FORM H: WORK PLAN

Applicants must provide a work plan for each funding opportunity included in their Application. The work plan for each funding opportunity will provide a description of how they will implement their proposed activities, including describing timelines for milestones and accomplishments.

Work Plan for Funding Opportunity 1: Routine HIV Screening in Healthcare Settings

This section is worth 50% of the score for this funding opportunity.

Describe your plan to provide routine screening services, and your implementation timeline. Your narrative must address all item listed below, and responses must be numbered to match the items in the work plan. The work plan response for this funding opportunity must be no longer than six (6) pages, not counting required attachments.

If you will use in-kind resources or other grant funds to provide required activities, you should indicate this in your responses. Note: subcontracting is allowed and collaboration with community partners is encouraged.

Many of the items request that you add attachments. The attachments are for DSHS' use during contract negotiations if the Applicant is considered for an award. Reviewers will not be asked to review the contents of attachments, so Applicants must insure that their narrative responses contain required information.

In writing your work plan, note that references to 'information systems' include systems such as the electronic health record systems, financial systems, and administrative systems.

1. Identify the type of healthcare setting where routine screening will be provided (e.g., emergency department, primary care center). Describe the hours and location of the settings where screening will occur.

2. Describe the eligibility criteria you will use in your screening program (e.g., all patients between the ages 15 and 65 who receive blood work).

3. Describe the managerial and supervisory oversight of the screening program that will ensure that this work plan is carried out; that policies and procedures are developed and implemented; and that necessary changes to information systems and other infrastructure are made. Describe how medical leadership will be involved in the screening program.

4. Describe how you will assure that you will track, and report grant expenditures and comply with grant administrative requirements.

5. Describe the program's proposed staffing plan, including the number of FTEs (funded and in-kind), staff qualifications and skills, and number of volunteers (if applicable).

6. Describe how procedures and protocols such as standing delegation orders are developed. Describe how you will assure that these procedures and protocols are followed by staff.

7. Describe how patients will be informed of routine opt-out screening at your facility and how consent for HIV screening will be obtained and documented. Attach supporting documentation such as policy/procedures.

8. Describe the test technology and laboratory approaches used to conduct screening activities. Describe the process staff will use to secure blood specimen for screening and how and where screening specimens will be processed (e.g., hospital facility laboratory, external reference laboratory). Include a statement that confirms that you will use an algorithm that uses Ag/Ab Combo screening and supplemental testing via Geenius, HIV-1/2 antibodies, and HIV-1 RNA NAT if required to confirm acute diagnosis. Attach supporting documentation such as policy/procedures.

9. Describe how HIV positive test results will be delivered to patients in a timely manner, including situations when the patient leaves the premises. Attach supporting documentation such as policy/procedures.

10. Describe how you will work with local/regional public health offices to refer patients for public health follow up and partner services. Describe how HIV positive test results will be reported to the local/regional health department disease surveillance units. Attach supporting documentation such as policy/procedures and letters of agreement with local public health offices.

11. Describe the process for facilitating linkage/entry into medical care for clients with HIV positive test results, and how you will confirm linkage/entry. 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.

12. Describe potential or existing barriers to implementing routine opt-out HIV screening in your organization and how these barriers will be addressed.

13. Describe how the required data set will be collected for submission to DSHS. Identify the electronic health record system and other IT systems to collect required data and support quality assurance and quality improvement activities (QA/QI). Identify who will be responsible for data collection and submission.

14. Describe the QA/QI process used to monitor and improve the performance of the screening program. Please include the following:

    a. the role of the QA/QI Committee and the Medical Director's involvement in the QA/QI activities;

    b. how you will track performance measures and outcomes and to identify areas of needed improvement;

    c. and the process used to follow up on corrective action/improvement plans.

15. Describe the resources needed to ensure sustainability of the screening program without DSHS funding. Describe plans to secure third-party reimbursement for screening. Use the table below to summarize the third-party payment coverage for the facilities/settings where you propose to do

screening. Please duplicate the table as needed if more than type of setting is proposed, such as a health system proposing screening in their primary care clinics and the jail health program they administer.

