PROJECT PILOT EVALUATION PLAN

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1. OVERVIEW

Project PILOT (Preventing [HIV, substance abuse, hepatitis]; Improving [Health]; Leveraging [Community]; Overcoming [Barriers] Together), formerly called OUTcast Youth Project, is a five-year program led by the San Francisco Community Health Center (SFCHC) and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority AIDS Initiative. The program aims to reduce substance use, HIV, and viral hepatitis among young adults via education and capacity-building opportunities, expansion of HIV testing, engagement of stakeholder agencies, and cultural competence training for providers who serve young adults.

Project PILOT targets young adults who live in San Francisco, with an emphasis on young adults of color, young adults who identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, and other identities), and young adults experiencing housing instability or homelessness.

In line with SAMHSA's Strategic Prevention Framework (Figure 2), an **evaluation plan** was developed to structure the assessment of the intervention, in which the processes and outcomes of the intervention will be examined in detail. The purpose of the proposed evaluation is to summarize progress towards stated objectives, to identify which parts of the intervention are working well, and to highlight areas of the intervention that can be improved in future iterations.

Figure 2. SAMHSA Strategic Prevention Framework.

This plan is informed by the initial performance assessment plan included in the strategic plan (submitted in March 2019), and has been adapted based on additional information learned during the project's community identification process (March-June 2019), which highlighted additional needs, strengths, and challenges within the target populations. This plan will be adapted annually, or more frequently if needed, to reflect changes to Project PILOT.

The plan will be executed by an external evaluator to reduce bias in results; the external evaluator will collaborate with the Project Director to obtain the data need to inform the assessment and will work with the Project Director to improve the quality of the program on an ongoing basis.

2. PLAN FOR EVALUATING INTERVENTION PROCESSES AND OUTCOMES

Performance measures for stated objectives

In alignment with the P.I.L.O.T. Program strategic plan, a variety of performance assessment measures to evaluate progress towards the stated objectives. Table 1 summarizes each objective, the associated measures that will be used to evaluate it, and planned assessment frequency. (Note that objective numbers have changed slightly from the original numbering in the strategic plan to align with the format in which they are displayed on SPARS.)

***Table 1**. Intervention objectives and their evaluation type (process vs. outcome), indicators, data sources, and assessment frequencies.*

Goal 1 Objectives *to increase capacity to provide SA, HIV, or VH prevention services*	**Type**	**Indicator**	**Data Source**	**Assessment frequency**
1.. By the end of each year, SFCHC will facilitate 3 citywide stakeholder meetings focused on improving care coordination and reducing barriers to SA, HIV, and VH prevention services for the target population.	Process	Number of stakeholder meetings conducted	Meeting minutes	Annually
2. By the end of year 1, SFCHC will support at least two youth-focused community-based organizations who serve the target population in developing protocols for linkage to SA, HIV, and VH prevention services.	Process	Number of completed linkage protocols	Linkage protocols	Annually
3. In years 2-5, the community-based organizations who received support for SA/HIV/VH prevention linkage protocols will make at least 35 referrals annually for the target population.	Outcome	Number of referrals for HIV/VH/SA prevention services	Referral logs	Annually, beginning in year 2
4. By the end of year 1, SFCHC will expand the HIV and VH testing services at two sites serving the target population (SFCHC sites or partner sites).	Process	Number of sites reporting expanded HIV/VH testing capacity	Site self-report	Annually
5. In years 2-5, SFCHC will provide at least 2 trainings annually to improve the cultural competence of HIV, VH, or SA prevention service providers in community agencies who serve the target population.	Process	Number of trainings conducted	Training agenda and attendance logs	Annually
6. In years 2-5, 80% of service providers who receive cultural competence training will demonstrate improved knowledge of how to deliver culturally competent services.	Outcome	Percent of service providers receiving training who demonstrate improved knowledge	Pre-/post-survey	Quarterly, beginning in year 2

