RWHAP Best Practices Recipient Compilation

Screening Questions

Please provide your contact information in case we have any questions on your submission.

Name*: _____

Affiliation (e.g., Organization, Agency, etc.)*: _____

Position/Role*: _____

Email Address*: _____

Phone Number *(e.g., 1234567890)**: _____

HRSA HAB Project Officer/COR/Project Lead*: _____

1. **Has this strategy been implemented in a RWHAP setting for at least 12 months or is it in response to a public health emergency (for example the COVID-19 pandemic)?***

   - Yes
   - No

2. **Does your strategy directly or indirectly affect an HIV care continuum outcome(s)?***

   - Yes
   - No

3. **Have you published or are you planning to publish any evaluation findings from your strategy in a peer-reviewed journal?***

   - Yes, published or planning to publish evaluation findings in peer reviewed journal
   - No, evaluation findings not published/not planning on publishing in peer-reviewed journal

4. **Are you interested in sharing your strategy with the RWHAP community on TargetHIV.org?***

   - Yes
   - No

Submission Form

1. **What RWHAP funding does your organization receive?** *(Select all that apply)**

   - Part A
   - Part B
   - Part C
   - Part D
   - Part F
   - None

General Information and Context of Emerging Strategy

2. **Name of strategy:**_____

3. **What problem or issue does your strategy address?** Provide a concise description of the underlying problem that this strategy addresses. Discuss how you identified a need for this strategy. Describe the context that made this solution necessary. What problem were you looking to solve?*

   _____
   _____

4. **What HIV care continuum outcomes does your strategy aim to impact?** *(Select all that apply)**

   - HIV diagnosis
   - Linkage to HIV medical care
   - Retention & engagement in HIV medical care
   - Prescription of antiretroviral therapy
   - Viral suppression

5. **Does your strategy influence an HIV care continuum directly or indirectly? An example of directly influencing HIV care continuum outcomes is a peer model that links clients to HIV treatment.** Examples of indirectly influencing HIV care continuum outcomes includes strategies focused on increasing placement of people with HIV in permanent housing, enrollment in health insurance, provision of substance use treatment, or provision of trauma-informed care. *(Select all that apply)**

   - Influences a direct care continuum outcome
   - Influences an intermediate outcome shown to be associated with improving HIV care continuum outcomes

5a. **If an intermediate outcome is the focus of the strategy, please specify the outcome(s):** *(Select all that apply)**

- Enrollment in health insurance
- Linkage from corrections to community providers
- Navigation from adolescent to adult care
- Placement of people with HIV in permanent housing
- Provision of substance use treatment
- Provision of trauma-informed care
- Screening for intimate partner violence
- STI/HCV screening
- Treatment for depression
- Other (please describe): _____ *

6. **What was the strategy that you implemented to address the problem?** Provide a brief description of the strategy. This includes the strategy goals, where the strategy was implemented, who the key implementers were, and core elements and activities.*

_____
_____

6a. **Was the strategy...?** *(select one)**

- Developed by my program
- Adapted from an existing strategy/intervention
- Implemented as intended using an existing intervention

6b. **What is the name of the existing strategy or intervention that you adapted or implemented as intended? ***

_____

6c. **What makes your strategy innovative (new or novel approaches that may not have been widely implemented that show promise in improving outcomes of clients with HIV) or unique for the RWHAP? ***

_____
_____

7. **What is the type of strategy?** *(Select all that apply)**

- Service delivery model
- Clinical quality management
- Data utilization approach
- Use of technology or mobile health
- Other (please describe):_____ *

8. **What are the funded HRSA HAB service categories for this strategy?** Note that this list includes those service categories associated with HIV care continuum outcomes (as per [HRSA HAB guidance, June 2015](#)). *(Select all that apply)**

- AIDS Drug Assistance Program (ADAP) treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services (EIS)
- Health Education/Risk Reduction
- Home and Community Based Health Service
- Home Health Care
- Medical Case Management
- Medical Transportation
- Non-Medical Case Management Services
- Outreach Services
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care
- Treatment Adherence Services

Population of Focus for Strategy

9. **Which population(s) is/are the <u>primary</u> focus for or benefit from this strategy?** *(Select all that apply)**
- Black gay and bisexual men
- Black men and women
- Gay, bisexual, and other men who have sex with men (MSM)
- Hispanic/Latino(a) men and women
- People in the Southern United States
- People who inject drugs (PWID)
- Persons over 50 years of age
- Rural populations
- Transgender men
- Transgender women
- Youth ages 13 to 24 years of age
- Other (please describe): _____*

9a. **Does your strategy specifically aim to reduce ethnic/racial disparities in HIV care continuum outcomes?***

- Yes
- No

9b. **Please describe:***

_____
_____

9c. **Was the strategy informed by the key population(s)?***

- Yes
- No

Setting of Strategy

10. **Where is the strategy implemented?** *(Select all that apply)**

    - Behavioral health settings
    - City/county health department
    - Community based organization/non-clinical setting
    - Community health center, including Federally Qualified Health Centers (FQHCs)
    - Hospital or hospital-based clinic
    - RWHAP funded clinic or organization
    - State health department
    - Other (please describe): _____*

11. **What is the geographic setting?** *(Select all that apply)**

    - Rural
    - Suburban
    - Urban

Funding of Strategy

12. **Were RWHAP funds used to support the development and/or ongoing implementation of the strategy?***

    - Yes
    - No

12a. **What RWHAP part(s) funded the strategy?** *(Select all that apply)**

    - Part A
    - Part B
    - Part C
    - Part D
    - Part F (SPNS, AETS, DRP, CBDPP)