Name of Healthcare Setting:	
Coverage type	Percentage of Patients with this Coverage
Medicare	
Medicaid	
Veterans	
Private Insurance	
Medical Assistance Program	
Self-Pay/No third-party assistance	
Other: _____	

16. Summarize your work plan for the first budget year of the project. At minimum, the timeline must contain milestones and significant activities that include:

    a. Pre-implementation activities such as policy/procedure changes, hiring and training staff, and training dates, date testing will begin. DSHS will allow up to 90 days for pre-implementation activities.

    b. Start of screening services. If you have staggered start dates across facilities/settings, please indicate the date that screening will start at each. Screening must begin within 90 days of the contract start date.

    c. QA/QI and evaluation activities

Task to be accomplished	Start date	End date

17. Provide a brief overview of major tasks to be completed during each year of the project period (5 years).

Year	Major accomplishments
2020	
2021	
2022	
2023	
2024	

Work Plan for Funding Opportunity 2: Core HIV Prevention Programs

This section is worth 50% of the score for this funding opportunity.

Describe your plan to provide core HIV prevention services for your priority population(s) and your implementation timeline. Your work plan must address each component of a core HIV prevention

program: community engagement, condom distribution, focused HIV testing, and linkage to HIV-related care and other services. Your narrative must address all item listed below, and responses must be numbered to match the items in the work plan. The work plan must be no longer than ten (10) pages, not counting required attachments.

If you will use in-kind resources or other grant funds to provide required activities, you should indicate this in your description. Note: subcontracting is allowed and collaboration with community partners is encouraged.

Many of the items request that you add attachments. The attachments are for DSHS' use during contract negotiations if the Applicant is considered for an award. Reviewers will not be asked to review the contents of attachments, so Applicants must insure that their narrative responses contain required information.

Community Engagement

Describe your planned community engagement activities.
Include information about:

a. The specific locations where engagement activities will take place, along with letters/memoranda of agreement from the locations;
b. Any events that you will organize or participate in to engage your priority population(s);
c. The specific media platforms that will be used to engage your priority population(s), along with letters or memoranda of agreement from any private platforms; and
d. The protocols in place for internet-based communication strategies with the priority population(s). If no protocol exists, describe how you will develop them. If there are organizational barriers to using the internet to reach proposed client groups, please describe the barriers and how you will address them.

Condom Distribution

1. Describe how you will conduct a condom availability assessment. If an assessment was completed in the last 12 months, please include a summary of the results.

2. Describe your 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 proposed distribution sites. Describe how your proposed distribution program will address barriers to greater condom availability and access in your priority populations(s).

Focused HIV Testing

1. Provide an overview of your strategy to increase HIV testing in your priority population. Include
   a. A summary of the testing needs and barriers to testing for your priority population(s); and
   b. How you will tailor your testing program to address needs and barriers by describing
      i. Places and events where testing will be offered. Attach letters/memoranda of agreement as appropriate; and
      ii. Actions you 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

2. Describe how you will assure that your focused HIV testing services meet the minimum requirements listed in this RFA in Article 2.5.2. Describe how you will assure that documentation for testing activities meets DSHS standards.

3. Describe how you will briefly screen clients for risk to determine the services most appropriate for them. Risk screening must include questions about the clients' reason for testing; the date and result of last HIV test (if known); information on recent sexual and injection drug use behaviors, focusing on activities since last HIV test and dates of last possible exposure; and a history of STD diagnosis and treatment.

4. Describe how you will provide education and referral to PrEP or nPEP for clients who have HIV-negative test results.
5. Clients must receive population-specific, tailored health education messages or materials that address the client's risk level and prevention needs. Given your understanding of your proposed priority population(s), describe the basic messages and materials that will be a part of typical sessions.

6. Formal individualized prevention counseling must be available but is not required for every client encounter. Describe how you will assure that counseling resources will be available when needed**.**

7. Describe how you will conduct HIV testing.
   a. Describe the HIV testing technology you will use. If you will use HIV rapid testing, identify the specific test to be used and attach your rapid testing QA plan and evidence of a current CLIA waiver. If you do not currently have a QA plan and/or CLIA waiver, describe your plan to meet these requirements.[1]
   b. Describe your ability to conduct venipuncture in field and clinical settings.
   c. Describe how you will ensure that all clients testing for HIV also receive a syphilis test.

