PS21-2103 Component 2 Combined Evaluation and Work Plan Template

This template is provided as an aid to applicants in preparing the evaluation and work plan for PS21-2103; however, its use is optional.

* Space is provided for brief narrative descriptions of the 5-year plan and Year 1 plan for each strategy, with a suggested limit of 100 words each.
* The title and sections headers in this file are formatted to support accessibility of the document online.
* Applicants may change all text to any 12-point font single spaced to meet requirements stated in the NOFO.
* Text in green can be deleted to reduce the length.

The tables in this template include only the required short-term activities and expected (bolded) outcomes from the PS21-2103 Logic Model.

* Short-term activities listed in this template are required and should not be edited.
* Short term outcomes may be achieved during Years 1–3 of funding; applicants should review and edit these outcomes as needed to indicate what outcomes are expected to be achieved in Year 1.
* Applicants planning to address the intermediate expected (bolded) or remaining (non-bolded) short- or intermediate-term activities/outcomes in Year 1 may copy sections of the template and edit them accordingly.
* Example process measures (example: not required) are shown for required short-term activities with no required process measure in the evaluation and performance section of the NOFO.

# Component 2: Core Viral Hepatitis Prevention Activities

## Strategy 2.1: Support viral hepatitis elimination planning and surveillance and maximize access to testing, treatment, and prevention

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| **Overall 5-year plan** (100 words): |

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| **Detailed Year 1 plan** (100 words): |

### Outcome 2.1.1: Increased state engagement with key stakeholders in viral hepatitis elimination planning

| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| --- | --- | --- | --- |
| 1. Identify and engage partners as members of a jurisdictional “Viral Hepatitis Elimination Technical Advisory Committee,” or create a coalition of appropriate partners and key stakeholders. | 2.1.1.a. Established and maintained a viral hepatitis elimination technical advisory committee or coalition of partners/stakeholders. |  |  |
| 2. Develop or expand upon an evidence based viral hepatitis B and C elimination plan. | 2.1.1.c. Developed and maintained viral hepatitis elimination plan with support from technical advisory committee/coalition. |  |  |
| 3. Engage with key partners and stakeholders to set goals and objectives, identify target populations, and develop a logic model and action plan. | 2.1.1.b. Conducted at least 2 meetings per year of the viral hepatitis elimination technical advisory committee or coalition. |  |  |
| 4. Understand the program focus and priority areas. Develop program goals and measurable objectives (e.g., SMART objectives). | (example: not required) Program goals and measurable objectives created. |  |  |

### Outcome 2.1.2: Increased commercial and hospital-based laboratories conducting HCV RNA reflex testing

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Collaborate with the viral hepatitis surveillance coordinator to identify the highest volume CLIA-certified laboratories that report ≥80% of the hepatitis C antibody tests in the jurisdiction. | 2.1.2.a. Identified CLIA-certified laboratories that conduct at least 80% of all anti-HCV results in the jurisdiction. |  |  |
| 2. Collaborate with the viral hepatitis surveillance coordinator to conduct a needs assessment or survey of these laboratories by the end of Year 1. | 2.1.2.b. Proportion conducting HCV RNA reflect testing was assessed; feedback with recommendations conducted.2.1.2.c. Jurisdictional viral hepatitis elimination plan addresses recommendations for increasing HCV RNA reflex testing. |  |  |

### Outcome 2.1.3: Increased HCV and/or HBV testing in health-care systems

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. In collaboration with the viral hepatitis surveillance coordinator and/or stakeholders, identify the five highest volume health systems in the jurisdiction in Year 1. | 2.1.3.a. Identified the top five highest volume health systems in the jurisdiction. |  |  |
| 2. By the end of year 1, conduct a needs assessment for the identified high-volume health systems and provide feedback with recommendations to improve access to routine HCV and/or HBV testing. | 2.1.3.b. Assessed the proportion of health systems promoting routine HCV and HBV testing; feedback with recommendations was conducted. |  |  |
| 3. Improve partnerships with health-care systems and assure that routine HCV and/or HBV testing is addressed in the viral hepatitis elimination plan. | (example: not required) Jurisdictional viral hepatitis elimination plan addresses recommendations for increasing routine HCV and/or HBV testing in health-care systems. |  |  |

## Strategy 2.2.: Increase access to HCV and/or HBV testing and referral to care in high-impact settings

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| **Overall 5-year plan** (100 words): |

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| **Detailed Year 1 plan** (100 words): |

### Outcome 2.2.2: Increase awareness of infection status among people diagnosed with chronic hepatitis C and/or hepatitis B

