



RYAN WHITE HIV/AIDS PROGRAM (RWHAP) BEST PRACTICES COMPILATION

SHARE YOUR WORK!

We want to share the great work you are doing to improve the lives of people with HIV! The Best Practices Compilation gathers and shares what works in the field to support replication by RWHAP-funded and other HIV service organizations.

The Compilation includes a variety of interventions, including those that are well established and those that are emerging.

To start, please provide your contact information in case we have any questions on your submission. Questions marked with an asterisk (*) are required.

Once you have collected the following information you can submit the form using the online questionnaire on targethiv.org/bestpractices/share or by emailing this completed form to bestpractices@jsi.com.

Name *	
Affiliation *	
Position/Role *	
Email Address *	
Phone Number *	
HRSA HAB Project Officer or Point of Contact *	

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? *	Yes	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)? *	Yes	No
3. Has your intervention demonstrated positive change(s) influencing at least one HIV care continuum outcome? *	Yes	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.*		
Yes , published or planning to publish outcome evaluation findings in peer-reviewed journal	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?	Yes	No



1. ABOUT

LET'S DIVE IN

Thank you for agreeing to share your intervention with the RWHAP community. We are excited to learn more.

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

The form asks you to respond to questions related to the following information. Before you continue, gather the information you need to answer the following questions.

- **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 your clients' lives? What methods did you use to measure the intervention's success?
- **Key features and activities**—What features or activities are key to this intervention's success?

Questions marked with an asterisk (*) are required.

If you have questions or need help completing this submission form, please [contact us](#).

GENERAL INFORMATION AND CONTEXT OF INTERVENTION

Please tell us about your intervention.

1. Name of intervention*	
2. Provide a brief description of the intervention. * <i>Example: As an AIDS Service Organization, we used three interconnected approaches to improve retention in HIV care: housing first, harm reduction, and motivational interviewing.</i>	
3. What need or problem does your intervention aim to solve? * <i>Examples: (1) 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 and (2) Transportation is a major obstacle to care because of poor public transportation and lack of private cars.</i>	
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 is the type of intervention? * Select all that apply	
Clinical service delivery model	Support service delivery model
Data utilization approach	Systems/structural intervention
Outreach and reengagement activities	Use of technology and mobile health
Policy Intervention	Quality improvement
Other (please describe):	
6. What HIV care continuum outcome(s) does your intervention aim to impact? * <i>Select all that apply</i>	
HIV diagnosis	Prescription of antiretroviral therapy
Linkage to HIV medical care	Viral suppression
Retention in HIV medical care	

7. 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
Provision of oral health care	Employment assistance
Linkage from corrections to community providers	Systems level
Stigma reduction	
Other	

8. What are the core elements and/or activities of the intervention? **Example: A housing intervention prioritized clients at risk; connecting individuals to housing; supporting placement success; and employing a harm reduction model.**Please list at least three key features and/or activities that are critical to this intervention's success.*

Core element/activity #1:

Please describe:

Core element/activity #2:


Please describe:

Core element/activity #3:

Please describe:


Core element/activity #4:


Please describe:

9. Did you model your intervention after an existing strategy or intervention? *	Yes	No
 Note: If yes, go to Q9a. If no, skip to Q10.		
9a. What is the name of the existing strategy or intervention that you adapted or modeled your strategy after?		



2. POPULATION OF FOCUS

10. Which population(s) is/are the primary focus for or benefit from this intervention? Who does this intervention aim to reach/engage? * Select all that apply		
All clients/patients with HIV	People with a new diagnosis of HIV	
Gay, bisexual, and other men who have sex with men (MSM)	People with HIV who are not in care	
Black gay and bisexual men	Transgender people	
Black men and women	People lost to care or hard to reach	
Hispanic/Latina(o/x) people	People over 50 years of age	
People who inject drugs (PWID)	Rural populations	
Youth 13 to 24 years of age	Women	
People who are unstably housed	People in or exiting a correctional facility	
People with multiple chronic conditions	People experiencing food insecurity	
People who use drugs	People with undiagnosed HIV	
Other (please describe):		
10a: Does your intervention specifically aim to reduce ethnic/racial disparities in HIV care continuum outcomes? *	Yes	No
 Note: If yes, go to Q10b. If no, skip to Q11.		
10b: Please describe what ethnic/racial disparities your intervention aims to reduce.		

11. Did clients/key populations provide input on the design of this intervention? *	Yes	No
 Note: If yes, go to Q11a. If no, skip to Q12.		
11a: Please describe who was consulted and what was learned.		