8. Describe how you will deliver HIV test results. If you propose to provide negative test results over the phone, attach your policies and procedures that describe this process. If you do not have such policies and procedures, describe your plan to develop them. Describe how you will attempt to deliver results to clients that don't return or call for results.

<u>Linkage and Engagement in HIV-Related Medical Care</u>

1. Describe how you will assure that HIV positive test results will be delivered as required in this RFA.
2. Provide an overview of how you will facilitate linkage/entry into medical care for clients with HIV positive test results.
   a. Describe your formal referral relationships with area providers of HIV-related medical care. Attach letters/memoranda of agreement or describe your plans to develop such agreements.
   b. Describe how your program facilitates linkage and entry into care, including how staff work with clients to make medical care appointments and work with clients to assure the appointment are kept. If you provide navigation services through staff or peers, include this in your description.

[1] Information on quality assurance requirements and CLIA waivers can be found at https://www.dshs.texas.gov/hivstd/HIVHCVrapid/

c. 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 client who are the focus of the intervention.
d. Describe how you will confirm referrals to care.

3. Describe how you will assure that positive test results, including preliminary positive results, are reported to disease surveillance units.

4. All grantees must work with their local /regional public health office to develop a partner services procedure (PSP) that describes how they will jointly assure that clients with positive test results receive partner services. Briefly describe your current PSP and attach a copy. If you do not have a PSP, describe how you will develop this procedure.

For the Core HIV Prevention Program as a whole

1. Describe the managerial and supervisory oversight of the program that will ensure that this work plan is carried out and that policies and procedures are developed and implemented. Describe how you will maintain a Community Advisory Board (CAB) to assist with programmatic decision making.

2. Describe your proposed staffing plan for all core prevention activities, including the number of FTEs (funded and in-kind), staff qualifications and skills, and number of volunteers (if applicable). Describe efforts to reduce staff turnover and attrition, including but not limited to professional development, and to address potential gaps in services during any period of staff vacancies.

3. Describe how you will assure that you track, and report grant expenditures and comply with grant administrative requirements.

4. Describe how you will collect and submit the data on program activities and client characteristics required in this RFA. This includes information on community engagement activities, condom distribution data, and information on testing clients, test results, and referral and linkage to HIV-related medical care and to PrEP and nPEP service.

5. Describe how you will assure your services are tailored to the needs of your priority population(s) and are age appropriate and culturally affirming.

6. Describe your plan to use information from community engagement activities and program performance data to guide program improvement.

7. Describe how you will monitor and improve the quality of services and the skills of staff and volunteers (if applicable).

8. Describe how you will collaborate with other organizations to implement your core HIV prevention program. Describe your ability to make effective referrals to other organizations that provide

services needed by your priority population(s) (e.g. substance abuse treatment, housing assistance). Please attach letters or memoranda of agreement.

9. Use the table format below to summarize your work plan in a timeline for the first budget year of the project. At minimum, the timeline must contain milestones and significant activities that include:
   a. pre-implementation activities such as policy/procedure changes, hiring and training staff, and training dates, date testing will begin.
   b. Start of client services, which must begin within 90 days of the contract start date.
   c. QA/QI and evaluation activities

Task to be accomplished	Start date	End date
(Add rows as needed)		

10. Provide a brief overview of major tasks to be completed during each year of the project period (5 years).

Year	Major accomplishments
2020	
2021	
2022	
2023	
2024	

Work Plan for Funding Opportunity 3: PrEP/nPEP Services

This section is worth 50% of the score for this funding opportunity.

Describe your plan to provide PrEP and nPEP services for your priority population(s), and your implementation timeline. You must provide a description of how you propose to address each component of a core HIV prevention program: community education and awareness activities and client recruitment; promoting adoption of PrEP and nPEP by clinical service providers; and PrEP and nPEP clinical and client support services. Your narrative must address all item listed below, and responses must be numbered to match the items in the work plan. The work plan response for this funding opportunity must be no longer than ten (10) pages, not counting required attachments.

