

**“Community-based Organization Outcome Monitoring Projects for CBO HIV
Prevention Services Clients”**

Attachment 5e#

Category 1 Staff Interview

Public reporting burden of this collection of information is estimated to average 150 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**** Interview Logistics and Script ****

Interview Logistics		
CBO name		
CBO description	Year CBO was founded:	
	How long CBO has been providing HIV services to HIV-positive people:	
	Size of CBO:	
	Types of services provided:	
	Target populations served:	
Interview date		
Interviewer name		
Interviewee name		
Title of interviewee (or person's role/job at CBO)		
Number of years in this position		
Interview time start/end	Start:	End:
Comments (e.g., document anything noteworthy that happened or was said before or after interview- or during interview if not captured on recording)		

CBO Background and History

1. When did your CBO start providing services to the community?

2. What services does your CBO currently provide (both HIV prevention services and other services)?

3. How long has your CBO been providing HIV prevention services?

General information about CBO-HPS

4. Who are your CBO-HPS partners, including clinical partners, and how do you work together to deliver CBO-HPS services?

5. Is HIV medical care provided at your CBO, at another organization, or both?

6. How many CBO-HPS staff do you have? What is their training/background? What are their roles/responsibilities on CBO-HPS ?

7. Which target populations does CBO-HPS serve at your agency (race/ethnicity, gender, age group and transmission risk)?

The remainder of this questionnaire deals specifically with services that your agency or your partners provide with CBO-HPS funds.

Reaching HIV-positive persons

8. What strategies does your agency use to find/reach HIV-positive to receive CBO-HPS HIV prevention services? (venues? through HIV testing? through other HIV prevention activities? referrals?)

Partner Services

9. Describe the process your agency uses to refer (and provide, if appropriate) HIV-positive clients to Partner Services?

Referrals, linkage and re-engagement to HIV medical care

10. How does your agency determine whether or not an HIV-positive person is out of care and needs to be linked or re-engaged in HIV medical care?

11. How does your agency develop and maintain its network of HIV medical care providers to refer the HIV-positive persons that you serve to HIV medical care?

12. Describe the network of HIV medical care providers to whom you refer HIV positive persons to HIV medical care. How many HIV medical providers do you refer to? How many of these relationships were established because of the CBO-HPS requirement?

13. Describe your relationship with HIV medical care providers with whom you have MOAs and MOUs.

14. How does your agency provide referrals to HIV medical care for HIV-positive clients who are out of care? (e.g., providing contact information for HIV medical care providers, scheduling an appointment, accompanying person to appointment, arranging for transportation to appointment, navigating free or low-cost HIV medical care)

15. Besides the referral strategies you mentioned, are there any other strategies you use to encourage clients to attend their first HIV medical care appointment?

16. How does your agency confirm whether or not the client attended their first HIV medical care appointment (in the case that a CBO staff member did not accompany them)?

Retention in HIV medical care

17. How does your agency promote retention to HIV medical care for HIV-positive clients?

Promotion of antiretroviral therapy (ART) use and adherence

18. How does your agency promote ART use and adherence?

High-Impact Prevention (HIP) Behavioral Interventions

19. Which HIP interventions for HIV-positive persons does your agency conduct with CBO-HPS funds? (CBO-HPS HIP behavioral interventions currently supported by CDC and appropriate for implementation are: PROMISE, d-up!, Mpowerment, Popular Opinion Leader, CLEAR, WILLOW, Healthy Relationships, CONNECT, Partnership for Health (Safer Sex), and START)

Please indicate if you call the intervention by another name at your agency.

20. Which HIP interventions provided by other agencies does your agency refer HIV-positive persons to? (CBO-HPS HIP behavioral interventions currently supported by CDC and appropriate for implementation are: PROMISE, d-up!, Mpowerment, Popular Opinion Leader, CLEAR, WILLOW, Healthy Relationships, CONNECT, Partnership for Health (Safer Sex), and START)

Please indicate the name of the agency that provides each selected intervention. Indicate if the intervention is called by another name.