3. IMPLEMENTATION DETAILS

12. Where is this intervention implemented? * <i>Select all that apply</i>	
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):	
13. What funding sources were used to develop and implement the intervention? * <i>Select all that apply</i>	
RWHAP Part A	RWHAP Part B
RWHAP Part C	RWHAP Part D
Part F (SPNS)	Ending the HIV Epidemic Initiative Funding
Part F (AETC; DRP; CBDPP)	Other federal
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):	

14. In what year was the intervention first implemented by your program? **Please enter full 4-digit year***15. Is the intervention currently a part of your program or has it ended? ***

Part of current program

No longer part of program

**Note: If part of current program, skip to Q15b. If no longer part of current program, go to Q15a.****15a. 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 intervention

Replaced with different intervention
Clients or patients were not responsive to program

Other (please describe):

15b. How well was this intervention integrated into existing services or processes in your organization's sites? *

- An intervention that is “fully” integrated would be adopted by the setting as an integral part of patient care or organizational workflow (e.g., all staff in the program/department would be aware of and/or collaborate to implement).
- A “partially” integrated intervention has most of the characteristics of a “fully” integrated intervention with some gaps, e.g., it is not yet standardized practice or institutionalized as a policy within the setting.
- A “minimally” integrated intervention may include activities that are not part of routine.

Fully integrated

Partially integrated

Minimally integrated

Not at all integrated

15c. Please describe:**16. What is the staffing model needed to implement this intervention and what is the approximate FTE for each staff? ****Examples: Case manager, clinical provider, peer navigator, benefits counselor.***Staff Type****Staff Role****Approximate FTE**

Data Analyst

Project Evaluation

0.10 FTE

17. What key partners/organizations, infrastructure, training, supplies, or other key facilitators are needed to implement this intervention? * Please list key facilitators and briefly describe them.

A. Partners/organizations:

B. Infrastructure or systems:

C. Training:

D. Supplies:

E. Other facilitator(s):

18a. If you have any resources or materials that support implementation or evaluation, please upload them below (e.g., implementation manuals, protocols, policies, curricula or other training materials, logic models).

Type of Resource	Resource Title	Available to Upload to TargetHIV.org	
Implementation Manual Curricula and Training Materials Logic Models Policies Protocols Job Description Other		Yes	No

18b. Please share links to online resources to support your intervention.

18c. 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).



4. SUSTAINABILITY, CHALLENGES, & LESSONS LEARNED

19. Please list any challenges you encountered to initiate or sustain the intervention and how you addressed or would recommend addressing to prevent or avoid this challenge.
Describe challenge
How to address challenge or recommendations to avoid challenge
Describe challenge
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20. What helped you sustain the intervention after the initial implementation?		
Funding		
Infrastructure		
Ongoing training		
Materials and supplies		
Leadership engagement		
Ongoing partnerships and collaborations		
Other:		
21. What do you wish you had known from the beginning? What would you have done differently? What lessons would you share based on your experience implementing this intervention?		
22. Do you have any peer reviewed journal articles or any documents, reports, presentations, or other materials that describe how your intervention improved client outcomes?	Yes	No
<div> <i>i</i> Note: <ul style="list-style-type: none"> If yes, go to Q23. If no, go to Q25. </div>		
23. Please list citations for peer reviewed articles or documentation for any documents, reports, presentations, or other materials that describe any findings on how your intervention improved client outcomes for clients.		
24. Please upload any of these citations or documents via the online questionnaire and then go to Q30. Skip Section 5. Evaluation Methods & Findings.		



5. EVALUATION METHODS & FINDINGS

25. How did the intervention show success or impact on your client's lives? What improved? *
Please be specific (e.g., viral suppression increased from X% before the intervention was implemented to X% after).

26. What evaluation methods or approach(es) did you use to determine if the intervention was successful or effective? *

*Evaluation methods/approaches could include small qualitative or quantitative local evaluations.
[Select all that apply]*

Case study	Post-only studies
Correlational analysis	Pre/post, uncontrolled studies (e.g., time series, panel design)
Feasibility/pilot studies	Program staff surveys
Focus groups	Trend analysis
Interviews (key informant/ qualitative)	Quality improvement approach (i.e., CQI, PDSA cycle review, quality management)
Observational studies (e.g., prospective cohort, cross-sectional, case control), etc.]	Patient/client survey
Other, please describe:	

27. What were the main measures and data sources for the evaluation methods or approach? *		
28. How many cycles of evaluation data were collected on this strategy? * <i>A cycle is defined as the completion of one data collection round following intervention implementation. For example, data collected after a 6-month community health worker client engagement intervention would constitute one cycle, including baseline data if available.</i>		
One cycle of data	Two or more cycles of data	
29. Was a quality improvement approach used to monitor and inform the intervention implementation? *	Yes	No
29a. If yes, please describe		



6. CONTACT

PROGRAM CONTACT AND REFERENCES

30. If your intervention is selected for the online compilation, who should be the primary contact listed in your online intervention description? * <i>Contact the same as the person listed on page 1 above</i>		Yes	No
i Note: If yes, questionnaire is complete. If no, go to Q30a.			
30a.			
Contact Name			
Affiliation			
Affiliation URL			
Position/Role			
Email Address			
Contact Phone Number			

THANK YOU!

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 and may request to schedule a call to discuss the information submitted and ensure we have captured it accurately. We welcome you to [contact](#) us with any questions or comments.