Best Practices Compilation Submission Form Questions

Knowledge sharing between Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients is an important contribution to the nationwide plan to end the HIV epidemic.

Share Your Story

Has your organization implemented an emerging intervention that has successfully reduced health disparities and improved outcomes along the HIV care continuum? We want to learn more. It may be a solution for others.

You may begin the submission form below and complete it in one session or multiple sessions. It should take approximately 30 minutes to fill out. We will then follow up with you for a brief, 30-minute phone call to confirm and clarify information.

The form asks you to respond to questions related to the following information. Before you begin, it may be helpful to gather documentation to help you fill out this information:

- **Need addressed**—Why did you want to implement this intervention?
- **Description**—What was the intervention that you implemented?
- **Impact**—How did the intervention show success or impact on your clients' lives? What improved? What methods did you use to measure the intervention's success?
- **Core elements**—What are the key features or activities to this intervention's success?

At the bottom of each page, there is the option to "save" and continue later. You may save your progress at any time. You may return to this form later and it will restore the current values from the last time you saved your progress. When you return to the form page, your partially-completed form will reappear.

If you have questions or need help completing this submission form, please contact bestpractices@jsi.com.

Start Your Submission Here!

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

    a. Name *[text field]*: _____
    b. Affiliation (e.g. Organization, Agency, etc.) *[text field]*: _____
    c. Position/Role *[text field]*: _____
    d. Email Address *[text field]*: _____
    e. Phone Number *[text field]*: _____
    f. HRSA HAB Project Officer or Point of Contact: _____
    g. What RWHAP funding does your organization receive, either as a direct recipient or subrecipient? *(Select all that apply)*

Part A	○	Part B	○	Part C	○	Part D	○	Part F	○	None	○

Please answer the following questions:

1. **Has this intervention been implemented in a RWHAP-funded setting?**
   o Yes
   o No

2. **Has this intervention been implemented for at least 12 months, or if less than 12 months in response to a public health emergency (for example the COVID-19 pandemic)?**
   o Yes
   o No

3. **Has your intervention demonstrated positive change(s) influencing at least one HIV care continuum outcome?**
   o Yes
   o No

4. **Have outcome evaluation results about your intervention been published in a peer-reviewed journal or are any evaluation results currently under review by a peer-reviewed journal for publication? Note this does not include publication of descriptive information or process evaluation results.** (*Select only one below*)
   o Yes, published or planning to publish outcome evaluation findings in peer-reviewed journal

   o No, outcome evaluation findings not published/not planning on publishing in peer-reviewed journal

5. **Are you interested in sharing your intervention with the RWHAP community on TargetHIV.org?**
   o Yes
   o No

General Information and Context of Emerging Intervention

Please tell us about your intervention.

1. **Name of intervention** *[text field]*: _____

2. **Provide a brief description of the intervention.** *[helper text: For example, as an AIDS Service Organization, we used three interconnected approaches to improve retention in HIV care: housing first, harm reduction, and motivational interviewing.]*
   [text field]: _____

3. **What need or problem does your intervention aim to solve?** *[helper text: For example, increase HIV clinical care engagement for our transgender clients because they have lower engagement in care and viral suppression than the rest of our clients.]*
   [text field]:_____

4. **How was the problem or need identified?** *(Select all that apply)*

Needs assessment	◯	Literature review	◯
Quality improvement project	◯	Review of program or clinic data	◯
Community or client feedback	◯	Staff feedback	◯
Other (please describe)_____	◯		

5. What HIV care continuum outcome(s) does your intervention aim to impact?
(Select all that apply)

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

6. Does your intervention also aim to impact other, non-HIV care continuum outcomes?
(Select all that apply)

Placement of people with HIV in permanent housing	○	Screening for intimate partner violence	○
Enrollment in health insurance	○	STI/HCV screening	○
Provision of mental health services	○	Provision of trauma-informed care	○
Provision of substance use treatment	○	Navigation from adolescent to adult care	○
Linkage from corrections to community providers	○	Employment assistance	○
Provision of oral health care	○	Other, please describe: [text field]:_____	○

7. What are the core elements and/or activities of the intervention? Please list at least three key features and/or activities that are critical to this intervention's success? *[helper text: For example, a housing intervention prioritized clients at risk; connecting individuals to housing; supporting placement success; and employing a harm reduction model.]*

- Core element/activity #1: _____; please describe: _____
- Core element/activity #2: _____; please describe: _____
- Core element/activity #3: _____; please describe: _____
- Core element/activity #1: _____; please describe: _____
- Core element/activity #2: _____; please describe: _____
- Core element/activity #3: _____; please describe: _____

