TECHNICAL ASSISTANCE DECISION SUPPORT AND TRACKING SYSTEM

A Framework for Technical Assistance Provision in the Ryan White HIV/AIDS Program

Developed by The Fenway Institute, Fenway Health
Division of Education and Training

HEALTH RESOURCES AND SERVICES ADMINISTRATION'S HIV/AIDS BUREAU

This product was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of Ryan White HIV/AIDS Program (RWHAP) Part F - Special Projects of National Significance (SPNS) Program award totaling $19,258,537 and 0% financed with non-governmental sources (U90HA42153). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, RWHAP SPNS, or the U.S. Government. For more information, please visit HRSA.gov.

OVERVIEW

What	**The technical assistance (TA) decision support and tracking system** guides organizations in systematically documenting, tracking, and responding to TA requests.
Who	This system is designed to be used by TA providers (i.e., organizations that provide TA and capacity building to HIV service sites).
Why	The purpose of this system is to help TA providers: • Make decisions about the types of TA to provide • Track and resolve TA requests • Evaluate and learn from the system's data • Distill best practices and document them in replication tools

DEVELOPMENT BACKGROUND

- **The Fenway Institute (TFI)** developed the TA decision support and tracking system in collaboration with the HRSA HIV/AIDS Bureau.
- TFI is the national research and education arm of Fenway Health, a federally qualified health center based in Boston, MA.
- Since 2017, TFI has served as a TA and Capacity Building Provider for three consecutive Special Projects of National Significance (SPNS) initiatives.
- Through SPNS, TFI has supported over 50 implementation sites in adopting, tailoring, and sustaining innovative interventions to improve health outcomes for people with HIV.

KEY TERMS

- **Special Projects of National Significance (SPNS).** The Ryan White HIV/AIDS Program Part F SPNS program supports the development, implementation, adaptation, evaluation, and dissemination of innovative interventions to quickly respond to the emerging needs of people with HIV. While this TA decision support and tracking system was developed for SPNS initiatives, the system can be used in non-SPNS programs as well.
- **Technical assistance (TA)**. TA refers to coaching, training, resources, and other forms of support to facilitate the uptake, implementation, and sustainment of an intervention within an organization.