If you will use in-kind resources or other grant funds to provide required activities, you should indicate this in your responses. Note: subcontracting is allowed and collaboration with community partners is encouraged.

Some of the items request that you add attachments. The attachments are for DSHS' use during contract negotiations if the Applicant is considered for an award. Reviewers will not review the contents of attachments, so you must insure that their narrative responses contain required information

Community education and awareness activities and client recruitment

1. Describe your planned activities to assess the awareness of PrEP and nPEP and barriers to use in your priority population(s), including other life circumstances or structural issue that might block use of PrEP and nPEP. If you have already completed this assessment, please summarize your findings here.

2. Describe how education and recruitment efforts will be tailored to your priority population(s). Your plans for outreach, education, and recruitment of members of the priority population(s) must include information on specific media platforms that will be used, as required by this RFA. Describe your plans to submit web analytics describing service-related posts on different media platforms used. Attach letters/memoranda of agreement with any private media platforms in your plan, or describe how you will obtain agreements.

3. Describe how you will maintain partnerships with CBOs, LGBT organizations, private health care providers, clinics and community health centers to increase access to PrEP and nPEP. Attach letters/memoranda of agreement with collaborating partners.

Promoting adoption of PrEP and nPEP by clinical service providers

4. Describe your approaches to outreach and education of area clinical service providers and plans to increase the number of clinical providers in the community who prescribe PrEP and nPEP.

5. Describe your plans to assess the availability of PrEP and nPEP from the local medical community, identify and address barriers, and provide education and resources to the medical community.

6. Describe your plans to coordinate outreach and education to clinical providers with other providers of PrEP and nPEP services and with other organizations conducting clinical education on these interventions. Attach letters/memoranda of agreement with collaborating partners.

PrEP/nPEP clinical and client support services

7. Describe your current protocols and procedures for client support and delivery of clinical services; describe your proposed protocols and procedures if you are not currently delivering these services. You may include a simple flow diagram that shows how clients will typically move through your program.

8. Describe how you will provide clinical PrEP and nPEP in accordance with the most current CDC guidelines, including:
   a. Formal intake and eligibility determination processes.
   b. How current HIV status and risk for HIV will be determined for clients.
   c. How clients will receive basic education on PrEP/nPEP (pro and cons of PrEP/nPEP; side effects and long-term safety; and other HIV prevention options).

9. Describe how you will conduct initial and follow-up laboratory testing as recommended in treatment guidelines, and optional testing when indicated. Describe how you will prescribe medications following treatment guidelines.

10. Describe your plans to assist clients in obtaining treatment medications including staff understanding of how pharmacy benefits are typically structured in public and private insurance plans, and capacity to assist clients with accessing these benefits.

11. Describe how you will work with clients to promote adherence to treatment instructions. Applicants must describe how clients will be reminded of service appointments and how the program will follow up with clients who have missed appointments, including written policy and procedures for client notification.

12. Describe how client needs for HIV prevention, medical services, and social services will be assessed, and how the organization will maintain referral agreements with providers of the services that are most likely to be needed by the priority population of the application. Attach letters/memoranda of agreement with collaborating partners.

For the PrEP/nPEP Program as a whole:

13. Describe the managerial and supervisory oversight of the program that will ensure that this work plan is carried out and that policies and procedures are developed and implemented.

14. Describe how you will maintain a Community Advisory Board to assist with programmatic decision making and how you will collect and use client and community input to improve the program.

15. Describe how you will assure that you track, and report grant expenditures and comply with grant administrative requirements.

16. Describe your proposed staffing plan, including the number of FTEs (funded and in-kind), staff qualifications and skills, and number of volunteers (if applicable).

17. Describe how you will monitor and improve the quality of services and the skills of staff and volunteers (if applicable).
18. Describe how you will collect and submit the data on program activities and client characteristics required in this RFA. Describe your plan to use the data to guide improvement.

19. Describe how you will assure your services are tailored to the needs of your priority populations and are age appropriate and culturally affirming.

