

# FORM D-1: WORK PLAN – Category I

## Access to HIV Testing and Protocol-Based Prevention Counseling for High Risk Populations

Providers funded for PBC and HIV Testing must describe the plan for service delivery to the population(s) in the proposed service area and timelines for accomplishments. DSHS is only requesting changes to the work plan; however, updated partner services procedures with your local health department and all applicable memoranda of agreement (MOAs) must be submitted.

### 1. Intervention Information

List details about the priority populations and counties to be served.

### 2. Service delivery

- Describe recruitment strategies (including internet recruitment) that will be used to reach priority population(s) and to link clients to other services. Agencies that receive social networking strategies funding must include a description of social networks recruitment strategies.
- Describe specific venues or locations where recruitment will be conducted. Provide evidence of support for access to such venues/locations, i.e. letters of support, memoranda of agreement (MOA).
- Describe how respondent will provide access to counseling and testing for at risk clients to include specific venues, locations, hours, etc. (This should include expanded testing activities for applicable providers) Include a description of when testing will be conducted with and without PBC as well as the number of tests with and without PBC.
- DSHS defines the base activity under this category as protocol-based prevention counseling and, when client desires an HIV test, the collection of a blood specimen through venipuncture and submission of this specimen for HIV and syphilis testing through the DSHS public health laboratory. Applicants who propose alternative collection methods, testing technologies, or to perform testing without prevention counseling must justify use of these alternatives. Applicants must provide a rationale and outline the public health benefits for the following activities:
  - Use of rapid blood or oral HIV tests
  - Use of blood spot cards, even when processed through the public health laboratory
  - Use of oral tests, even when traditionally processed
  - HIV tests without protocol based prevention counseling
  - Intention to conduct HIV testing without securing specimen for syphilis testing
- Describe other strategies that will be used to promote the intervention to the priority population.
- Describe how the intervention will be staffed; number of volunteers; number of paid FTEs, including staff qualifications, skills (attach pertinent resumes and job descriptions for proposed staff, as well as the respondent agency's organizational chart).

- Describe the respondent's plan for ensuring that services are culturally and linguistically appropriate.
- Describe how respondent will ensure client confidentiality.
- Describe how respondent will collaborate with other organizations to implement the intervention. Include applicable MOA. **All respondents must include formal procedures with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly.**
- Describe policies and procedures related to the intervention (include policies and procedures for youth outreach workers, if applicable). Describe how respondent agency will ensure compliance with DSHS policies including data collection and reporting requirements.
- Describe the types of referrals that will be offered and how referrals are tracked and documented.
- Describe the planned distribution of supplemental risk reduction materials (e.g. condoms, bleach kits, pamphlets and flyers).

### 3. Management, Supervision, and Quality Assurance:

Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.

### 4. Evaluation

- Describe how respondent agency will assess progress toward your process and outcome objectives.
- Describe how respondent agency will ensure that program data are collected and reported on a timely basis.
- Describe how this information will be used to improve the intervention.

### 5. Timeline:

Summarize the work plan in a month-by-month format for the first budget year of the project. At minimum, the timeline must include:

- Pre-implementation activities
- Recruitment of clients
- Locations where activities will occur
- Evaluation activities
- Quality assurance activities

FORM D-2: WORK PLAN CATEGORY II  
Health Education and Risk Reduction Activities  
(CRCS)

Providers funded for CRCS must describe *changes* to its plan for service delivery to the population in the proposed service area(s) and time lines for accomplishments. Include the information below *only if changed* along with your annually updated partner services procedures with your local health department and all applicable MOAs.

1. Intervention Information

List details about the intervention including intervention name, core or essential elements, specific activities and content, priority population(s), and counties served.

2. Service Delivery

- Describe any pre-implementation activities necessary before you can implement proposed interventions. This may include conducting of a rapid assessment of a population to see if an intervention requires adaptation.
- Describe recruitment (including internet recruitment) and other strategies that will be used to promote the intervention to priority population(s) and to recruit clients.
- Describe specific venues or locations where recruitment will be conducted and the frequency of outreach. Provide evidence of support for access to such venues/locations, i.e. letters of support, memoranda of agreement.
- Describe venues/settings for the intervention and how often the intervention will occur.
- Describe how the intervention will be staffed; number of volunteers; number of paid FTEs, including staff qualifications, skills.
- Describe the respondent's plan for ensuring that services are culturally and linguistically appropriate
- Describe strategies that will be used to ensure client retention through the intervention. If respondent has past experience, describe applicant success in retaining clients across multiple sessions, where applicable.
- Describe how respondent will ensure client confidentiality.
- Describe how respondent will collaborate with other organizations to implement the intervention. Include applicable MOA. All respondents must include formal procedures with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly.
- Describe policies and procedures related to all intervention activities, including outreach and policies on youth if employing youth outreach workers. Describe how respondent agency will ensure compliance with DSHS policies including data collection and reporting requirements
- Describe the types of referrals that will be offered and how referrals are tracked and documented
- Describe how respondent agency will provide access to HIV and syphilis testing for at risk clients. Include specific venues, locations, hours, etc and include memoranda of agreement