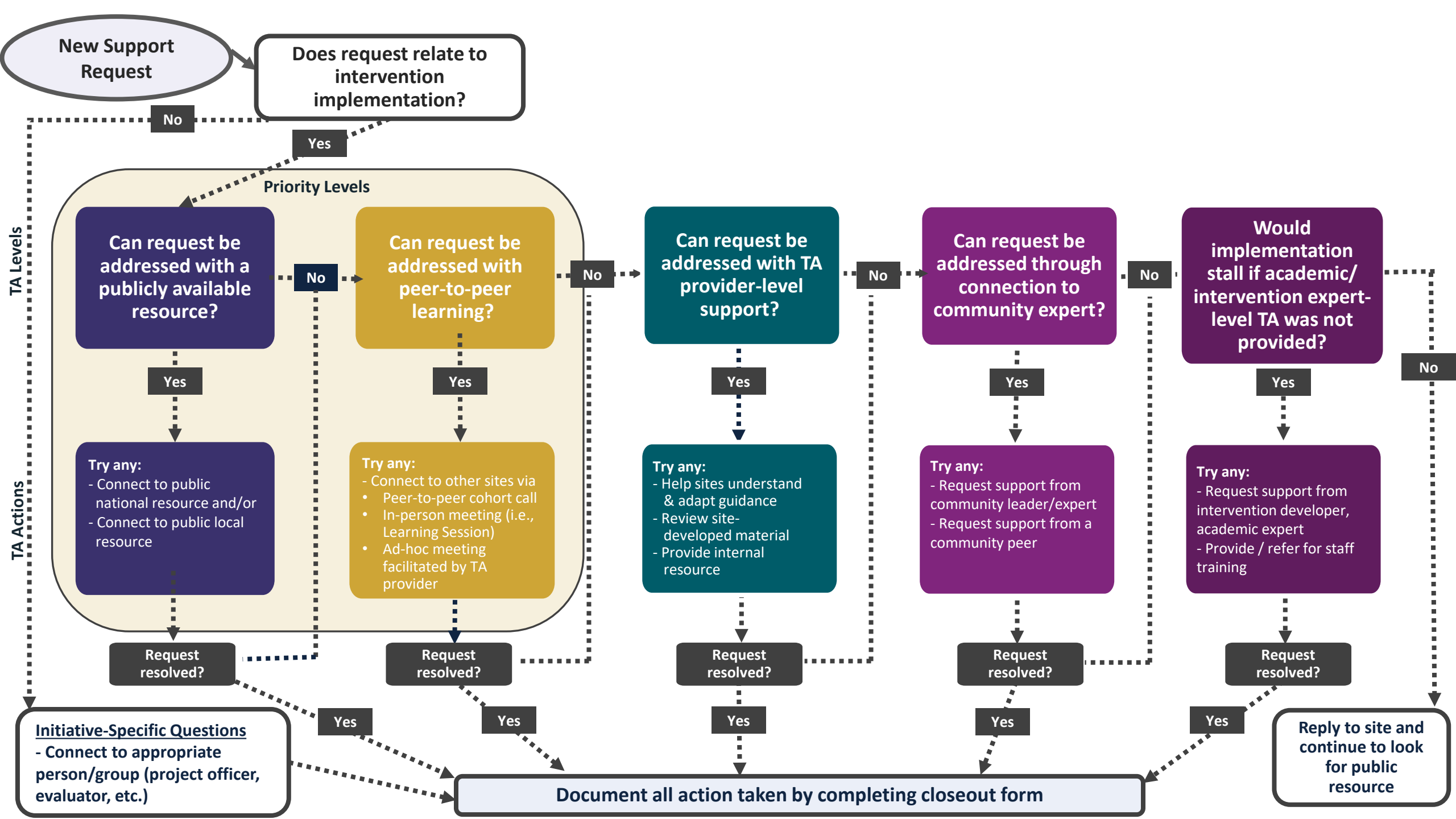
TA DECISION SUPPORT

DECISION SUPPORT FRAMEWORK

- The decision support framework was designed to balance the immediate needs of implementation sites with the broader goals of national replication and scale-up of interventions after the conclusion of a SPNS initiative.
- The framework therefore prioritizes responding to TA requests with the least intensive option.
- If a less intensive level of TA does not meet the needs of the site, the TA provider then escalates to more intensive levels of TA support until the need is met.
- By following this decision path, the framework simulates the “real-world” implementation support options available to organizations without SPNS or other TA funding.

DECISION SUPPORT PATH

- The next slide illustrates the TA decision support path.
- The path starts with a new TA request from an implementation site.
- The path then takes the TA provider through several decision points, moving from left to right across five levels of support.
- The levels of support go from least to most intensive.


New Support Request
Does request relate to intervention implementation?
No
Yes
TA Levels
TA Actions
Priority Levels
Can request be addressed with a publicly available resource?
No
Yes
Try any:
- Connect to public national resource and/or
- Connect to public local resource
Request resolved?
Yes
Can request be addressed with peer-to-peer learning?
No
Yes
Try any:
- Connect to other sites via
• Peer-to-peer cohort call
• In-person meeting (i.e., Learning Session)
• Ad-hoc meeting facilitated by TA provider
Request resolved?
Yes
Can request be addressed with TA provider-level support?
No
Yes
Try any:
- Help sites understand & adapt guidance
- Review site-developed material
- Provide internal resource
Request resolved?
Yes
Can request be addressed through connection to community expert?
No
Yes
Try any:
- Request support from community leader/expert
- Request support from a community peer
Request resolved?
Yes
Would implementation stall if academic/ intervention expert-level TA was not provided?
No
Yes
Try any:
- Request support from intervention developer, academic expert
- Provide / refer for staff training
Request resolved?
Yes
Initiative-Specific Questions
- Connect to appropriate person/group (project officer, evaluator, etc.)
Reply to site and continue to look for public resource
Document all action taken by completing closeout form

TRACKING TA

TRACKING SYSTEM OVERVIEW

- The TA tracking system captures new TA requests, actions, and resolutions (i.e., closeout).
- The TA provider can set up the system in an electronic data capture platform.
- The next few slides explain how the system works.

ENTERING NEW REQUESTS

- **By sites**: Implementation site staff can enter a new TA request by filling out an online request form via a link generated by the platform.
  - Implementation sites need to be shown and reminded on how to do this.
  - The TA provider receives an email alert when someone enters a request.
- **By TA provider**: New requests can also be entered by the TA provider on behalf of a site.
  - For example, the TA provider can enter a request after receiving a call or email from a site.
  - TA needs can also arise organically during a site visit or meeting with a site, leading the TA provider to enter the request.

