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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   SAMPLE PROJECT WORK PLAN** | **FOR HRSA USE ONLY** | |
| Application Tracking Number | |
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| **Section A - Comprehensive Needs Assessment** | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Goal A1: Identifying major health issues for the populations to be served, unmet need, barriers to care, etc.** | | | | | | | **Objective(s)** | **Key Action Step(s)** | **Expected Outcome(s)** | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | A1.1 Develop protocol and measures for implementing needs assessment within two months of grant award.  A.1.2 Establish a team of knowledgeable planning staff to oversee undertaking of needs assessment within one month of grant award.  A.1.3. Complete needs assessment for targeted service area within 4 months of award.  A2.3 Secure consultant to assist with needs assessment. | 1. Identify appropriate tools to use for the needs assessment.  2. Establish Subcommittee of the planning staff to oversee needs assessment.  3. Define roles of planning staff and for the project. | 1. Participate in the comprehensive needs assessment elements meeting with area stakeholders.  2. Create tangible targeted assessment protocols and tools for identified populations in collaboration with other health centers.  3. Conduct at least one coordinating meeting every month.  4. Completed needs assessment. | 1. The number of planning meetings.  2. Determination made regarding approach.  3. The number of meetings attended.  4. Number of persons at each meeting.  5. Progress against established timeline for completion of assessment. | 1. Planning Grant committee  2. CEO  3. Board of Directors  4. Consultant |  | | **Goal A2 : Applying for MUA/MUA Designation** | | | | | | | **Objective(s)** | **Key Action Step(s)** | **Expected Outcome(s)** | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | A2.1 Obtain MUA/MUP designation for census tracts within target service area without a designation by (DATE).  A2.2 Identify areas with current MUA/MUP designations in targeted service area by (DATE).  A2.3 Secure consultant to assist with designations. | 1. Identify tracts that qualify for MUA/MUP in targeted service area.  2. Apply for MUA/MUP designation and secure list of census tracts that already have MUA/MUP designation in targeted service area. | 1. Implement process for MUA/MUP designation for undesignated census tracts in service area.  2. Census tracts within targeted service area have MUA/MUP designations. | 1. Number of successfully Identified census tracts with or without MUA/MUP designation for targeted service area.  2. Number of census tracts that successfully received MUA/MUP designation. | 1. Needs Assessment subcommittee of Planning Grant Staff.  2. CEO  3. Consultant |  | | | |
| **Section B – Service Delivery** | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Goal B1: Developing and appropriate service delivery model based on the comprehensive needs assessment** | | | | | | | | | | | **Objective(s)** | | **Key Action Step(s)** | **Expected Outcome(s)** | | **Data Evaluation and Measurement(s)** | | **Person / Area Responsible(s)** | | **Comment(s)**  **(Maximum 500 characters)** | | B1.1 Develop a service delivery model that is appropriate relative to the results of the comprehensive needs assessment by (DATE).  B.1.2 Identify medical staffing needs by (DATE). | | 1. Assess current capacity and willingness of local health care providers to provide services and possible collaborations.  2. Based upon needs assessment, working projections, current inventory of providers and experience, identify optimal clinical and support staff. | 1. Written documentation of current community model, capacity, and resources potentially available to the target population.  2. Identified essential clinical and support staff. | | 1. Finalized document describing evaluation of service delivery models submitted to the Board of Directors.  2. A model and guide for developing specific recruitment and retention activities for the satellite. | | 1.CEO  2. CMO  3. Human Resource Staff  4. Consultant | |  | | **Goal B2: If special populations (e.g., migrant/seasonal agricultural workers, residents of public housing, homeless persons, low-income school children) are included in the target population, specifying activities related to the identification of the unique access problems and health care needs of these populations.** | | | | | | | | | | | **Objective(s)** | **Key Action Step(s)** | | | **Expected Outcome(s)** | | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | | B2.1. Recruit staff that specialize in providing health services for MSFW populations by (DATE). | 1. Identify specific focus areas for recruiting staff to work with MSFW population. | | | 1. Recruitment of staff with expertise in serving the MSFW population. | | 1. Recruitment of staff persons with expertise in serving the MSFW population. | 1. CEO  2. CMO  3. CFO |  | | | **Goal B3: Facility planning and location selection.** | | | | | | | | | | | **Objective(s)** | **Key Action Step(s)** | | | **Expected Outcome(s)** | | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | | B3.1 Identify potential sites that will meet the health care needs of the target population by (DATE). | 1. Based upon the needs assessment and the current inventory of providers identify the optimal location, facility configuration and related square footage, exam rooms, etc. | | | 1. Identify ideal locations (based upon travel patterns and population concentrations, etc.). | | 1. Number of locations identified for possible location of health center. | 1. CEO  2. CMO  3. CFO |  | | | | |
