1. Community Engagement
   1. Describe how you will collaborate and exchange referrals with other entities involved in the prevention and treatment of HIV, STI, and/or viral hepatitis in your community and with entities that provide the social/supportive or health services most needed by the priority populations included in your 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 you will address them.
   3. Describe your planned community engagement activities (if applicable) in Form F-1. Include any memoranda of understanding (MOUs) as attachments.
2. Status Neutral Linkage and Engagement in Comprehensive Prevention and Care
   1. Describe your status-neutral model. Include details on how your process links your biomedical HIV prevention services to your Express HIV/STI/HCV testing services and how you will link new or previously diagnosed clients to comprehensive HIV medical care.
   2. List any formal referral relationships with other providers of biomedical HIV prevention (PrEP/nPEP) or HIV-related medical care and attach MOUs, if applicable.

* 1. Describe how program staff assist with linkage to care and treatment for any individuals who test positive for HIV, STIs and HCV, including how staff work with clients to make appointments and work to ensure appointments are kept. If you provide navigation services through peers, include this in your description.
  2. If you propose to use an enhanced linkage intervention, provide a description of intervention activities, the number of clients you propose to serve 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.

**Activity 1: Biomedical HIV Prevention in Community Health Settings.**

1. Biomedical Prevention Screening, Assessment and Provision
   1. Using the tables in Form F-1: Clinical and Client Support Services, indicate which biomedical HIV prevention services you currently provide, plan to provide or will refer to external partners.
   2. Briefly describe your current or proposed screening and assessment procedures to determine eligibility for biomedical HIV prevention.
   3. Describe how you will provide PrEP and provide an implementation timeline. Be sure to include: types of PrEP you will prescribe (oral, long-acting injectable, both); methods for ensuring ease of access to PrEP medications; external partners who will support your PrEP services (e.g. contract pharmacies, external providers, sub-contractors, etc.) and an implementation timeline.
   4. Describe how you will provide PEP (Post Exposure Prophylaxis) services and provide an implementation timeline. Please be sure to include: methods for ensuring ease of access to PEP medications; external partners who will support your PEP services (e.g., contract pharmacies, external providers, sub-contractors, etc.).
      1. If your program is unable to provide PEP services directly, please describe any MOUs with external providers to whom you will refer clients and how you will ensure timely access to PEP for clients who are eligible. If you need a waiver for this specific requirement, provide the reasons for the waiver.
2. Client Support Services and Navigation
   1. Using the table in Form F-1: Clinical and Client Support Services, indicate which client support and navigation services you currently provide, plan to provide, or will refer to external partners.
   2. Briefly describe how you tailor client support services to members of state and local priority populations. Please be sure to include:
      1. Plans to address inequalities in health that clients may experience; and
      2. Services and programs you provide for individuals who are uninsured/underinsured.
   3. Briefly describe any expected outcomes of all your clinical and client support services that address the needs of your community or any shortcomings of current clinical HIV/STI and biomedical services in your area.
   4. For any services you are **not able to provide**, explain how you will ensure clients receive these services either through referral or linkage to other providers.
3. Innovation and Syndemics
   1. Describe any **innovative activities** you will perform to enhance these services to marginalized communities or increase services in the community. Examples may be, but are not limited to mobile testing units, self-testing programs, transgender health care, expanded field-based sexual health services etc.
   2. Describe how members of the priority populations are or will be involved in the development of program design, recruitment into, or provision of clinical services.
   3. Describe any activities your program will engage in that address emerging public health issues or syndemics related to sexual health or that impact populations affected by HIV/STIs/HCV (e.g., mpox).

**Activity 2: Express HIV/STI/HCV Testing**

1. HIV, STI and HCV Testing
   1. Describe how you will conduct HIV/STI/HCV testing and deliver test results as required in the Program Operating Procedures and Standards. Use the table in Form F-1: Clinical and Client Support Services to indicate which services you currently provide, plan to provide, or will refer to external partners. Be sure to indicate which test technology you will use and any applicable linkage to care procedures and public health reporting.
   2. Clients must receive population-specific, tailored health education messages or materials that address the client’s HIV vulnerability and prevention needs. Given your understanding of the eligible priority population(s), describe the basic messages and materials that will be part of typical sessions.
   3. If applicable, describe any innovative service delivery models you might use to enhance your HIV/STI/HCV testing such as: HIV/STI Self-Testing or Self-Collection; expedited partner therapy, Doxy-PEP etc.
2. Express Testing Model
   1. Describe your plans to implement express testing; graphic representations of clinic workflow diagrams can be included as an attachment using the template provided in Attachment ABC. Be sure to indicate:
      1. Staff responsible for activities along the express testing workflow.
      2. How clients needing more enhanced assessments or PrEP/PEP linkage will be routed to an enhanced screening process.
      3. How clients with new HIV/STI/HCV diagnoses will be routed to treatment and linkage to care services.
3. Laboratory Services
   1. Provide a laboratory services plan, particularly for the use of point of care (POC) testing services and confirmatory labs that describes:
      1. Equipment that needs to be purchased;
      2. If the clinic needs to apply for a Clinical Laboratory Improvement Amendments (CLIA) waiver;
      3. The laboratory that will provide services for send out tests; and
      4. Who will perform microscopy (i.e., a laboratory technician or a provider).

**Data for all Activities**

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

|  |  |
| --- | --- |
|  | Position (s) Responsible: |
| Data Entry |  |
| Data Collection |  |
| Data Quality Management |  |

1. Describe the frequency of data collection and how often it will be entered.
2. Describe any additional data systems you use to collect and store program data.
3. Funding and sustainability
   1. Describe how DSHS funds will be used to cover the purchase of prescription medications (i.e., PrEP, nPEP). Be sure to include an eligibility plan that details which clients qualify for these medications.
   2. Describe how DSHS funds will be used to purchase or assist clients with co-pay, co-insurance, or insurance premium costs. Be sure to include an eligibility plan that details which clients qualify for this assistance.
   3. Indicate any other funds grantee will utilize to provide or expand services (340b, 3rd party insurance reimbursements etc.). Ensure to include reference to sustainable funding sources. Please note that use of funds to pay for co-pays, co-insurance, premiums and PrEP/nPEP medications require program consultant approval before being placed on budget.
   4. Program income – Describe how you will track, monitor, and report all program income generated as a part of these grant activities.

**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 your plan to use information from community engagement activities and program performance data to periodically assess progress toward goals and outcomes. Detail how you will use this information to modify your 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) |  |  |

**Workplan Timeline for all Activities**

1. Use the following table to summarize your work plan timeline for year 1 of the project.

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