

Intervention FAQ

What are the interventions?

An intervention is a set of actions designed to have a specific influence on a process or outcome. There are five interventions that are being disseminated through NYLinks as part of the Special Projects of National Significance (SPNS) Initiative. They are:

Appointment Procedures
ARTAS
Consistent Messaging
Outreach
Peer Support

What do you mean disseminated?

Dissemination is a process of sharing. The interventions we have packaged have been found to lead to improvement in linkage and/or retention so long as the core elements of the intervention are implemented. Dissemination is our process of sharing the results of our work so far with organizations throughout NYS.

Is there a dissemination plan?

Yes. As part of our SPNS grant we are required to put together a plan to disseminate the interventions that we have packaged. Our plan involves sharing the interventions internally within the AIDS Institute, then within each of the existing NYLinks regional groups, then with the rest of NY state, and finally, through publication and a number of other vehicles, with HRSA and the rest of the country. Our dissemination process, however, extends beyond what is established through the SPNS grant and focuses on broader efforts to effectively impact linkage and retention.

How did these interventions get chosen?

NYLinks initiated a process of collecting and evaluating over 100 different interventions being implemented by organizations who were part of one of the NYLinks Regional Groups—Upper Manhattan, Western New York, Queens and Staten Island. These interventions were evaluated based on a number of criteria, including; evidence base, number of organizations implementing, resources needed to implement, target populations, diversity of organizations that could implement, and complexity of implementation processes. A team of individuals was involved in this process, consisting of NYS DOH AI staff, NYC DOHMH staff, NYLinks staff, consumers, organizations involved in NYLinks, and staff from the Evaluation Team.

Are we going to be required to implement one of these interventions?

No, organizations will not be required to implement one of the interventions. The interventions are being offered as part of a menu of improvement options for those organizations who are ready to choose an intervention. While there is an expectation that organizations will initiate some form of improvement work, the choice of what that improvement actually is will remain in the hands of the organization.

Are there any advantages to adopting one of these interventions?

Yes. The interventions that make up our menu are evidence based and have been selected through a number of criteria that ease their implementation. Additionally, we are able to provide technical assistance in a number of different areas related to these interventions such as: selection process, implementation, fidelity, data acquisition tools, and other tools and training that might be beneficial. Technical assistance will be available at least through August of 2015. Additionally, since these interventions have been packaged with an eye toward the future there is a possibility that they could be used to meet current contract obligations. Organizations will need to check with their contract manager or project officer for confirmation.

This is part of a national initiative?

Yes. The Special Projects of National Significance are HRSA HIV/AIDS Bureau Ryan White Part-F funded grants focused on advancing the delivery of healthcare and supportive services to underserved populations. Our particular initiative, funded in September of 2011, is titled “Systems Linkages and Access to Care for Populations at High Risk for HIV Infection” and is a 4 year grant awarded to six states, including New York. Grantees were asked to specifically focus on addressing linkage and retention of HIV-infected individuals via integrating different HIV service and public health system components, including supportive services, testing, primary care, and surveillance systems.

Do we have to make a choice by a certain deadline?

While we would like organizations to choose an intervention before the end of Summer 2014, there is no hard deadline to this process and we will support the implementation of these interventions at least through August of 2015.

If we select an intervention how long will we have to implement it?

Once a decision is made to implement an intervention the organization should put together a realistic time frame for implementation. You will need to consider the resources available versus the resources required as well as your own internal time tables and what else may be happening within your organization. NYLinks can provide Technical Assistance with this.

How long will we be expected to do the intervention?

Since these interventions are designed to improve linkage and retention overall and not to solve a short term problem, you should consider that the intervention is something you are going to put in place for a long time, probably years. However, one of the advantages of working with NYLinks is that we can assist if any issues arise related to implementation.

Where can these interventions be found?

All of the interventions are on the NYLinks website at newyorklinks.org. Or, you can contact any of the New York Links staff listed at the end of this document and a full package will be sent by email.

We are already part of a network that has been doing improvement work. Will we have to do this as well?

If you already belong to a network, regional group, or initiative that is focusing on improving linkage or retention then you should continue with that work. Conversely, if you have not yet begun improvement work you could utilize one of these interventions to meet the requirements of the group you already belong to.

How do I pick one to implement?