8. Did you model your intervention after an existing strategy or intervention? *(Select one)*

Yes	○	No	○

- o   If Yes - Go to Q8b
- o   If No - Skip to Q9

8b. What is the name of the existing strategy or intervention that you adapted or implemented as intended? *[test field]*: _____

Population of Focus for Intervention

9. Which population(s) is/are the <u>primary</u> focus for or benefit from this intervention? Who does this intervention aim to reach/engage? *(Select all that apply)*

All clients/patients with HIV	○	Newly diagnosed	○
Gay, bisexual, and other men who have sex with men (MSM)	○	Transgender individuals	○
Black gay and bisexual men	○	Individuals lost to care or hard to reach	○
Black men and women	○	Persons over 50 years of age	○
Hispanic/Latino(a) men and women	○	Rural populations	○
People who inject drugs (PWID)	○	Women	○
Youth ages 13 to 24 years of age	○	People in or exiting a correctional facility	○
Unstably housed	○	Those experiencing food insecurity	○
People with multiple chronic conditions	○	Other, please describe:_____	○

9a: Does your intervention specifically aim to reduce ethnic/racial disparities in HIV care continuum outcomes?

Yes	○	No	○

- If Yes - Go to Q9b
- If No - Skip to Q10

9b: Please describe what ethnic/racial disparities your intervention aims to reduce:
*[text field]*_____

10. Did clients/key populations provide input on the design of this intervention?

Yes	○	No	○

- If Yes - Q10a: please describe who was consulted and what was learned?:_____
- If No - Skip to Q11

Population of Focus for Intervention

11. Where is this intervention implemented? *(Select all that apply)*

Community health center, including Federally Qualified Health Centers (FQHCs)	○	Non-clinical setting	○
Hospital or hospital-based clinic	○	State health department	○

Other medical provider/setting	○	City/county health department	○
Behavioral health settings	○	Correctional facility system	○
Community based organization	○	Other, please describe: _____	○

12. What funding sources were used to develop and implement the intervention?
(Select all that apply)

RWHAP Part A	○	RWHAP Part B	○
RWHAP Part C	○	RWHAP Part D	○
Part F (SPNS; AETC; DRP; CBDPP)	○	Ending the HIV Epidemic Initiative Funding	○
Minority AIDS Initiative Funding (MAIF)	○	State funding	○
HRSA Bureau of Primary Health Care	○	City funding	○
Centers for Disease Control and Prevention (CDC)	○	Program income	○
Substance Abuse and Mental Health Services Administration (SAMHSA)	○	Other, please describe: _____	○

13. In what year was the intervention first implemented by your program:
(Please enter full 4-digit year): ___ ___ ___ ___

14. Is the intervention currently a part of your program or has it ended?

Part of current program	○	No longer part of program	○

- o   Part of current program - Go to Q15
- o   No longer part of current program - Continue to Q14a

14a. Why is the intervention no longer part of your program? *(Select all that apply)*

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

15. **What is the staffing model needed to implement this intervention and what is the approximate FTE for each staff (e.g., data analyst, case manager, clinical provider?)**

Staff Type	Staff Role on Intervention	Approximate FTE

16. **What key partners/organizations, infrastructure, training, supplies, or other key facilitators are needed to implement this intervention?** (*Select all that apply and then please describe*):

○	Key Partners/organizations	Please describe:_____
○	Infrastructure	Please describe:_____
○	Training	Please describe:_____
○	Materials/Supplies	Please describe:_____
○	Other:_____	Other, please describe: _____
○	Other: _____	Other, please describe: _____
○	Other:_____	Other, please describe:_____
○	Other:_____	Other, please describe:_____

17. **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 intervention available for sharing?**

○ Yes - Go to Q17a
○ No - Go to Q18

17a: Name: *[text field]:*____
Description of resource: *(drop down selection: implementation guide or manual, protocols and policies, other materials [e.g., curriculum, hand-outs, etc.])*
Document upload: ____
- If more than one resource/document: 17b, 17c, etc.

Program Contact and References

18. **If your intervention is selected for the online compilation, who should be the primary contact listed in your online intervention description?**

   o   Check if same as person listed in screening form - Go to Q19
   o   Check if different person - Go to below
      i.   Contact Name *[text field]*: _____
      ii. Affiliation (e.g. Organization, Agency, etc.) *[text field]*: _____
      iii. Affiliation URL

    iv.   Position/Role *[text field]*: _____

     v.   Email Address *[text field]*: _____

    vi. Phone Number *[text field]*: _____

19. **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).** *[text field]:* _____

Thank you for your submission and willingness to share your intervention. Improving outcomes for people with HIV requires people, organizations, and systems to work together to share knowledge. We appreciate your contribution to this effort. We will review and follow up about the status of your submission within one month of submission and schedule a brief 30-minute call to discuss your intervention and ensure we have captured your intervention accurately.