



Fiscal Year 2021 State and Regional Primary Care Association Cooperative Agreements Non-Competing Continuation Progress Report: Sample Progress Update

Instructions for Completing the Progress Update

EHBs will prepopulate the FY 2020 Progress Update with information from the most recently approved Project Work Plan (PWP) located in the PWP Module. Refer to Table 2 in the PCA NCC progress report instructions for guidance on completing the EHBs form. Additional resources, including the EHBs Non-Competing Continuation User Guide are available on the [PCA TA webpage](#).

Sample Progress Update

Text in *italics* indicates items that will prepopulate from your last approved PWP. Bolded field names indicate fields where you must provide information.

Goal A: Increase Access to Comprehensive Primary Care	
Objective A1: Comprehensive Services	
Objective Description	<i>Increase the percentage of health centers that have successfully implemented Health Center Program supplemental funding</i>
Supplemental Funding Opportunity	<i>Ending the HIV Epidemic (EHE)</i>
Baseline Data Source	<i>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.</i>
Baseline Numerator	37
Baseline Denominator	39
Baseline Percentage	94.9%
Objective Target	100%
Current Numerator	25
Current Denominator	35
Current Percentage	71.4%
Progress Toward Target Percentage	-460.8%



Goal A: Increase Access to Comprehensive Primary Care	
Objective Impact Narrative	<p><i>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%.</i></p> <p><i>Our work is two-fold:</i></p> <p><i>(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</i></p> <p><i>(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.</i></p> <p><i>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. 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 100% success rate with any HIV prevention-focused funding that will be awarded in our state.</i></p>
Objective Impact Narrative Progress	<p>We focused our initial efforts on supporting the 35 health centers that received PCHP awards in meeting the FTE requirement. 25 of the 35 health centers receiving PCHP funding were counted as successfully implementing EHE funding because they hired 0.5 FTE. We will continue working with these health centers to help them successfully demonstrate progress on the PCHP objectives.</p> <p>We will provide additional support to the 10 health centers that have not yet met the PCHP FTE requirement to hire. We are closely monitoring PCHP deadlines and reevaluating our T/TA activities as needed to provide additional support and prevent the 10 remaining health centers' funding being impacted. Delayed hiring was expected with COVID-19 challenges; however health centers have reported an increase in hiring as a result of increased PPE and formalized safety measures. We expect the 10 health centers will have staff in place to meet the requirement by January 2021.</p> <p>The Current Numerator and Denominator do not align with the Baseline Numerator and Denominator because the SUD-MH awards were used to determine the Baseline Percentage and Objective Target. Our Progress Toward Target Percentage is showing a large regression because our baseline percentage was high and we are still early in the period of performance with PCHP.</p> <p>Our current percentage for this Objective (71.4%) puts us on track to achieve this goal within the three-year period of performance.</p>



Goal A: Increase Access to Comprehensive Primary Care	
Formal Training and Technical (T/TA) Session Target	36
Formal T/TA Session Target Current Numeric Progress	6
Formal T/TA Session Target Current Progress Narrative	As of December 31, 2020, we provided 6 out of 36 formal T/TA sessions. This puts us on track to meet the target by June 2023, assuming an average of 12 sessions per year. To stay on track, we switched the delivery method from in-person to online, to accommodate social distancing concerns.
Participation Target	350
Participation Target Current Numeric Progress	40
Participation Target Current Progress Narrative	As of December 31, 2020, there have been 40 attendees across our formal T/TA sessions. This is lower than the 58 attendees we predicted, assuming an even distribution of attendees over three years. Our lower number is because we had to move our fall summit, where we typically have a large number of attendees, to the spring, because of COVID-19 concerns. We are planning on conducting this as a virtual event in the spring if COVID-19 vaccines are not yet widespread. Therefore, we consider ourselves on track to meet the Participation Target.
Participant Satisfaction Target	4.5
Participant Satisfaction Target Current Numeric Progress	4.0
Participant Satisfaction Progress Narrative	Online surveys are sent during the last five minutes of each T/TA session, and participants are given three days to respond before receiving a survey reminder. We had an average response rate of 50 percent, which we tried to maximize by allowing participants to rate the training during the final portion of the training. Because responses are anonymous, we have not been able to assess the degree to which respondents represent the variety of our health centers. This was an intentional decision to maximize the response rate. Given the long established in-person preference of our attendees, we hope that the participant satisfaction rate will increase once this is a safe option again.
Participant Behavior Change Target	4.5
Participant Behavior Change Target Current Numeric Progress	4.5



Goal A: Increase Access to Comprehensive Primary Care	
Participant Behavior Change Target Progress Narrative	The current metric reflects two trainings that we conducted in August and September, where surveys were sent three months later in November and December. The response rate was 25 percent. To increase the response rate, we plan on including behavior change surveys for past trainings during future trainings with related content, as well as in meeting invitations to ongoing workgroups whose members were likely to have attended the training we are surveying. It is possible that as we improve the response rate, the Participant Behavior Change Target progress will decrease before it increases. Behavior change is difficult and we are planning on supporting health centers to make appropriate changes for the remainder of the period of performance.
Note: Identify a minimum of two and a maximum of five key factors for this Objective. Include at least one contributing and one restricting factor.	
Key Factors (Minimum 2) (Maximum 5)	
Key Factor Type	<input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting
Key Factor Description	<i>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.</i>
Key Factor Type	<input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting
Key Factor Description	<i>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.</i>
Activities (Minimum 2) (Maximum 5)	
Activity Name	<i>HIV Prevention Council Establishment</i>
Activity Description	<i>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). 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.</i> <i>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.</i>
Person/ Group Responsible	<i>R. Doe, Program Lead and H. Black, Program Coordinator</i>
Targeted Start Date	<i>July 1, 2020</i>
Targeted End Date	<i>June 30, 2021</i>



Goal A: Increase Access to Comprehensive Primary Care	
Expected Outcome	<p><i>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.)</i></p> <p><i>In the upcoming 12 months, the PCA will work with the Council to:</i></p> <ul style="list-style-type: none"> - <i>Identify and confirm at least 12 Council representatives</i> - <i>Establish meeting dates and times for the upcoming year</i> - <i>Gather information for possible year-long agenda items</i> - <i>Establish the agenda for T/TA sessions</i> - <i>Identify current case studies of best practices for HIV testing, PrEP, and linkage to care</i> - <i>Identify common barriers to HIV prevention service implementation in the state and develop solutions</i>
Activity Progress Update	<p>We began work on this activity in August, once our PWP was finalized with our PO. Of the six proposed steps, we have accomplished the first four. We confirmed 15 Council representatives in August. In September, we confirmed the group will meet once per month, and have sent meeting invitations for the remainder of the year. To gather information for year-long agenda items, we solicited representatives on the most pressing issues the workgroup should address. We also contacted health centers without a staff person on this committee to ensure their needs and priorities will be considered by the representatives. We finalized agendas for the rest of the budget year in October, in advance of our first meeting.</p>
Anticipated Progress	<p>For the remainder of the year, we hope to achieve the following progress:</p> <ul style="list-style-type: none"> • We will spend two meetings on each of the following subject areas: HIV testing, PrEP, and linkage to care. • In the first month, experts on best practices that the PCA has identified will share information and reports ahead of the workgroup meeting. We will ensure at least three best practices are shared for each subject area two months prior to the meeting date. • In the second month, the workgroup will identify barriers and develop recommended solutions.
Comments (Optional)	<p><i>More information about our support of health centers during COVID-19, and our involvement in the PPE and formalized safety measures initiatives discussed in the Objective Impact Narrative can be in Objective F1.</i></p>