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Project PrIDE

Attachment 5: Performance Progress Report Questions

Performance Progress Report Questions

A. PrIDE Category 1—Core PrEP Program Activities

All PS15-1506 (Project PrIDE) grantees are required to provide responses in this section.

1. PrEP Program Description

a. For this reporting period, describe approach(s) for increasing health care providers':
   - o Awareness of PrEP (i.e., SMCs, CLIs)
   - o Ability to identify persons from the target population (i.e., MSM, transgender persons) at high or substantial risk for HIV infection
   - o Provide PrEP prescriptions and clinical management

b. For this reporting period, describe approach(s) for increasing the target population's:
   - o Awareness and knowledge of HIV infection risk and PrEP as a prevention strategy
   - o By recruitment strategies used, how potential PrEP candidates are identified, screened, referred and linked to PrEP providers
   - o PrEP adherence

c. During this reporting period, for PrEP eligible candidates:
   - o State reasons they give for declining the initiation of PrEP
   - o State reasons they give for discontinuing the use of PrEP (if available)

d. Describe any capacity building activities such as partnerships, policies, MOUs, billing reimbursement capacity, contracts, trainings, PrEP provider directories, etc.

e. Describe any existing identified and/or newly created PrEP educational materials and tools (including number).

f. Describe any support services offered.

g. Describe strategies for confirming linkage and prescription for clients. If unable to confirm linkage and prescription for all clients, please provide the number for those you were unable to confirm.

2. Successes, Changes, Challenges, Lessons Learned, and Promising Practices

a. Describe any successes the health department has encountered with implementing PrIDE PrEP activities during the reporting period (e.g., training clinicians and counselors, developing policies, having DIS refer clients to PrEP, etc.).

b. Describe any challenges the health department has encountered with implementing PrIDE PrEP activities during the reporting period, and how it has or plans to address them.

c. Describe any changes the health department has made to its PrIDE PrEP activities during the reporting period and why.

d. Describe any anticipated changes the health department will make to its PrIDE PrEP activities moving forward and why.

e. Describe any lessons learned/promising practices the health department has learned while implementing PrIDE PrEP activities which may be useful to other health departments.

f. Describe successes with collecting data for PrEP reporting requirements

g. Describe challenges with collecting data for PrEP reporting requirements

h. Describe any unaddressed training or technical assistance needs the health department has identified for its PrIDE PrEP staff.

3. PrEP Budget

a. Describe all current funding sources used to implement PrEP activities.

B. PrIDE Category 2—Data to Care Program Activities

Grantees are required to complete the following questions **only if funding was received for this activity**. Recognizing that PrIDE grantees are in varying stages of program implementation, Part 4 of this section is optional. PrIDE-funded health departments that have reached the necessary stages in their program implementation to address questions in Part 2 are encouraged to do so.

1. Data to Care Program Description

a. For this reporting period, describe activities to increase capacity to implement Data-to-Care activities, including:
    - Hiring/re-assigning staff (health department FTEs and contracted staff)
    - Training health department staff and contracted staff
    - Planning and executing contracts
    - Developing policies, SOPs, and MOUs
    - Developing procedures to create list of HIV-diagnosed persons not in care or who are in care but not virally suppressed
    - Processes for integrating existing STD, hepatitis, and other surveillance data with laboratory data
    - Processes for identifying transgender persons in eHARS
    - Identification and use of new data sources for matching

b. For this reporting period, describe processes for:
    - Generating the not-in-care lists (and dataset freeze date)
    - Obtaining the lists from providers for follow-up (if applicable)
    - Data matching processes (integrated/automated system or manually)
    - Use of SAS programs (CDC vs. locally created)
    - Data sources
    - Selecting criteria used to prioritize lists
    - Staff used to conduct follow-up and referral strategies that may be part of the local PrIDE program in addition to generating the not-in-care list (e.g., partner services, Medical Monitoring Project (MMP), HIV testing events, etc.)

c. Describe activities to support those individuals diagnosed with HIV and in care, but not virally suppressed (**if implemented**)

d. Describe support/ ancillary serves offered, who offered and how it is integrated into the program.

e. Describe how frequently lists were generated during the reporting period and length of time allotted to conduct follow-up activities before closing a case.

f. Describe feedback loop process.