21. How does your agency provide referrals to HIV-positive clients for HIP behavioral interventions?

Medication Adherence and ARTAS

22. Please circle the services below that your agency refers to or provides through CBO-HPS .

- a. Anti-Retroviral Treatment and Access to Services (ARTAS)
- b. Every Dose Every Day Mobile Application
- c. HEART
- d. Peer Support
- e. SMART Couples
- f. Partnership for Health (Medication Adherence)

23. How does your agency provide referrals to HIV-positive clients to the services mentioned above?

Referrals to Screening and Treatment of STDs, Viral Hepatitis, and TB

19. Please circle the services below that your agency refers to or provides through CBO-HPS ?

- a. TB screening
- b. Referral to TB screening
- c. Referral to TB treatment
- d. STD screening
- e. Referral to STD screening
- f. Referral to STD treatment
- g. Viral hepatitis screening
- h. Referral to viral hepatitis screening
- i. Referral to viral hepatitis treatment
- j. Referral to viral hepatitis vaccination

20. How does your agency provide referrals to HIV-positive clients to the services mentioned above?

Referrals to Other Prevention and Essential Support Services

21. Please circle the services below that your agency refers to or provides through CBO-HPS ?

- a. Insurance navigation and enrollment
- b. Mental health counseling and services
- c. Substance abuse treatment and services,
- d. Housing
- e. Transportation services to and from HIV prevention and medical care appointments
- f. Employment services

- g. Basic education continuation and completion services
- h. Sex education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)
- i. Other

22. How does your agency provide referrals to HIV-positive clients to the services mentioned above?

CBO-HPS Trained Navigators

The questions below are about trained navigators that work with CBO-HPS clients. Navigators are community health workers, peer advocates, or outreach workers that help with linkage or re-engagement in medical care, retention in care, and refer or provide prevention and essential support services.

23. How many CBO-HPS trained navigators are there at your agency?

24. What do you call them? (e.g., community health workers, peer advocates, outreach workers)

25. Describe their education, training, and work experience.

26. Does your CBO require any special trainings for navigators? If yes, what are they?

27. How do navigators link and re-engage clients in HIV medical care?

28. How do navigators help retain clients in HIV medical care?

22. How do navigators promote adherence to ART among HIV-positive clients? _

23. How do navigators help with other prevention and essential support services for HIV-positive clients?

Category 1 CBO-HPS Staff Interview

Reaching HIV-positive persons

First we will ask questions about reaching HIV-positive persons to receive CBO-HPS HIV prevention services? We understand that you _____.

24. What is working?

25. What is not working?

Referrals, linkage and re-engagement to HIV medical care

Now we will ask questions about providing referrals to HIV medical care for HIV-positive clients who are out of care. We understand that you _____.

26. What is working?

27. What is not working?

The next questions are about confirming whether the CBO-HPS client attended their first HIV medical care appointment? We understand that you _____.

28. What is working?

29. What is not working?

Retention in HIV medical care

The next questions are promoting retention to HIV medical care. We understand that you _____.

30. What is working?

31. What is not working?

Promotion of antiretroviral therapy (ART) use and adherence

The next questions are promoting antiretroviral therapy (ART) use and adherence. We understand that you _____.

32. What is working?

33. What is not working?

High-Impact Prevention (HIP) Behavioral Interventions

The next questions are HIP Behavioral Interventions. We understand that you provide _____ and refer to _____. Thinking about referring to these HIP Behavioral Interventions...

34. What is working?

35. What is not working?

Linkage to Care and Medication Adherence Interventions

The next questions are Linkage to care and medication adherence interventions. We understand that you provide _____ and refer to _____. Thinking about referring to these linkage to care and medication adherence interventions...

- 36. What is working?
- 37. What is not working?

Referrals to Screening and Treatment of STDs, Viral Hepatitis, and TB

The next questions are about screening and treatment of STDs, viral hepatitis, and TB. We understand that you provide _____ and refer to _____. Thinking about referring to these screening and treatment services...

- 38. What is working?
- 39. What is not working?

Referrals to Other Prevention and Essential Support Services

The next questions are about referrals to other prevention and support services. We understand that you provide _____ and refer to _____. Thinking about referring to these services...

- 40. What is working?
- 41. What is not working?

CBO-HPS Navigators

The next questions are about trained navigators . We understand that _____. Thinking about the navigation services these people provide...

- 42. What is working?
- 43. What is not working?

CBO Environment/Culture

44. How does your agency's culture and environment and affect delivery of the CBO-HPS program?

Tailoring CBO-HPS Services to Clients

HIV-positive clients may have different needs when it comes to HIV-prevention services. Think about the different needs of your CBO-HPS HIV-positive clients.

- 45. How do you know which CBO-HPS services HIV-positive clients need?
- 46. Are there characteristics of HIV-positive clients that make it easier or harder to navigate through the continuum of care or access support services?
- 47. What are your strategies for building on these successes and addressing barriers?

CBO-HPS Successes

We have talked about a lot of different services and activities at your agency that are funded by the CBO-HPS funding stream.

- 48. Out of all those activities and services, which one would you say is the biggest success?
 - a. Why?
- 49. Which one has been associated with most challenges?
 - b. Why?