DATA TO COLLECT IN REQUEST FORM

At minimum, the request form should capture the following:

- Initial request date
- Name of the submitter
- Site name
- Intervention name
- Subject/title of the request
- Text description of the issue/question
- Origin of the request (if entered by TA provider). Examples:
  - Email or phone call from site
  - Site visit
  - Monthly TA call
  - Quarterly peer-to-peer call
  - In-person convening/learning session

TRACKING TA LEVELS AND ACTIONS

- Once a new request is opened, the TA provider uses the decision path to choose how to respond.
- This action can be recorded in the tracking system using drop-down options (see next slide)

DATA TO COLLECT FOR TA ACTION

Lower

Level of Intensity

Higher

Level of Support	Action
Public Resource	Connected site to national publicly available resource
	Connected site to local community resource
Peer-to-Peer	Connected site to one or more other implementation sites
TA Provider	Coached sites on (examples): understanding the core elements of the intervention; using training materials
	Reviewed site-developed material
	Provided existing resources from intervention consultant
	Provided client-facing resource
Community Expert	Requested support from community expert
Academic / Intervention Expert	Requested support from intervention consultant(s)
	Requested support from academic subject matter expert

TA REQUEST CLOSEOUT

- Once a request has been resolved, the TA provider completes a closeout form.
- The TA director/supervisor reviews all closeout forms before officially closing the request.
- The next slide includes suggested information to collect at closeout.

DATA TO COLLECT IN CLOSEOUT FORM

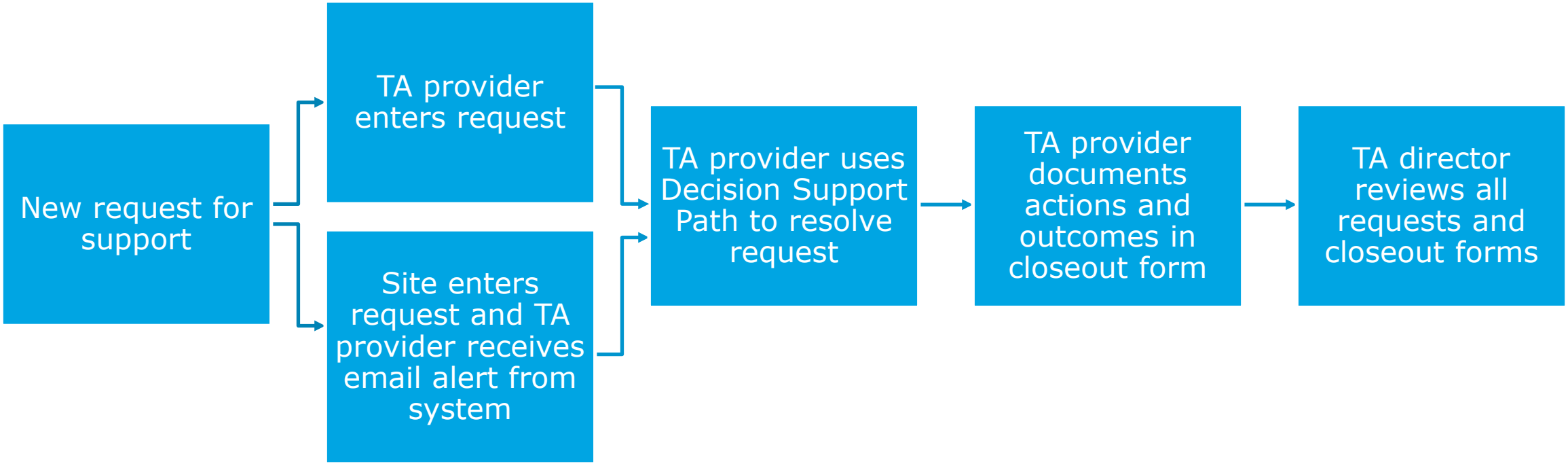
The closeout form should collect the following:

- Resolved date
- People involved in addressing/resolving the TA request
- # of emails/meetings with site, TA provider, and experts, as applicable
- # of minutes spent on resolution
- Type of response(s)
- Outcome(s) – see next slide for possible TA outcomes to track
- Description of resolution
- Link to resource(s) if applicable