2. **Successes, Challenges, Lessons Learned, Changes, and Promising Practices**

    a. Describe any successes the health department has encountered with implementing PrIDE Data to Care activities during the reporting period (e.g., generating the list, linking and re-engaging persons to HIV medical care, etc.).
    b. Describe any challenges the health department has encountered with implementing PrIDE Data to Care activities during the reporting period, and how it has or plans to address them.
    c. Describe lessons learned/promising practices the health department has learned while implementing PrIDE Data to Care activities which may be useful to other health departments.
    d. Describe any changes the health department has made to its PrIDE Data to Care activities during the reporting period and why.
    e. Describe successes with collecting data for Data to Care reporting requirements
    f. Describe challenges with collecting data for Data to Care reporting requirements
    g.
    h. Describe any anticipated changes the health department will make to its PrIDE Data to Care activities moving forward and why.
    i. Describe any unaddressed training or technical assistance needs the health department has identified for its PrIDE Data to Care staff.
    j. Describe how PrIDE-funded Data to Care activities improved similar activities within the jurisdiction that have been funded by other mechanisms.

3. **Data to Care Budget**
    a. Describe all current funding sources used to implement Data to Care activities.

C. Performance Measures (including outcomes)–Awardees must report on performance measures for each budget period and update measures, if needed.
    a. Complete applicable tabs in Excel file attached.

D. Evaluation Results–Awardees must report evaluation results for the work completed to date (including any data about the effects of the program)

E. Local/ Site Evaluation

Local Site Specific Evaluation includes 5 phases i.e., (1) planning (protocol development), (2) data collection, (3) data analysis, and (4) reporting, and (5) utilization of results and recommendations by Health Departments and other stakeholders. Please specify the LSE stage(s) completed and ongoing during this reporting period and respond to corresponding questions.

1. What is the LSE stage(s) completed and ongoing during this reporting period? [please mark the appropriate stage(s)]
    a. Planning (LSE protocol development)
        ☐ Completed
        ☐ Ongoing
    b. Data collection
        ☐ Completed
        ☐ Ongoing

c. Data analysis
    - ☐ Completed
    - ☐ Ongoing
d. Evaluation reporting and dissemination
    - ☐ Completed
    - ☐ Ongoing
e. Utilization of results and recommendations by Health Department and other stakeholders
    - ☐ Completed
    - ☐ Ongoing

2. LSE Planning
    a. What helped you develop the LSE protocol? (up to 3 factors)
    b. What were the main challenges encountered when developing the protocol? (up to 3 challenges)
    c. What do you recommend to strengthen LSE protocol development process?
    d. What do you recommend to strengthen CDC LSE protocol review process?

3. LSE Data Collection
    a. Has there been any deviation(s) from what the protocol laid out regarding data collection procedures and instruments? If so, please describe what was expected to happen as per protocol, situation that precipitated the change, and how it was solved?
    b. Please describe the pilot-testing process of data collection instruments used in LSE (state the name of instrument, its purpose, and results and modifications from pilot testing)?
    c. What have been the factors contributing to a smooth data collection process?
    d. What have been the main lessons learned of the data collection process?
    e. What would you do different next time you gather LSE data?
    f. Please specify LSE Technical Assistance needs.

4. LSE Data Analysis
    a. Has there been any deviation from what the protocol laid out regarding data analysis plan? If so, please describe what was expected to happen as per protocol, situation that precipitated the change, and how it was solved?
    b. Please list up to 3 lessons learned of the data analysis process.
    c. What would you do different next time regarding LSE data analysis?
    d. Please specify LSE Technical Assistance needs.

5. LSE Reporting and Dissemination
    a. What helped you develop the LSE report? (up to 3 factors)
    b. Please list up to 3 lessons learned of the process of developing the LSE report.
    c. What have been the techniques used so far to disseminate LSE results and with which audiences (specify technique, audience, number of participants, date, and place?
    d. How have LSE results been shared with the target populations i.e., MSM and Transgender? What was some of their feedback (state up to 5 ideas/concerns/recommendations provided)?

e. Please specify LSE Technical Assistance needs.

6. Utilization of LSE Results and Recommendations by Health Department and Other Stakeholders
    a. How have LSE results and recommendations been used by the Health Department?
    b. How have LSE results and recommendations been used by other stakeholders?
    c. What have you done to increase utilization of LSE results by the Health Department?
    d. Please specify LSE Technical Assistance needs.

F. Work Plan –Awardees must update work plan each budget period.

G. CDC Program Support to Awardees

Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.

Section II. New Budget Period Proposed Objectives and Activities:

a. List proposed objectives for the upcoming budget period. These objectives must support the intent of the original Funding Opportunity Announcement (FOA) or Program Announcement (PA).
b. Each objective and activity must contain a performance or outcome measure that assesses the effectiveness of the project.
c. For each objective:
    1. List activities that will be implemented;
    2. Provide a timeline for accomplishment;
    3. Identify and justify any redirection of activities; and
    4. Explain the methods you will use to implement the new, redirected activities.
d. In addition to this information, include comments pertaining to budgetary issues that might hamper the success or completion of the project as originally proposed and approved. Please utilize the work plan format in the original work plan, if applicable.