**CA TB Control Program – CoAg Workplan Format - DRAFT (not complete)**

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| Strategy 2 – Diagnosis/Treatment of Persons with latent TB infection (LTBI)  *2A: Conduct contact investigations for infectious TB cases* | | | |
| Logic Model (LM) outcomes: Increase in con­tacts elicited/examined; Increase in trea­t­ment initiation for patients with LTBI recom­mended for treatment; Decrease in LTBI prevalence; Increase in LTBI treatment completion rates; Decrease in patients who progress from infec­­tion to disease; Decrease in TB incidence am­ong high-risk populations; Increase in health equity among high-risk populations | | **NTIP & CA indicators:** 1) Contact Elicitation; 2) Contact Evaluation; 3) Contact LTBI Rx Initiation; 4) Contact LTBI Rx Completion; 5) Data Reporting - ARPE | |
| Activities | **Measure of Success** | **Responsible Staff** | **Target/Completion Date/Timeline** |
| Promote the use of short-course regimens in outbreak settings and measure use | Outbreak contact data reports | OPCS | 3) 77%; 4) 85%; annually, by 2024 |
|  |  |  |  |
| Provide consultation for extended contact investigations (CIs) and post-outbreak program improvement activities | TA and PIPE logs | PDS | 1) 98%; 2) 92%; 3) 77%; 4) 85%; |
| Disseminate CI training and educational ma­terials with local TB program staff; collab­or­ate with training partners to conduct training | Materials dissemination logs and training logs | PDS/HRD | Ongoing throughout project period, as needed |
| Submit CI data to CDC on the ARPE-CI for CA and for all LHJs | ARPE data entered via NTIP portal | SES | 5) 89% by 2024 / Annually by 3/31 |
| *2B: Examination and treatment of immigrants and refugees with Class B notifications* | | |  |
| Logic Model (LM) outcomes: Increase in treatment initiation for patients with LTBI/prior pulmonary TB who are recommended for treatment; Decrease in LTBI prevalence; Increase in LTBI treatment completion rates; Decrease in patients who progress from infection to disease; Decrease in TB incidence among high-risk populations; Increase in health equity among high-risk populations | | **NTIP & CA indicators:** 1) Immi­grant/ Refugee Evaluation Initiation ≤30 Days; 2) Immigrant/Refugee Evalua­tion Completion ≤ 90 days; 3) Imm/ Ref Evaluation Complete; 4) Imm/Ref LTBI Rx Initiation; 5) Imm/Ref LTBI Rx Completion; 6) Data Reporting - EDN | |
| Activities | **Measure of Success** | **Responsible Staff** | **Target/Completion Date/Timeline** |
| Disseminate class B arriver notifications to LHJs without access to the CDC Electronic Disease Notification (EDN) system | EDN training logs; email notifications; log of Class 3 notifications | SES | 1) 69%, 6) 87% by 2024 / daily |
| Encourage treatment of class B arrivers with TB2 or 4; identify and share best practices | Annual surveillance report; training agenda and logs; best practices document | SES | 4) 78%, 5) 74% by 2024 / 2X/year |
| Promote and support use of the EDN system in CA’s 61 LHJs | EDN training logs; reim­burse­­ment records for class B1 evaluations | SES | 1) 69%, 2) 54%, 3) 77%, 6) 87% by 2024 / annually |
| Distribute a report with analyses of evaluation completion and outcomes data | CA and LHJ-level reports on Class B arrivers | SES | 3) 77%, 4) 78%, 5) 74% by 2024 / Annually |
| *2C: Targeted testing and treatment of LTBI in high-risk populations* | | |  |

**Narrative Outline:**

1. Background
2. Approach  
    a. Purpose   
    b. Outcomes (table of indicators and targets, 2020-2024)  
    c. Strategies and activities (description of activities, by strategy, correlated with workplan, as feasible)
3. Collaborations
4. Target populations and health disparities
5. Applicant Evaluation and Performance Measurement Plan
6. Organizational Capacity of Applicants to Implement the Approach
7. Work Plan