7. By the end of the project, SFCHC will have collected and distributed (through peer advocates) at least 15 unique role model stories from young adults in the target population.	Process	Number of role model stories	Copies of role model stories	Annually
8. In year 1, one cohort of 3 peer advocates will participate in training related to HIV, VH, and SA prevention, Community PROMISE and Lead & Seed evidence-based frameworks, and social network and social marketing strategies for engaging their peers. In years 2-5, the number of cohorts will increase to 2 cohorts per year.	Process	Number of cohort trainings	Training agendas and sign-in sheets	Annually
9. 80% of peer advocates will report improved knowledge and confidence related to HIV, VH, and SA prevention strategies following training.	Outcome	Percent of peer advocates reporting improved knowledge and confidence related to HIV, VH, and SA prevention strategies	Pre-/post surveys	Quarterly
Goal 2 Objectives *to prevent, slow progress, and reduce negative consequences of HIV/VH transmission*	Type	Indicator	Data Source	Assessment Frequency
1. By the end of each 6-week peer advocate cohort in years 1-5, at least 80% of participants will demonstrate increased perception of risk related to HIV and VH risk behaviors.	Outcome	Percent of participants who demonstrate improved knowledge of VH and HIV risk behaviors immediately following intervention (compared to baseline)	GPRA/NOMs baseline and post-surveys	Quarterly
2. For each 6-week peer advocate cohort in years 1-5, at least 75% of participants will demonstrate increased perception of risk related to HIV and VH risk behaviors in the intermediate term.	Outcome	Percent of participants who demonstrate improved knowledge of VH and HIV risk behaviors during intervention follow-up period (compared to baseline).	GPRA/NOMs baseline and follow-up surveys	Quarterly
3. By the end of each 6-week peer advocate cohort in years 1-5, at least 80% of participants will report lower frequency of risk behaviors related to HIV and VH in the short-term.	Outcome	Percent of participants who demonstrate lower frequency of VH and HIV risk behaviors immediately following intervention (compared to baseline)	GPRA/NOMs baseline and post-surveys	Quarterly
4. For each 6-week peer advocate cohort in years 1-5, at least 75% of participants will report lower frequency of risk behaviors related to HIV and VH in the intermediate-term.	Outcome	Percent of participants who demonstrate lower frequency of VH and HIV risk behaviors during intervention follow-up period (compared to baseline)	GPRA/NOMs baseline and follow-up surveys	Quarterly

5. By the end of year 1, at least 30 young adults from the target population will be tested (with pre-/post- counseling) for HIV and/or VH through this project.	Outcome	Number of young adults from target population tested for HIV or VH	SFCHC testing database; testing form	Annually
6. In years 2-5, this project's HIV and VH testing and counseling for young adults 18-24 will increase 15% annually.	Outcome	Number of young adults from target population tested for HIV or VH	SFCHC testing database; testing form	Annually
7. In years 2-5, SFCHC will participate in at least 3 community events annually to provide information related to HIV, VH, and or SA prevention.	Process	Number of community events participated in	Event Schedule	Annually, beginning in year 2
8. In year 1, one cohort of 12 young adults and 3 peer advocates will participate in six weeks of peer-advocate led conversations, communications, and activities related to HIV, VH, and SA prevention. In years 2-5, the number of cohorts will increase to 2 cohorts per year.	Process	Number of target population members who participate in peer advocate-led activities (in-person groups, text messages received through Care Message platform, etc.)	Peer advocate cohort tracking logs	Quarterly
Goal 3 Objectives *to prevent, slow progress, and reduce negative consequences of substance abuse*	Type	Indicator	Data Source	Assessment Frequency
1. By the end of each 6-week peer advocate cohort in years 1-5, at least 80% of participants will demonstrate increased perception of substance use risk.	Outcome	Percent of participants who demonstrate improved knowledge of substance use risk immediately following intervention (compared to baseline)	GPRA/NOMs baseline and post-surveys	Quarterly
2. For each 6-week peer advocate cohort in years 1-5, at least 75% of participants will demonstrate increased perception of substance use risk in the immediate term.	Outcome	Percent of participants who demonstrate improved knowledge of substance use risk during intervention follow-up period (compared to baseline).	GPRA/NOMs baseline and follow-up surveys	Quarterly
3. By the end of each 6-week peer advocate cohort in years 1-5, substance use across participants will decrease by at least 10% in the short-term.	Outcome	Percent reduction in substance use (measured collectively across all participants, compared to baseline).	GPRA/NOMs baseline and post-surveys	Quarterly
4. For each 6-week peer advocate cohort in years 1-5, substance use across participants will decrease by at least 10% in the intermediate-term.	Outcome	Percent reduction in substance use (measured collectively across all participants, compared to baseline).	GPRA/NOMs baseline and follow-up surveys	Quarterly