POSSIBLE OUTCOMES TO TRACK

Outcomes of TA Provision	Definition
Modification of intervention	Change(s) to intervention that altered one or more of its core elements
Development of new or existing resource	Creation of forms, flyers, and other materials
Guidance on intervention planning and implementation	TA provider assisted site with addressing implementation barrier(s)
Implementation of new programming	Site added new services or support for clients
Increased networking opportunities	TA provider connected staff across sites beyond structured peer-to-peer activities
Organizational or program policy implemented or changed	Site created or changed organizational policy
Self-identified increase in clinical competency	Site staff increased skills through participation in external training
Site dissemination of intervention	Site presented on their intervention at local, regional, or national meeting/conference
Best practice identified for toolkit	Helpful lesson learned to include in dissemination materials that may benefit future implementers

REQUEST FOR SUPPORT WORKFLOW



USING TA TRACKING DATA

REVIEWING THE DATA

- Since SPNS projects are multi-year, regularly reviewing TA tracking data will make it easier to use and understand the data later in the initiative.
- Reviewing the data helps to:
  - Ensure TA data are entered accurately and make sense
  - Ensure site requests are responded to in a timely fashion
- Suggested cadence of data review:
  - Discuss TA requests weekly
  - Extract full reports quarterly

USING TA DATA TO INFORM REPLICATION AND ADAPTATION

- TA data can inform and enhance materials and tools used for replication and adaptation.
- For example, in the closeout form, TFI coded as “best practice” or “lesson learned” any TA requests that yielded insightful resolutions or new resources that could benefit future implementers of the intervention.
- TFI then extracted these coded items and incorporated them into replication tools and materials.

TA DATA AND KEY LESSONS LEARNED FROM A 2021-2025 SPNS INITIATIVE

The following slides show results from TFI's TA tracking data collected during a four-year SPNS initiative.

SPNS INITIATIVE (2021–2025)

- **Goal**:
  - To improve health outcomes for people with HIV who are out of care or not consistently engaged in care
- **Implementation Sites**: 19 RWHAP recipient sites from 15 U.S. states
- **Interventions**: Each site adapted and implemented an intervention

STRUCTURED SUPPORT OFFERED TO SITES

Monitoring Calls
(monthly TA meetings with each site)

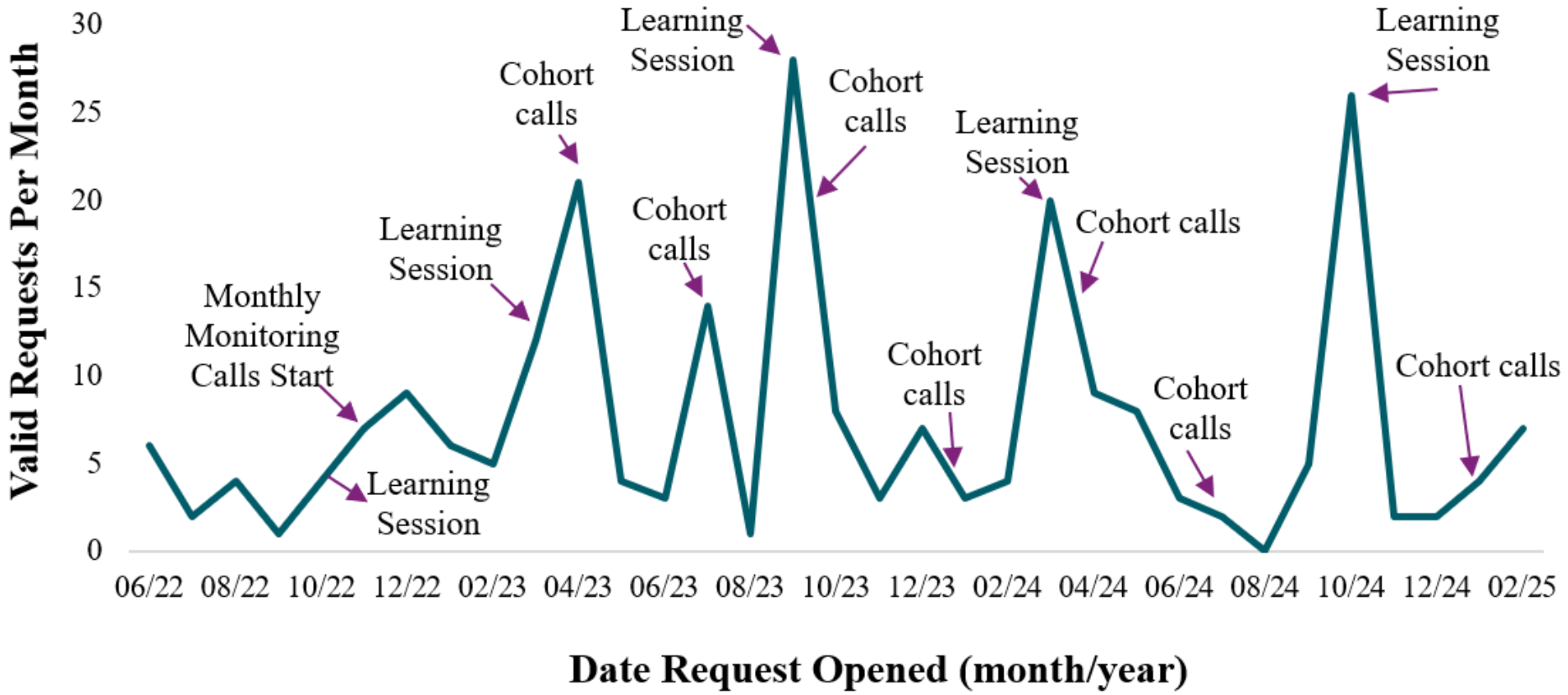
Cohort Calls
(quarterly site-led discussions/sharing; two to three sites per cohort)