| **Section C - Securing Financial, Professional and Technical Assistance** | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Goal C1: Recruiting and retaining key management and other qualified staff.** | | | | | | | | | | | | **Objective(s)** | **Key Action Step(s)** | | **Expected Outcome(s)** | | **Data Evaluation and Measurement(s)** | | **Person / Area Responsible(s)** | | **Comment(s)**  **(Maximum 500 characters)** | | | C1.1 Identify staffing needs for future health center by (DATE). | 1. Identify strategy for recruiting management staff.  2. Recruit management staff. | | 1. Hired Management staff for future health center. | | 1. Number of filled positions for key management staff. | | 1. CEO  2. Human Resource Staff  3. Board of Directors | |  | | | **Goal C2: Providing technical assistance and acquiring consultant activities as appropriate.** | | | | | | | | | | | | **Objective(s)** | | **Key Action Step(s)** | | **Expected Outcome(s)** | | **Data Evaluation and Measurement(s)** | | **Person / Area Responsible(s)** | | **Comment(s)**  **(Maximum 500 characters)** | | C2.1 Hire consultant to provide training for staff on Section 330 requirements by (DATE).  C2.2 Train staff on section 330 requirements by (DATE) | | 1. Identify consultants that provide section 330 training for community health centers.  2. Establish contract with identified consultant.  3. Train staff on section 330 compliance for community health centers. | | 1. Key staff is adequately trained to comply with section 330 requirements. | | 1. Successful hiring of consultant.  2. Completion rate of staff participation documented in training log. | | 1. CMO  2. Human Resources staff  3. Consultant | |  | | **Goal C3: Financial, management, and administrative considerations to the organization related to future operation of the health center.** | | | | | | | | | | | | **Objective(s)** | | **Key Action Step(s)** | | **Expected Outcome(s)** | | **Data Evaluation and Measurement(s)** | | **Person / Area Responsible(s)** | | **Comment(s)**  **(Maximum 500 characters)** | | C3.1 Pursue funding opportunities from federal, state, local resources to support service delivery plan by (DATE). | | 1. Identify available state and local funding resources for future health center.  2. Apply for available funding. | | 1. Identified potential funding resources for future health center.  2. Funding for the establishment and long-term operation of future health center. | | 1. Number of identified funding opportunities available for the establishment and operation of future health center.  2. Number of funding proposals submitted. | | 1. CEO  2. Development Director | |  | | **Goal C4: Developing plans for attaining and maintaining long-term viability (i.e., future requirements for space, securing other financial support).** | | | | | | | | | | | | **Objective(s)** | | **Key Action Step(s)** | | **Expected Outcome(s)** | | **Data Evaluation and Measurement(s)** | | **Person / Area Responsible(s)** | | **Comment(s)**  **(Maximum 500 characters)** | | C4.1 Identify projected patient growth over next 5 years by (DATE).  C.4.2. Develop patient payor mix calculations based on needs assessment. | | 1. Based on needs assessment, calculate projected patient growth for targeted service area. | | 1. Identify facility, staff, and financial resources needed to provide health services for the target population over next 4 years. | | 1. Rate of projected patient growth and identified financial needs for the first 4 years of operation. | | 1. CMO  2. CFO | |  | | | |
| **Section D - Developing Community Involvement/Participation** | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Goal D1: Developing linkages/building partnerships with other providers in the community including any federally qualified health centers, health departments, local hospitals, and rural health clinics.** | | | | | | | **Objective(s)** | **Key Action Step(s)** | **Expected Outcome(s)** | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | D1.1 Develop linkages/building partnerships with at least 3 other providers in the target area based on the needs assessment by (DATE). | 1. Identify local providers in service area.  2. Schedule meetings with local providers to gain input on planning activities for future health center. | 1. Establish local provider support for future health center.  2. Establish linkages with other area providers. | 1. Number of local providers that are in support of the future health center. | 1. CEO  2. Board of Directors |  | | **Goal D2: Developing a Governing Board that aligns with section 330 statutory and regulatory requirements.** | | | | | | | **Objective(s)** | **Key Action Step(s)** | **Expected Outcome(s)** | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | D2.1 Recruit representatives who live and work in targeted service area to serve on Governing Board for future health center by (DATE). | 1. Develop strategy to recruit for governing board membership.  2. Identify potential candidates (focus groups, interviews, interested parties).  3. Invite candidates to join governance board. | 1. Established Governance Board for future health center. | 1. Number of Governance Board candidates that have agreed to serve on the Board. | 1. Planning Committee  2. Community Outreach staff |  | | **Goal D3: Developing community support.** | | | | | | | **Objective(s)** | **Key Action Step(s)** | **Expected Outcome(s)** | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | D3.1 Attend at least 4 community events and administer 100 surveys to assess community support for establishment of future health center by (DATE). | 1. Identify community events to attend.  2. Develop and test survey instrument.  3. Identify survey participation strategy.  4. Administer 100 surveys at 4 or more community events. | 1. Assessment of community support for establishment of future health center. | 1. The number of events attended to gain support.  2. Percent of survey participants in support of future health center. | 1. Planning Committee  2. Community Outreach Staff  3. Board of Directors  4. CEO |  | | | |
| **Section E - Establishing Collaborative Working Relationships With Other Area** | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Goal E1: Developing linkages/building partnerships with other providers in the community including any federally qualified health centers, health departments, local hospitals, and rural health clinics.** | | | | | | | **Objective(s)** | **Key Action Step(s)** | **Expected Outcome(s)** | **Data Evaluation and Measurement(s)** | **Person / Area Responsible(s)** | **Comment(s)**  **(Maximum 500 characters)** | | E1.1 1. Obtain at least 5 letters of support from health care providers in the service area for the establishment of future health center by (DATE). | 1. Identify local health providers to target for letters of support.  2. Meet with Executive Officers to discuss collaboration and request letters of support. | 1. Identify potential partners.  2. Obtain letters of support for the establishment of future health center. | 1. Number of secured letters of support. | 1.CEO  2. CMO  3. Community Outreach staff |  | | | |