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Collaborate with key stakeholders and partners to establish partnerships, select one or more priority high-impact settings, and develop a plan to increase HBV, and/or HCV testing. | 2.2.2.a. Established relationship with partners in high-impact settings to identify high priority facility/ies for expansion of testing for HCV and HBV in high-impact settings, stratified by setting type. |  |  |
| 2. Conduct a needs assessment with clients and staff in high-impact settings on HBV and HCV screening and testing practices and referral or linkage to treatment | (example: not required) Needs assessment completed. |  |  |
| 3. Support high-impact settings with screening, testing, and tracking the number of people tested, reporting cases, conducting outreach, and providing education on interventions to increase testing and diagnosis of hepatitis B and C. | 2.2.2.b-h. Completed a report containing number of clients, stratified by setting type: b. seen, c. anti-HCV tested, d. anti-HCV positive, e. HCV RNA tested, f. HCV RNA positive, g. hep B screened, h. HBsAg positive. |  |  |
| 4. Systematically compile, summarize, and disseminate evaluation data. | (example: not required) Evaluation data compiled, summarized and disseminated via \_\_\_\_ (paper/emailed report, website) to \_\_\_\_ (coalition, stakeholders, partners). |  |  |

### Outcome 2.2.3: Increased referral to treatment for people living with hepatitis C and/or hepatitis B

| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| --- | --- | --- | --- |
| 1. Support high-impact settings by collaborating with stakeholders and partners to develop a plan for referral and linkage to care, tracking post-test counseling and referral to treatment for hepatitis B and C, and SUD or SSPs for PWID. | (examples: not required) Consulted with \_\_\_ high-impact settings in collaboration with their stakeholders and partners. \_\_\_ high-impact settings developed a plan in collaboration with their stakeholders and partners.  |  |  |
| 2. Systematically compile, summarize, and disseminate evaluation data. | 2.2.3.a-b Completed a report containing the number of clients, stratified by setting type: a) positive for HCV RNA referred to treatment and b) positive for HBsAg referred to evaluation. |  |  |

## Strategy 2.3.: Improve access to services preventing viral hepatitis and other bloodborne infections among PWID

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| **Overall 5-year plan** (100 words): |

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| **Detailed Year 1 plan** (100 words): |

### Outcome 2.3.1: Increased utilization of SSPs among PWID

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Support SSPs with staffing; allowed supplies; testing kits; syringe disposal services; navigation/linkage to services; distribution/provision of naloxone purchased with non-CDC funds; communication, outreach, and educational materials; condoms; needs assessments/special studies to identify needs consistent with this NOFO; and evaluation studies to document impact of grant-funded interventions. | 2.3.1.a-d Completed a report containing:a. Number of SSPs in jurisdictionb. Number of SSP visits in the jurisdiction, overall and by SSPc. Number of unduplicated SSP clients in the jurisdiction, overall and by SSPd. Mean (median) syringe coverage rates, overall and by SSP |  |  |

### Outcome 2.3.2 (numbered 2.3.1 in the NOFO): Increased referral of PWID to SUD treatment

| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| --- | --- | --- | --- |
| 1. Support high-impact settings to collaborate with key stakeholders and partners to develop a plan for referral and linkage to appropriate medical care. | (example: not required) Plan(s) developed by high-impact settings in collaboration with key stakeholders for referral and linkage to appropriate medical care. |  |  |
| 2. Ensure all persons diagnosed with hepatitis C and/or hepatitis B infection are referred to appropriate medical care. | (example: not required) \_\_\_%[Y1] (\_\_\_% Y3) of persons diagnosed with hepatitis C and/or B infection referred to appropriate medical care. |  |  |
| 3. Track the number of persons testing positive for hepatitis B and C who received post-test counseling and were referred to treatment. Refer all PWID in the high-impact setting to SUD treatment facilities and SSP (where available). | (example: not required) 2.3.2. a-e Report containing a) the number of persons testing positive for hepatitis B and C, b) of those the % who received post-test counseling, c) of those % referred to treatment; d) number of PWID in high-impact setting, e) % referred to SUD, and e) % referred to SSP (where available). |  |  |
| 4. Track the number of persons identified as PWID who were referred to SSPs and SUD treatment. | 2.3.2.1 Number of PWID referred from SSPs in the jurisdiction to SUD treatment, overall and by SSP. |  |  |

### Outcome 2.3.3: Increased receipt of hepatitis A and hepatitis B vaccination among clients in high-impact settings

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| **Year 1 Activities** | **Process Measure(s)** | **Responsible Party/Person** | **Completion Date** |
| 1. Establish hepatitis A and B vaccine delivery teams | (example: not required) \_\_\_ number of vaccine delivery teams established |  |  |
| 2. Support vaccine delivery teams and staff in high-impact settings to identify, adapt, or develop written hepatitis A and B vaccination protocols and standing orders; train and collaborate with staff to implement protocols; assess client immune status to hepatitis A and B; assure completion of hepatitis A and B vaccine series, and maintain up-to-date vaccination records. | 2.3.3.a-d Report containing number, stratified by setting, of:a. hepatitis A vaccination doses administered to clients in the high-impact settingsb. SSP clients in the high-impact settings who completed hepatitis A vaccination seriesc. hepatitis B vaccination doses administered to SSP clients in the high-impact settingsd. SSP clients in the high-impact settings who completed hepatitis B vaccination series |  |  |
| 3. Systematically compile, summarize, and disseminate evaluation data. | (example: not required) Evaluation data compiled, summarized, and disseminated via \_\_\_\_ (paper/emailed report, website) to \_\_\_\_ (coalition, stakeholders, partners). |  |  |