Learning Sessions
(biannual, two-day all-site trainings, networking, and discussions)

Site Visits
(annual, one-day visits to each site)

TA Ticketing System/Email
(always available for requests for support)

REQUESTS FOR SUPPORT FROM 6/2022 – 2/2025 (N=241)



Requests peaked cyclically when there were more opportunities for peer-to-peer learning

ORIGIN OF VALID REQUESTS FOR SUPPORT (N=241)

Origin of support request	N	Percent
Learning Session (biannual, two-day conference)	68	28.2%
Site visit (yearly, one-day)	47	19.5%
Monthly site monitoring call	40	16.6%
Quarterly cohort call (two or three sites per call)	38	15.8%
Email	25	10.4%
Site staff-initiated Support Request Form	6	2.5%
Phone call	5	2.1%
Other	12	5.0%

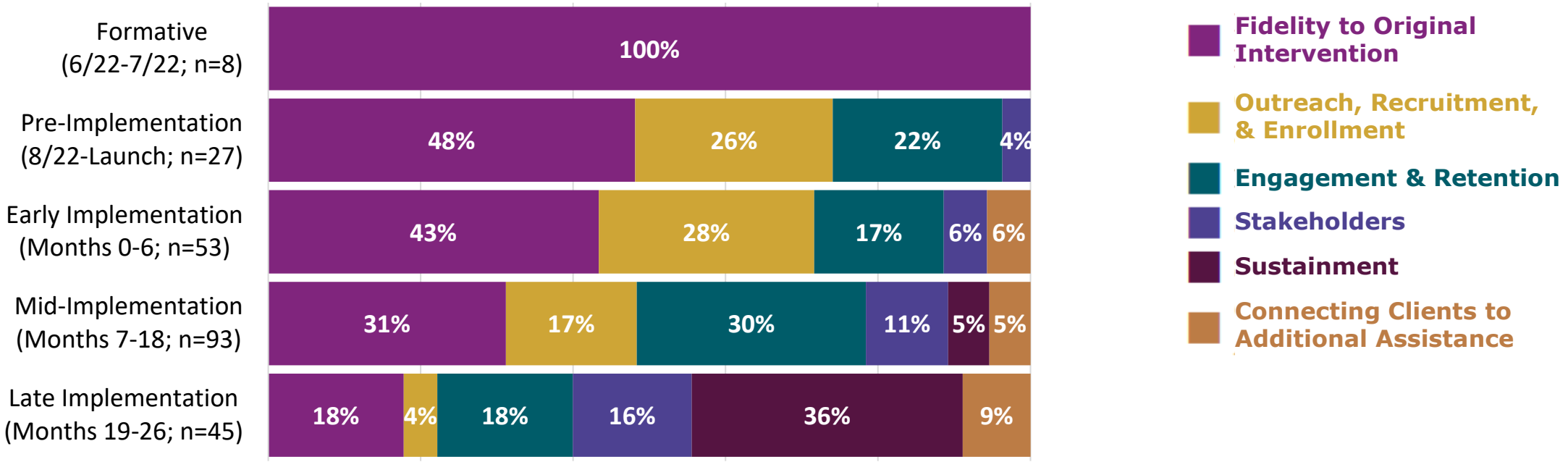
Most requests arose from structured TA opportunities, rather than by staff using the form