20. Describe any planned integration of your PrEP and/or nPEP services with services for HIV prevention, HIV treatment, viral hepatitis, or STD. Please attach letters or memoranda of agreement.

21. Use the table format below to summarize your work plan in a timeline for the first budget year of the project. At minimum, the timeline must contain milestones and significant activities that include:
    a. Pre-implementation activities such as policy/procedure changes, hiring and training staff, and training dates, date testing will begin. DSHS will allow up to 60 days for pre-implementation activities.
    b. Start of client services, which must begin within 90 days of the contract start date.
    c. QA/QI and evaluation activities

Task to be accomplished	Start date	End date
(Add rows as needed)		

22. Provide a brief overview of major tasks to be completed during each year of the project period (5 years).

Year	Major accomplishments
2020	
2021	
2022	
2023	
2024	

Work Plan for Funding Opportunity 4: Client-Level Programs

This section is worth 50% of the score for this funding opportunity.

Describe your plan to provide client-level behavioral intervention services for your priority population(s), and your implementation timeline. Your narrative must address all item listed below, and responses must be numbered to match the items in the work plan. The work plan response for this funding opportunity must be no longer than ten (10) pages, not counting required attachments.

If you will use in-kind resources or other grant funds to provide required activities, you should indicate this in your responses. Note: subcontracting is allowed and collaboration with community partners is encouraged.

Some of the items request that you add attachments. The attachments are for DSHS' use during contract negotiations if the Applicant is considered for an award. Reviewers will not review the contents of attachments, so you must insure that their narrative responses contain required information.

<u>Interventions to facilitate and support linkage to care must be proposed under the Core HIV Prevention funding opportunity.</u>

1. Provide an overview of your proposed intervention. Include
   a. The name of the intervention and its goals and expected outcomes. Indicate if it is for people who are living with HIV infection, people who have an HIV-negative status, or if the intervention is status neutral. Briefly justify its selection by describing how the intervention addresses specific prevention needs of your priority population(s) or explaining how it removes barriers to prevention for our priority population(s).
   b. Indicate the source of the intervention – was it selected from evidence-based interventions listed by the CDC or other organization or is it a 'homegrown' intervention. If your intervention is 'homegrown', briefly describe how the intervention was developed and provide a summary of the evidence of the effectiveness of the intervention.
   c. A description of the activities included in the intervention and how they have been tailored for your priority population.
2. Describe how you will market the program to the priority population, and how you will recruit participants. Provide letters/memoranda of agreement that support your descriptions below.
   a. Describe the venues and locations where you will recruit clients.
   b. Describe how you will use social network activities to recruit clients, such as working with participants in the program in referring new clients.
   c. Describe how you will use specific media platforms to engage, educate, and recruit participants.
   d. Describe your protocols for using internet-based recruitment and outreach to market your program. If no protocol exists, or if there are barriers to using this activity, please describe the barrier and how you propose to address these barriers.
3. Describe how you will collaborate with other organizations to promote your program to their clients. Attach letters/memoranda of agreement to promote referrals or describe how they will be developed.

4. Describe how you will make referrals to organizations that provide services needed by your priority population(s) (e.g. substance abuse treatment, housing assistance). Attach any letters/memoranda of agreement to promote referrals or describe how they will be developed.
5. Describe how you will retain participants in the interventions.
6. Describe how will expand the 'reach' of the intervention (i.e. scale traditional interventions to impact more people and organizations).
7. Describe the managerial and supervisory oversight of the program that will ensure that this work plan is carried out and that policies and procedures are developed and implemented. Describe how you will maintain a Community Advisory Board (CAB) to assist with programmatic decision making.
8. Describe how you will assure that you track, and report grant expenditures and comply with grant administrative requirements.
9. Describe how you will collect and submit the data on program activities and client characteristics required in this RFA.
10. Describe how you will assure your services are tailored to the needs of your priority population(s) and are age appropriate and culturally affirming.
11. Describe your plan to use client feedback and program performance data to guide program improvement.
12. Describe how you will monitor and improve the quality of services and the skills of staff and volunteers (if applicable).
13. Use the table format below to summarize your work plan in a timeline for the first budget year of the project. At minimum, the timeline must contain milestones and significant activities that include:
    a. Pre-implementation activities such as policy/procedure changes, hiring and training staff, and training dates,
    b. Start of client services, which must begin within 90 days of the contract start date.
    c. QA/QI and evaluation activities

