



HRSA HIV/AIDS BUREAU
RYAN WHITE HIV/AIDS PROGRAM
BEST PRACTICES COMPILATION

DRAFT EMERGING STRATEGIES SUBMISSION FORM CONTENT

Purpose of Document

The HRSA HAB Ryan White HIV/AIDS Program (RWHAP) Compilation of Best Practice Strategies and Interventions (Best Practices Compilation), housed on TargetHIV.org, will allow recipients and sub-recipients to share emerging strategies for replication.

To support the development of this Best Practices Compilation, JSI has developed a two-part submission process to identify emerging strategies to include in the compilation: a four question screening form and an emerging strategy submission form.

The screening questions will appear on the best practices landing page on TargetHIV.org for recipients and subrecipients to complete to see if they are eligible to complete the full submission form on their emerging strategy. If they answer yes on all four questions, they will automatically be invited to complete the online submission form. If they answer no to any of the questions, the screening form will end (*need to develop thank you script, including email to contact us for more information*).

The information collected on the submission form will be used to 1) score the emerging strategy for potential inclusion into the Best Practices Compilation, and 2) populate the content for the Best Practices Compilation.

I. LANDING PAGE DESCRIPTION

This is the information that users will see when they arrive on the emerging strategies page on TargetHIV.org. It describes the purpose of the Best Practices Compilation and invites users to submit their emerging strategy. **Note that this landing page will be edited at a later date to incorporate language on evidence-based and evidence-informed interventions.**

Do you have an innovative strategy that you have implemented in your HRSA HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) that is showing success or has the potential to improve the lives of your clients? We want to learn more!

HRSA HAB is looking to document and share new strategies that improve the quality of life of people with HIV and can be implemented by RWHAPs. These strategies do not require rigorous evaluation or published evidence, but must work for the RWHAP care and treatment setting.

Our goal is to share information on the TargetHIV.org website on these emerging strategies that support the HIV care continuum with other RWHAP-funded programs looking to achieve similar outcomes.

Emerging strategies meet the following criteria:

- o The strategy has been implemented in a RWHAP-funded setting for at least 12 months.
- o Your agency has evaluated or is evaluating this strategy and has seen improvements in one or more HIV care continuum outcomes - either directly or indirectly.

An example of a strategy that **directly** influences an HIV care continuum outcome is an innovative peer model that links newly diagnosed clients to medical care.

An example of a strategy that **indirectly** influences an HIV care continuum outcome is one that focuses on a practice or social determinant of health, such as housing, that in turn results in an improved HIV care continuum outcome.

- o Your evaluation results are not published or you are not planning to publish in a peer-reviewed journal, because we are looking for new or novel approaches that may not have been widely implemented or rigorously evaluated.
- o Your agency is willing to share this practice with the RWHAP via the TargetHIV.org website.

Please complete this online submission form- it should take (*add total time when we can better estimate it*) to describe your strategy, the clients reached, and the effect on your RWHAP clients. We will be reviewing the submissions and following up with sites in [*add timeline*].

Please note that some of the information provided will be used to review the strategy for inclusion into the online compilation, while other information will be used to develop an online profile of your strategy. You will have the opportunity to review and approve any information that will be shared publicly in the online compilation.

Please contact bestpractices@jsi.com with any questions about this project.

II. EMERGING STRATEGY PRE-SUBMISSION FORM SCREENING QUESTIONS

1. **Was this strategy implemented in a RWHAP setting for at least 12 months?**
 - Yes → Continue to Q2
 - None → End form [need to develop thank you and explanation script]
2. **Does your strategy influence a HIV care continuum outcome(s) either directly or indirectly by focusing on an intermediate outcome shown to influence care continuum outcomes?** *An example of directly influencing HIV care continuum outcomes is a peer model that links clients to HIV treatment. Examples of influencing an intermediate outcome shown to influence HIV care continuum outcomes includes strategies focused on increasing placement of people with HIV in permanent housing, enrollment in health insurance, or provision of trauma-informed care.*

HIV Care Continuum Outcomes

- HIV diagnosis
- Linkage to HIV medical care
- Retention and engaged in HIV medical care
- Prescription of antiretroviral therapy (ART)
- Viral Suppression

- Yes → Continue to Q3
 - No → End form [need to develop thank you and explanation script]
3. **Have you published (or are planning to publish) any evaluation findings from your strategy in a peer-reviewed journal?** *(Select only one below)*
 - Yes, published or planning to publish evaluation findings in peer reviewed journal → End form [need to develop explanation script about focus of these programs on ES, pending decision by HAB on where to route EBIs/EIIs*]
 - Evaluation findings not published/not planning on publishing in peer-reviewed journal → Continue to Q4
 - This strategy has not yet been evaluated or is not being evaluated → End form [need to develop thank you and explanation script]
 4. **Are you interested in describing and sharing your strategy with the RWHAP community via a website link on TargetHIV.org?**
 - Yes → Continue with Emerging Strategy Submission form below
 - No → End form [need to develop thank you and explanation script]

***Note: this is where strategies and interventions will be triaged for EBI and EII review.**

DRAFT

III. EMERGING STRATEGIES SUBMISSION FORM QUESTIONS

To start, please provide basic program information for your emerging strategy submission.