13. **Were other sources of funding used to develop/implement the strategy?***

    - Yes
    - No

13a. **What were those other funding sources?** *(Select all that apply)**

    - Centers for Disease Control and Prevention (CDC)
    - City funding
    - HRSA Bureau of Primary Health Care
    - Minority AIDS Initiative Funding (MAIF)
    - Program income
    - State funding
    - Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Other (please describe): _____*

Strategy Duration

14. **In what year was the strategy <u>first</u> implemented by your program?***_____

15. **Is the strategy currently part of your program or has it ended?***

- Part of current program
- No longer part of current program

15a. **What are the reasons why the strategy is not part of your current program?** *(Select all that apply)**

- Change in leadership priorities
- Clients or patients were not responsive to the program
- Funding ended
- Lack of leadership buy-in
- No longer needed - addressed the clients' needs
- No longer resulted in improved outcomes
- Pilot project
- Replaced with different strategy
- Staff were no longer interested
- Too time intensive
- Other (please describe): _____*

Evaluation Methods and Findings

16. **What are the evaluation approaches you have used to determine if this strategy is successful or effective?** Evaluation approaches could include small qualitative or quantitative local evaluations. *(Select all that apply)**

- Comparative case study/case study
- Continuous quality improvement (i.e., PDSA cycle review, quality management)
- Correlation analysis
- Feasibility/pilot studies
- Focus groups
- Key informant interviews
- Observational studies (e.g., prospective cohort, cross sectional, case-control, etc.)
- Patient/client survey
- Post-only studies
- Pre/post, uncontrolled studies (e.g., time series, panel design)
- Qualitative interviews
- Trend analysis
- Other (please describe): _____*

17. **How did you measure effectiveness or success of the strategy?** Describe the evaluation objectives or questions, process measures (e.g. number of clients linked to HIV medical care for direct outcomes or number of clients receiving trauma-informed care intervention for indirect outcomes), outcome measures (e.g. number of clients who achieved viral suppression), data collection methods, the data sources, frequency of data collection, analysis of data, and definitions of success benchmarks/targets.*****

_____
_____

18. **Was a quality improvement approach used to monitor and inform the strategy implementation?***

   - Yes
   - No

19. **How many cycles of evaluation data were collected on this strategy?** A cycle is defined as the completion of one data collection round following strategy implementation. For example, data collected after a 6-month community health worker client engagement strategy would constitute one cycle, including baseline data if available.*****

   - One cycle of data
   - Two or more cycles of data

20. **Please describe the results of the strategy.** What were the findings from your evaluation? Describe the outcomes or results of the strategy based on your evaluation methods. What improved? What is different for clients?*****

_____
_____

20a. **What data demonstrate that the implementation of this strategy was successful and achieved the desired outcomes that led to change and improvement?** These data can be any data collected and used to monitor and evaluate program performance and achievement of outcomes. Data demonstrating impact should ultimately address the underlying problem described above.*****

_____
_____

Planning and Start-up Needs and Infrastructure

21. **What are the key planning steps to put this strategy in place?***

_____
_____

21a. **What organization, partnership, and infrastructure needed to be put in place at the start for this strategy to work?***

_____
_____

21b. **Please describe how people with HIV and other community stakeholders provided feedback on the strategy design.***

_____
_____

Staffing, Resources, and Partnerships

22. **What is the staffing needed to implement this strategy and how much time did each staff member dedicate to its implementation? (e.g., data analyst, case manager, clinical provider)***

_____
_____

22a. **Who are the key partners for this strategy?***

_____

22b. **What infrastructure, systems or supplies are needed to implement this strategy?***

_____
_____

23. **Are there any resources or materials (e.g., implementation manuals, protocols, policies, curricula or other training materials, logic models) that support implementation or evaluation of the strategy available for sharing?***

- Yes
- No

23a. **Name of resource or material:**_____

23b. **Description of resource or material:***

- Implementation guide/manual
- Protocols and policies
- Other materials (e.g., curriculum, hand-outs, etc.)

Please upload the resource or material. Examples of file types available to upload include .pdf, .docx, .pptx, .xlxs, .jpg, and .png. _(upload up to 3 documents)*_

Sustainability Planning

24. **How well was this strategy integrated into existing services or processes in your organization's sites?***

- Fully integrated
- Partially integrated
- Minimally integrated
- Not at all integrated

24a. **Please describe.***

_____
_____

24b. **What were the challenges to sustaining this strategy?***

_____
_____

24c. **What would you recommend to sustain this strategy?** Please discuss resource requirements such as staffing and infrastructure as well as other components including leadership support, community engagement, policies, partnership, etc.***

_____
_____

25. **What do you wish you had known from the beginning and would have done differently? What lessons would you share having implemented this strategy?***

_____
_____

Program Contact

26. **If your strategy is included in the online compilation, please list the name of the primary contact to be listed on the webpage.***

- Same as the person listed in the screening form
- Different person than listed in the screening form

Contact Name*: _____
Affiliation (e.g., Organization, Agency, etc.)*: _____
Position/Role*: _____
Email Address*: _____
Phone Number *(e.g., 1234567890)**: _____

27. **Are there any financial or competing interest disclosures, or business/professional affiliations related to the emerging strategy submitted? ***

- Yes (please describe):*_____
- No

References

28. **Please provide citations of any references used for this submission content (e.g., needs assessment documents, existing literature about your focus population and priority area). ***

_____
_____