Monthly Call Form

Conference Call Number: 1-888-394-8197

Participant Passcode: 359854

Site:

Date: | ET

Participants from site:

Participants from AU:

Participants from BU:

1. **Program update:** work plan, terms and conditions related to program activities, implementation, etc.
   1. Have there been any major changes within your clinic or community that could influence your implementation or evaluation (changes in funding, community events or news stories, opening new clinic locations, local or national policies that impact your work with your patients)
      1. Are there any articles, press releases, social media posts that the organization could send to Boston University and AIDS United?
   2. To what degree is the intervention being implemented as designed in the adapted intervention and implementation plan?
      1. At this stage in the project, how is the intervention being implemented?
      2. Challenges/barriers? Solutions?
   3. How has this intervention been integrated into the care services provided at your site?
   4. How does it complement or conflict with other programs at the clinic?
   5. Have you designed any materials (patient or community) to support the implementation of this intervention? Please attach them to this call form.
2. Have you used this intervention to make changes to other clinic service or programs or to apply for funding for other programming?
3. Administrative update: NoA, reporting requirements, terms and conditions related to Administrative requirements, etc.
4. Financial updates: budgets, carryover requests, invoicing issues, contract issues, anything that would impact a cost analysis.
5. Staffing updates (including new contractors, new staff members, major administrative changes in the organization, integration of intervention team members into the clinical team)
   1. Have you experienced any staff turnover?
   2. Has your staff participated in any trainings (offered either by your clinic/organization, a community partner, national partners, etc.)?
      1. Training topic:
      2. Training modality (in person, online):
      3. Notes:
   3. Are there any materials/notes/agendas available from the training? Please attach them to this call form.
   4. Do staff feel as though they are getting sufficient supervision or support from staff at the organization?
   5. Does the intervention avoid duplication and alleviate staff burden?
6. Evaluation updates
   1. How many participants have you enrolled in the evaluation?
      * 1. How many participants have you screened?
        2. Are you on track to meet your enrollment goals?
        3. Are there any additional or alternative enrollment strategies that should be explored?
   2. Are there any barriers or challenges to implementing the evaluation activities?
   3. How are patients/clients responding to the evaluation activities?
   4. Are there any barriers or challenges to locating patients/clients for follow-up activities?
   5. Have you completed your most recent data cleaning report?
7. Challenges and barriers (to implementation and evaluation)
   1. What are the challenges and barriers to implementing the intervention as designed?
8. Technical assistance needed
   1. Have all of your technical assistance requests been filled? Is there any follow up needed or any additional TA needs at this time?
   2. Reminders regarding any upcoming trainings organized by AU/BU (i.e. convenings)
      1. Convening attendance guidance
      2. Motivational Interviewing Webinar: Part 1- 3/20/17 (2-3pm) | Part 2- 4/12/17 (1-2pm) |Part 3- 4/17/17 (2-3pm) ET
9. Scheduling
   1. Confirm next call time/date
   2. If relevant, confirm upcoming site visit or training dates
10. Q&A