We have a number of assessment tools that you can use to help you make this choice. The intervention you select should be based on your organization's resource availability, the types of services you already offer, the gaps in the regional cascade for your area, and your organization's ability to access and assess data related to care. You should also carefully consider how the intervention will fit with the services you currently deliver.

Our organization is already doing an intervention. Do we have to switch?

No. If you are already implementing an intervention and are having success then you should maintain your progress. If, however, you have not had the success you imagined or you have reached the maintenance phase for that intervention, you might want to consider one of the five interventions on our menu. We would be happy to discuss this with you.

Can I make changes to these interventions?

Each of our interventions has core elements and adaptable elements. Core elements cannot be changed and must be implemented as written in order for the intervention to be successful. Adaptable elements, however, can be changed or modified. Additionally, there is a great deal of room for tailoring each intervention to your specific organization so long as you do not modify one of the core elements.

What if I am not ready to implement an intervention?

Just like HIV care falls along a continuum so too do organizations when it comes to their readiness to implement an improvement intervention. Some organizations need to work on their data acquisition and analysis while others need to fine tune their Quality Management practices. If your organization falls into one of these areas, or another area that would prevent them from implementing an improvement intervention right now, that is okay and we would be more than willing to work with you to help you get to that point. Your organization should not implement an intervention if there is not already a process in place to acquire and assess data or a consistent QI/QM framework in place. In a sense, improving either of those will become your improvement intervention.

What is involved with implementation?

Each intervention has a package of materials. Each package contains a manual related to the intervention and, at least, a tool to collect process measures. In some cases additional materials are available. Implementation would involve reading and understanding all of the documents in the package, having a phone call with a NYLinks coach, and then going through whatever internal process your own organization requires. We can provide Technical Assistance with selection, implementation, adaptation, process measure collection, outcome measure collection, and fidelity monitoring.

I can implement the program part of the intervention but can't generate the process data.

Talk to us about this. The process data is an important part of the statewide and national evaluation component related to this initiative so we should explore the barriers that exist that might keep your organization from submitting the data. If it is determined that your organization can, indeed, implement the intervention but cannot generate the process data then we can ask for special dispensation that would allow your organization to implement while working on removal of the data submission barrier.

Why should I consider this intervention for my agency?

Improving linkage to care and retention in care are key steps to getting to the End of AIDS in New York State. If we can all do a better job linking those who are newly diagnosed to care and keeping everyone who is HIV+ in care, we can move more quickly to ending the epidemic here and, ultimately in the nation and the world. Choosing an intervention that is a good fit for your organization's resources and readiness as well as meeting one of the crucial gaps in the regional HIV Care cascade will position your organization positively in that effort.

Can this intervention meet funding priorities and goals to link and retain HIV positive clients into care?

Because they are evidence based, all of the interventions on our menu will improve linkage and retention. How these same interventions meet your funding priorities and/or goals is work that your organization needs to engage in prior to selecting an intervention. It is possible that one of your current contracts calls for your organization to do some form of Quality Improvement work. Possibly your organization has just received funding to link or retain PLWHA and one of these interventions could be helpful in meeting contractual goals. Or, your organization may be seeking funding and utilizing one of these interventions as part of your funding proposal is also an option. Regardless of the specific circumstances, there is no doubt that linkage to care and retention to care will be priorities when it comes to funding for the foreseeable future.

Has this intervention been researched and what is the success rate?

All of the interventions we have selected are evidence based. Citations related to each intervention are part of the intervention package. Success rates will be dependent upon many different factors including your baseline or starting rate. We are confident that if an intervention is implemented as required in the manual that linkage to care and/or retention in care will be improved.

How does this intervention differ from one of the CDC's DEBI's or one of SAMHSA's evidence based practices? Are they better?

The interventions on our menu are similar to those available through the CDC or through SAMHSA although ours have fewer core elements that must be part of the implementation and so may be easier to implement. The CDC's DEBI's were thoroughly evaluated as interventions which means that they are almost guaranteed to produce improvement so long as you exactly follow the implementation steps and focus on one of the approved population segments. Adaptability, however, is very limited. The SAMHSA evidence based and informed interventions have fewer requirements and a bit more adaptability although still have more core elements than the interventions that we have put together. No intervention is inherently better than another one. It is how that particular intervention fits with the organization trying to implement it that has more impact on how successful it will be. This is why an initial assessment is so important.

Is this an intervention that can be used for any target population or is there a set criteria as to who should receive this intervention?