1. 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]: _____

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

Part A	<input type="radio"/>	Part B	<input type="radio"/>	Part C	<input type="radio"/>	Part D	<input type="radio"/>	Part F	<input type="radio"/>	None	<input type="radio"/>
--------	-----------------------	--------	-----------------------	--------	-----------------------	--------	-----------------------	--------	-----------------------	------	-----------------------

3. HRSA HAB Project Officer/COR/Project Lead [text field]:_____

General Information and Context of Emerging Strategy

Please tell us about your strategy.

4. Name of strategy [text field – 100 character limit]: _____

5. 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? [text field]:

6. What HIV care continuum outcomes does your strategy aim to impact?

(Select all that apply)

HIV diagnosis	<input type="radio"/>	Prescription of antiretroviral therapy	<input type="radio"/>
Linkage to HIV medical care	<input type="radio"/>	Viral suppression	<input type="radio"/>
Retention & engagement in HIV medical care	<input type="radio"/>		

7. Does your strategy influence an HIV care continuum outcome 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	<input type="radio"/>	Influences an intermediate outcome shown to be associated with improving HIV care continuum outcomes	<input type="radio"/>
--	-----------------------	--	-----------------------

7a. If an intermediate outcome is the focus of the strategy, please specify the outcome(s): (Select all that apply)

Placement of people with HIV in permanent housing	<input type="radio"/>	Screening for intimate partner violence	<input type="radio"/>
---	-----------------------	---	-----------------------

Enrollment in health insurance	<input type="radio"/>	STI/HCV screening	<input type="radio"/>
Provision of trauma-informed care	<input type="radio"/>	Treatment for depression	<input type="radio"/>
Provision of substance use treatment	<input type="radio"/>	Navigation from adolescent to adult care	<input type="radio"/>
Linkage from corrections to community providers	<input type="radio"/>	Other, please describe: [text field]: _____	<input type="radio"/>

8. **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. [text field]: _____

8a. Is the strategy developed by your program, adapted from an existing strategy or intervention, or implemented as intended using an existing intervention?

Developed by my program	<input type="radio"/>	Implemented as intended using an existing intervention	<input type="radio"/>
Adapted from an existing strategy/intervention	<input type="radio"/>		

- If “adapted” or “implemented” → Go to Q8b
- If “developed by my program” No → Skip to Q8c

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

8c. 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? [text field]: _____

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

Service delivery model	<input type="radio"/>	Use of technology or mobile health	<input type="radio"/>
Clinical quality management	<input type="radio"/>	Other please describe: _____	<input type="radio"/>
Data utilization approach	<input type="radio"/>		

10. **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	<input type="radio"/>	Substance Abuse Outpatient Care	<input type="radio"/>
AIDS Pharmaceutical Assistance	<input type="radio"/>	Health Education/Risk Reduction	<input type="radio"/>
Early Intervention Services (EIS)	<input type="radio"/>	Medical Transportation	<input type="radio"/>
Home and Community Based Health Service	<input type="radio"/>	Non-Medical Case Management Services	<input type="radio"/>
Home Health Care	<input type="radio"/>	Outreach Services	<input type="radio"/>
Medical Case Management	<input type="radio"/>	Treatment Adherence Services	<input type="radio"/>
Outpatient/Ambulatory Health Services	<input type="radio"/>		

Population of Focus for Strategy

11. **Which population(s) is/are the primary focus for this strategy?** (Select all that apply)

Gay, bisexual, and other men who have sex with men (MSM)	<input type="radio"/>	Transgender women	<input type="radio"/>
Black gay and bisexual men	<input type="radio"/>	Transgender men	<input type="radio"/>
Black men and women	<input type="radio"/>	Persons over 50 years of age	<input type="radio"/>
Hispanic/Latino(a) men and women	<input type="radio"/>	Rural populations	<input type="radio"/>
People who inject drugs (PWID)	<input type="radio"/>	People in the Southern United States	<input type="radio"/>
Youth ages 13 to 24 years of age	<input type="radio"/>	Other, please describe: _____	<input type="radio"/>

11a: Does your strategy specifically aim to reduce ethnic/racial disparities in HIV care continuum outcomes?