TOPIC OF EACH VALID REQUEST FOR SUPPORT (N=241)

Topic of request for support	N	Percent
Fidelity to Original Intervention	81	33.6%
Engagement & Retention	51	21.2%
Outreach, Recruitment, & Enrollment	40	16.6%
Stakeholders	21	8.7%
Sustainment	21	8.7%
Connecting Clients to Additional Assistance	12	5.0%
Initiative Evaluation/Data	11	4.6%
Initiative Grants Management	4	1.7%

Most requests related to implementing with fidelity to the intervention core elements

TOPIC OF REQUESTS BY IMPLEMENTATION PHASE (N=226)



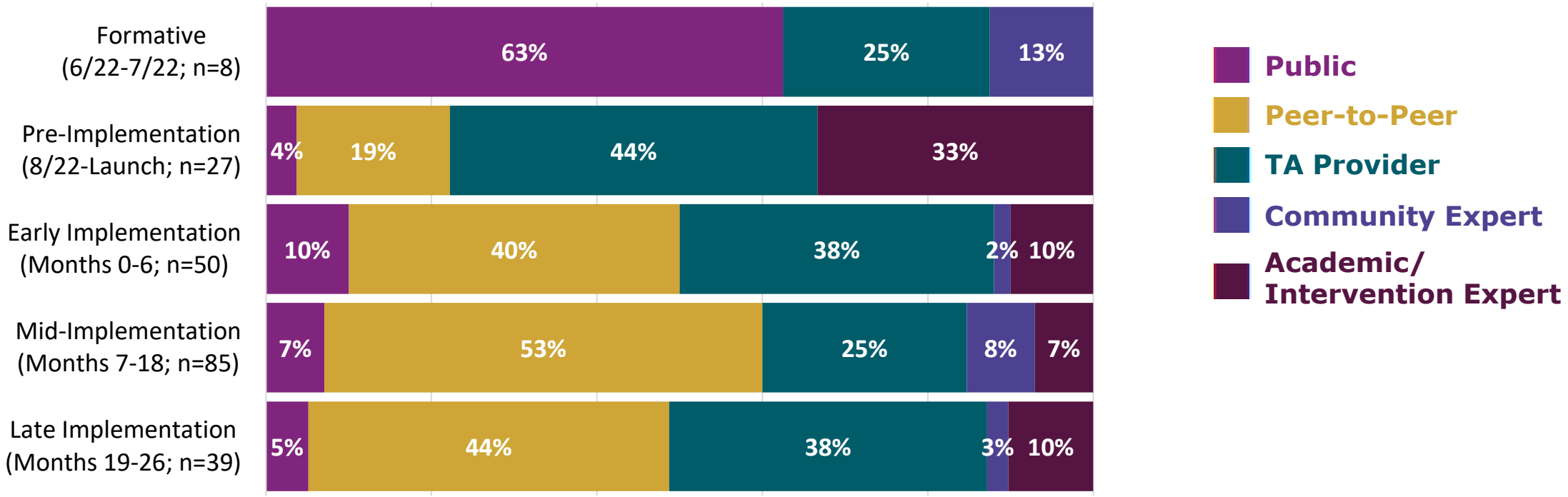
The most common topics of requests shifted over time

OUTCOMES OF TA PROVISION (N=209)

Outcomes of TA provision	N	Percent
Guidance on intervention planning and implementation	187	89.5%
Best practice identified for toolkit	71	34.0%
Increased networking opportunities	30	14.4%
Development of new or existing resource	17	8.1%
Modification of intervention	13	6.2%
Policy implemented or policy change enacted	11	5.3%
Adaptation to or addition of implementation strategy	9	4.3%
Self-identified increase in clinical competency	8	3.8%
Site dissemination of intervention (e.g., conference presentation)	6	2.9%
Implementation of new programming	4	1.9%

Over one third of requests were categorized as a best practice

LEVEL OF TA BY IMPLEMENTATION PHASE (N=209)



We successfully limited the need for expert TA by leveraging public, peer-to-peer, and TFI TA

KEY LESSONS LEARNED

- Most TA requests were entered by TA provider staff and not by sites
  - Staff must incorporate TA tracking into workflow
- Most TA requests were resolved at a lower level of intensity, without bringing in community or academic experts.
- The TA decision path and tracking system should be discussed regularly among the TA provider team to ensure consistency and accuracy.
- To ensure that best practices and key lessons learned are incorporated into replication products, make sure to correctly code and extract the data and then add the information into your resources.