Task to be accomplished	Start date	End date
(Add rows as needed)		

14. Provide a brief overview of major tasks to be completed during each year of the project period (5 years).

Year	Major accomplishments
2020	
2021	
2022	
2023	
2024	

Work Plan for Funding Opportunity 5: Structural Interventions

This section is worth 50% of the score for this funding opportunity.

Describe your plan to provide structural level interventions for your priority population(s), and your implementation timeline. Your narrative must address all item listed below, and responses must be numbered to match the items in the work plan. The work plan response for this funding opportunity must be no longer than ten (10) pages, not counting required attachments.

If you will use in-kind resources or other grant funds to provide required activities, you should indicate this in your responses. Note: subcontracting is allowed and collaboration with community partners is encouraged.

Some of the items request that you add attachments. The attachments are for DSHS' use during contract negotiations if the Applicant is considered for an award. Reviewers will not review the contents of attachments, so you must insure that their narrative responses contain required information.

1. Provide an overview of your proposed project. Include:
   a. The name of the project and the priority population for the project.
   b. Identify the intended project outcomes. The eligible outcomes are listed in the RFA.
   c. Identify if your project will be a 'traditional' community-level intervention for your priority population; a community mobilization; a systems-level intervention; or a combination of these approaches. Provide a high-level description of the activities you will include in your project and how they address your outcomes.

2. Describe how you will conduct a community needs assessment and/or systems assessment to guide design and implementation of your project. How will the assessment be guided by stakeholders and persons with experience in formal assessment? This information is available from a previous assessment or work, please summarize key findings relevant to your proposed project.

3. Please describe how you will use a formal evaluation plan that fits the requirements of this RFA to periodically assess progress towards goals and project outcomes. Please describe how you will use this information to modify your project based on the information from the evaluation.

4. Please provide more information about your planned activities.
   a. If you will be conducting a "traditional" community level intervention. Please provide the following information:
      i. Indicate the source of the intervention – was it selected from evidence-based interventions listed by the CDC or other organization or is it a 'homegrown' intervention. If your intervention is 'homegrown', briefly describe how the intervention was developed and provide a summary of the evidence of the effectiveness of the intervention.
      ii. A description of the activities included in the intervention and how they have been tailored for your priority population.
      iii. A description of how you will market the program to the priority population, and how you will recruit participants through venues/locations; social network activities and social media

platforms; and internet-based outreach and recruitment. Provide letters/memoranda of agreement that support this description.

b. If you will be conducting a community mobilization, please describe the partners in your proposed mobilization, how you will recruit partners, and the activities that will be included. Provide letters/memoranda of agreement that support this description.

c. If you will be conducting a systems intervention, describe the proposed approaches and specific changes you hope to achieve. Describe any partners you will involve in your project and provide letters/memoranda of agreement that support your description of the project.

5. Describe the managerial and supervisory oversight of the project that will ensure that this work plan is carried out and that policies and procedures are developed and implemented. Describe how you will maintain a Community Advisory Board (CAB) to assist with programmatic decision making.

6. Describe how you will assure that you track, and report grant expenditures and comply with grant administrative requirements.

7. Describe how you will monitor and improve the quality of services and the skills of staff and volunteers (if applicable).

8. Use the table format below to summarize your work plan in a timeline for the first budget year of the project. At minimum, the timeline must contain milestones and significant activities that include:
   a. Pre-implementation activities such as policy/procedure changes, hiring and training staff, and training dates.
   b. Start of project services, which must begin within 90 days of the contract start date.
   c. QA/QI and evaluation activities

Task to be accomplished	Start date	End date
(Add rows as needed)		

9. Provide a brief overview of major tasks to be completed during each year of the project period (5 years).

Year	Major accomplishments
2020	
2021	
2022	
2023	
2024	