Yes	<input type="radio"/>	No	<input type="radio"/>
-----	-----------------------	----	-----------------------

- Yes → Go to Q11b
- No → Skip to Q11c

11b: Please describe: *[text field]* _____

11b: Was the strategy informed by the key population(s)?

Yes	<input type="radio"/>	No	<input type="radio"/>
-----	-----------------------	----	-----------------------

Setting of Strategy

12. Where is this strategy implemented? *(Select all that apply)*

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

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

Rural	<input type="radio"/>	Suburban	<input type="radio"/>	Urban	<input type="radio"/>
-------	-----------------------	----------	-----------------------	-------	-----------------------

Funding of Strategy

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

- Yes → Go to Q14a
- No → Skip to Q15

14a. If yes, what RWHAP Part(s) funded the strategy? *(Select all that apply)*

Part A	<input type="radio"/>	Part B	<input type="radio"/>	Part C	<input type="radio"/>	Part D	<input type="radio"/>	Part F (SPNS; AETC; DRP; CBDPP)	<input type="radio"/>
--------	-----------------------	--------	-----------------------	--------	-----------------------	--------	-----------------------	---------------------------------	-----------------------

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

- Yes → Go to Q15a
- No → Skip to Q16

15a. If yes, what were those other funding sources? (Select all that apply)

Minority AIDS Initiative Funding (MAIF)	<input type="radio"/>	State funding	<input type="radio"/>
HRSA Bureau of Primary Health Care	<input type="radio"/>	City funding	<input type="radio"/>
Centers for Disease Control and Prevention (CDC)	<input type="radio"/>	Program income	<input type="radio"/>
Substance Abuse and Mental Health Services Administration (SAMHSA)	<input type="radio"/>	Other, please describe: _____	<input type="radio"/>

Strategy Duration

16. In what year was the strategy first implemented by your program?

____ _ (4 numerical digits for year)

17. Is the strategy currently a part of your program or has it ended?

- Part of current program → Go to Q18.
- No longer part of current program → Continue to Q17a.

17a. If the strategy is no longer part of your program, what are the reasons why not?

(Select all that apply)

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

Evaluation Methods & Findings

18. 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)

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

19. 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. [text field]:_____

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

Yes	<input type="radio"/>	No	<input type="radio"/>
-----	-----------------------	----	-----------------------

21. 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	<input type="radio"/>	Two or More Cycles of Data	<input type="radio"/>
-------------------	-----------------------	----------------------------	-----------------------

22. 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? [text field]:_____

22a: 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. [text field]:_____

Please share key components related to your strategy or implementation development, implementation, and long-term planning. Think about what you would have wanted to know if you were considering to implement your strategy.

Planning and Start-up Needs and Infrastructure

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

[text field]:_____

23a: What organization, partnership, and infrastructure needed to be put in place at the start for this strategy to work? [text field]:_____

23b: Please describe how people with HIV and other community stakeholders provided feedback on the strategy design. [text field]:_____

Staffing, Resources, and Partnerships

24. 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?) [text field]:_____

24a: Who are the key partners for this strategy? [text field]:_____

Tools and Resources

24b: What infrastructure, systems or supplies are needed to implement this strategy? [text field]:_____

25. 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 → Go to Q25a
- No → Go to Q26

25a: 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: 25b, 25c, etc.

Sustainability Planning

Sustainability

26. How well was this strategy integrated into existing services or processes in your organization sites? [text field]:_____

Fully integrated	<input type="radio"/>	Partially integrated	<input type="radio"/>
Minimally integrated	<input type="radio"/>	Not at all integrated	<input type="radio"/>

26a: Please describe? [text field]:_____

26b: What were the challenges to sustaining this strategy? [text field]:_____

26c: 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.).

[text field]: _____

Lessons Learned

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

[text field]:_____

Program Contact

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

- Check if same as person listed in Question 1. → Go to Q29
- Check if different person → Go to below
 - i. Contact Name [text field]: _____
 - ii. Affiliation (e.g. Organization, Agency, etc.) [text field]: _____
 - iii. Position/Role [text field]: _____
 - iv. Email Address [text field]: _____
 - v. Phone number [text field]: _____

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

- Yes → Please describe [text field]: _____

No

IV. References

30. 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). Please describe [text field]: _____

V. LANGUAGE ONCE THE FORM IS SUBMITTED:

Thank you for your submission and willingness to share your strategy for improving outcomes and quality of life for people with HIV. We may follow up with you with any questions about your strategy. We will review and notify you via email within **X-X** weeks whether the strategy has been accepted or not for inclusion in the online compilation.

DRAFT