The interventions that we have selected were selected because they will work with a broad range of populations. Almost all of them can also be used for either linking newly identified people to care or to improve retention in care. This is one of the adaptable elements in all of our interventions. If you desire to reach a very specific population you can adapt one of these interventions to do so.

Can my agency adapt/modify the intervention easily or is there a process for modifying the intervention?

The core components of each intervention cannot be changed. The other elements, however, are fully adaptable. Adaptation is simple and does not require any contact with NYLinks staff although we would be happy to help your organization investigate the best way to do this. The modifications you make will need to be recorded and standardized so that you can track them as a means to measure your process and outcome measures.

What is the time commitment of staff and clients?

Each intervention has different requirements in terms of staff time and commitment. We suggest that organizations implement interventions that most closely fit the work they are already doing and the staff that they already have. Additionally, since each intervention has some adaptability the exact time and staff required will differ from organization to organization. Patient/client size will also have an impact on time and resources needed as will many other factors.

Is there funding available to implement these interventions?

There is no funding available through NYLinks for implementation. NYLinks can provide Technical Assistance in any number of areas to assist with implementation and measurement.

Do the interventions include the use of incentives? If so is there funding to cover the cost of incentives?

None of the interventions requires the use of incentives as a core component. Incentives may, at the discretion of the implementing organization, be added as an adaptable element. There is no funding for incentives through NYLinks.

Will we be responsible for reporting data and if so to whom, how often, what type of data and how will this information be used?

Each intervention has a set of process measures that need to be collected as part of our state wide and national evaluation effort. We have tried to keep the data reporting to a minimum but we also need to collect data to determine how effective our processes are. Data will be collected and submitted monthly. Each intervention has a different set of process measures that need to be collected based on the work being done as part of that intervention. Most of the data is related to patient demographics and services delivered. All data that needs to be reported will be in the aggregate form so no patient level data will be collected. The data that we collect will be used to track progress and success for our own processes as well as to let us know what areas might need to be adapted. Data is collected by NYLinks and turned over to the CUNY School of Social Research which is managing the state wide evaluation for NYLinks.

Are there educational/training requirements for staff?

There are no educational requirements for staff who will be working within one of the selected interventions. There are training suggestions within each of the interventions but only one of the interventions has an actual training requirement that must be met before the intervention can be implemented. This training is offered free of charge.

Are these interventions only to be used for HIV+ individuals?

While the interventions have been developed to improve linkage and retention in HIV care the interventions can be used with any population and could be implemented organization wide if the resources for such existed.

Will the interventions require additional infrastructure?

The interventions we have selected were chosen because most do not require any additional infrastructure to be put in place. We expect that organizations will select interventions that best meet their resource capabilities. However, since there are no restrictions on the selection process it is possible that an organization could select an intervention that would require them to add staff, material, or procedures. We would suggest only doing this if the selected intervention fell within a direction the organization had already decided to adopt.

How many staff will need to be involved?

Each intervention is different in terms of the number and type of staff who will be active in the implementation. A great deal also depends upon the number of patients/clients to be served, the specific adaptations the organization makes to the intervention, and the types of patients/clients chosen to be the recipients of the intervention.

After the initial dissemination, will there be additional disseminations?

There will be no deadlines associated with the dissemination of the interventions so dissemination will occur on an ongoing basis and organizations will be able to select interventions any time over the coming year.

What additional resources will be provided for organizations to ensure their success?

(Website posting resources/materials, learning networks to share successes, challenges and best practices, communications i.e., listservs, newsletters, blogs, etc.)

NYLinks will utilize a number of resources to assist organizations with the initial selection, the implementation and the data gathering related to the implementation of the interventions. NYLinks will utilize the NYLinks website, regional meetings, email, webinars, a quarterly newsletter, and updates through other learning networks and systems to help those organizations

who are implementing become successful. Technical Assistance will be available throughout the implementation process and time period.

How will success be measured?

Success will be measured in two different ways—individually by organization and by the community via the cascade for that region. We expect that, based on the process and outcome measures, organizations will be able to tell fairly quickly the degree to which improvement in linkage and/or retention is occurring. Success, overall, will be determined by sustained improvement in either the linkage to care measure or the retention in care measure over time.

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Link. Engage. Retain

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For more information on linkage and retention, check out the NY Links Blog:

[linkandretain.wordpress.com!](http://linkandretain.wordpress.com)