Other indicators collected (required)

In line with the instructions on the Funding Opportunity Announcement, the following measures will also be assessed as part of this project**:**

- The number of program participants exposed to substance abuse prevention education services [Data source: Peer advocate cohort tracking logs]
- The percent of program participants who report no use of alcohol at pre-test who remain non-users at post-test [Data source: GPRA/NOMS]
- The number of persons tested for HIV through the project [Data Source: SFCHC HIV Testing database]
- The percent of program participants that rate the risk of harm from substance abuse as great [Data Source: GPRA/NOMS]
- HIV positivity numbers and rates [Data Source: SFCHC HIV Testing database]
- Housing status [Data Source: GPRA/NOMS]
- All other participant-level data from the GPRA/NOMs baseline, post-, and follow-up surveys

Other planned analyses (to enhance local performance assessment)

To provide additional context for local performance assessment and continuous quality improvement, the following analyses will be collected and analyzed at least annually:

- The number and percent of Peer Advocate cohort participants by race/ethnicity, sexual identity, gender identity, substance use, and housing status.
- Focus groups with peer advocate cohort members to qualitatively understand the parts of the intervention that were most helpful vs. less helpful.
- Interviews with project staff to discuss alignment of intervention implementation with plan, why activities did or did not align, and how to improve the appropriateness of the plan moving forward.
- Analysis to identify the most common risk behaviors and substances used.

3. CONTINUOUS QUALITY IMPROVEMENT PLAN

Beginning with the needs assessment and community identification process (formative evaluations), and continuing through the implementation phase, findings from the performance assessment will be used to continually refine program activities and implementation and to update the strategic plan as needed. Available findings will be reviewed on an at least a quarterly basis (see Table 1) via regular (at least monthly) check in meetings between the Evaluator and the Project Coordinator. The Evaluator will ensure that data and analyses are available as soon as possible to inform intervention improvement. Data and findings will be discussed as a team to make decisions about whether the intervention needs to change in any way to improve its effectiveness or appropriateness. This will allow the intervention to adapt to and mitigate unexpected challenges that arise.

4. DATA COLLECTION AND MANAGEMENT PLAN

Data will be collected and managed through joint efforts between the Project Director, Project Coordinator, and Evaluator. At least quarterly, the Project Director will provide data to the Evaluator, who will be responsible for managing the data for the rest of the project. The Evaluator will manage the participant-level GPRA/NOMs data (entered into SPARS in accordance with SAMHSA guidelines), will provide analyses of GPRA/NOMs and other data at least quarterly to the Project Director, and will summarize all data in the annual evaluation report uploaded to SPARS.

All project data will be stored in a password-protected Microsoft Access database designed for Project PILOT, with access limited to project staff. Files containing information that links participant identities to their participant ID will be kept in a separate location from GPRA/NOMs surveys. Any paper forms (including surveys and lab slips) will be stored in a locked file cabinet accessible only to appropriate staff. Role model stories will be anonymized prior to publication. Care Message is a HIPAA-compliant platform and access will be limited to appropriate staff. HIV/VH testing information will be stored in a password-protected database following SFCHC's typical protocols as a Federally Qualified Health Center.