3. Management, Supervision, and Quality Assurance:

Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.

#### 4. Evaluation

- Describe respondent's methods and procedures for collection, entry, and management of program service data including:
  - Who collects the data, how, and how frequently
  - Confidentiality and security of client and other records;
  - How respondent will ensure timely submission of data
  - Procedures for ensuring accuracy of data
- Processing for assessing if services achieved desired outcomes
- Strategies that will be used to apply evaluation findings to program refinement and redirection

#### 5. Timeline:

Summarize the work plan in a month-by-month format for the first budget year of the project. At minimum, the timeline must include:

- a. Pre-implementation activities
- b. Recruitment of clients
- c. Training of participants (peers, clients, and other non-staff members)
- d. Locations of where activities will occur
- e. Services delivery dates including start date of pilot, start dates of full implementation
- f. Quality assurance activities
- g. Evaluation activities

## FORM D-3: WORK PLAN - CATEGORY II

### Health Education and Risk Reduction Activities (EBIs)

Providers funded for EBIs must describe *changes* to its plan for service delivery to the population in the proposed service area(s) and time lines for accomplishments. This includes changes to any EBI for which you receive funding. Include the information below *only if changed* along with your annually updated partner services procedures with your local health department and all applicable MOAs.

#### 1. Intervention Information

List details about the intervention including intervention name, core or essential elements, specific activities and content, priority population(s), and counties served.

#### 2. Service Delivery

- Describe any pre-implementation activities necessary before you can implement proposed interventions. This may include conducting of a rapid assessment of a population to see if an intervention requires adaptation.
- Describe recruitment (including internet recruitment) and other strategies that will be used to promote the intervention to priority population(s) and to recruit clients.
- Describe specific venues or locations where recruitment will be conducted and the frequency of outreach. Provide evidence of support for access to such venues/locations, i.e. letters of support, memoranda of agreement.
- Describe venues/settings for the intervention and how often the intervention will occur.
- Describe how the intervention will be staffed; number of volunteers; number of paid FTEs, including staff qualifications, skills.
- Describe the respondent's plan for ensuring that services are culturally and linguistically appropriate
- Describe strategies that will be used to ensure client retention through the intervention. If respondent has past experience, describe applicant success in retaining clients across multiple sessions, where applicable.
- Describe how respondent will ensure client confidentiality.
- Describe how respondent will collaborate with other organizations to implement the intervention. Include applicable MOA. All respondents must include formal procedures with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly.
- Describe policies and procedures related to all intervention activities, including outreach and policies on youth if employing youth outreach workers. Describe how respondent agency will ensure compliance with DSHS policies including data collection and reporting requirements
- Describe the types of referrals that will be offered and how referrals are tracked and documented
- Describe how respondent agency will provide access to HIV and syphilis testing for at risk clients. Include specific venues, locations, hours, etc and include memoranda of agreement

#### 3. Management, Supervision, and Quality Assurance:

Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.

#### 4. Evaluation

- Describe respondent's methods and procedures for collection, entry, and management of program service data including:
  - Who collects the data, how, and how frequently
  - Confidentiality and security of client and other records;
  - How respondent will ensure timely submission of data
  - Procedures for ensuring accuracy of data
- Processing for assessing if services achieved desired outcomes
- Strategies that will be used to apply evaluation findings to program refinement and redirection

#### 5. Timeline:

Summarize the work plan in a month-by-month format for the first budget year of the project. At minimum, the timeline must include:

- a. Pre-implementation activities
- b. Recruitment of clients
- c. Training of participants (peers, clients, and other non-staff members)
- d. Locations of where activities will occur
- e. Services delivery dates including start date of pilot, start dates of full implementation
- f. Quality assurance activities
- g. Evaluation activities