

## **HPTN 096: Culturally Responsive Intersectional Stigma Prevention (CRISP) Healthcare Facility Interest Form**

- 1. Please provide the following information about the healthcare facility that is interested in participating in CRISP** (*\*Note: If there are multiple locations/facilities associated with a healthcare system, please submit a separate form for each location that would participate in CRISP.*):

Legal Name of Facility (include specific clinic name that is interested in participating in CRISP):  
\_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Web site URL address (optional): \_\_\_\_\_

- 2. Facility Representative Contact Information:**

***Primary Point of Contact***

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

***Secondary Contact (optional)***

Secondary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

***Additional Contact (optional)***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

3. Is the interested facility part of a larger health system? No  Yes

If no: Skip to Question 4.

If yes: What is the name of the health system?

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4. Does the interested facility have multiple *locations within an HPTN 096 study community* (i.e., Dallas county, TX; Montgomery, Autauga, or Elmore counties, AL; Broward, Miami/Dade counties, FL)?

No  Yes

If no: Skip to Question 5.

If yes: How many clinic locations are within the study community? \_\_\_\_\_

If yes: Is there interest in all of these locations participating in CRISP, or just some of these locations participating in CRISP? Please specify. (Note: please submit a separate form for each location that would participate as a CRISP facility).

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5. Type of healthcare facility (select all that apply):

Hospital outpatient clinic

Federally qualified health center (FQHC)

Community health center

Public health clinic (including STI clinics and health department clinics)

Community-based organization, including AIDS Service Organizations

Primary health care

Private provider

Retail health provider/pharmacy

College/university health service

Other (please specify) \_\_\_\_\_

6. Did the interested facility open clinical services within the past 2 years?

Yes

No

If yes, please provide the approximate month and year that clinical services began at the interested facility.

7. Does the interested facility have the capacity to take on new clients over the next two years?

Yes

No

Unsure

8. Does the interested facility provide HIV-related treatment services to clients?

Yes

No

If yes, please complete the table below:

Approximate total number of unique clients served for HIV treatment in 2022:	Approximate total number of unique <b>Black male</b> clients served for HIV treatment in 2022 (if known):	Approximate total number of unique <b>Black MSM</b> clients served for HIV treatment in 2022 (if known):
_____	_____	_____

9. Does the interested facility provide HIV prevention services (including pre-exposure prophylaxis – PrEP) to clients?

Yes, including PrEP (i.e., PrEP is prescribed by providers at this facility).

Yes, but not including PrEP (PrEP is not prescribed by providers at this facility).

No

If "Yes, including PrEP", please complete the table below:

Approximate total number of unique clients who received HIV testing at this facility in 2022:	Approximate total number of unique <b>Black male</b> clients who received HIV testing at this facility in 2022 (if known):	Approximate total number of unique <b>Black MSM</b> clients who received HIV testing at this facility in 2022 (if known):
_____	_____	_____

If "Yes, but not including PrEP", is the facility willing and able to integrate PrEP provision into the facility practice? (For any other answer, skip to Question 10).

Yes

No

Unsure

**10. Does the interested facility use an electronic medical record (EMR) system?**

No  Yes

○ **If yes: Who is the EMR vendor?**

Allscripts

Athena

Centricity

Cerner

eClinicalWorks

Epic

Jane

Medent

Meditech

Netsmart

NextGen

Siemens

Other (please describe): \_\_\_\_\_

**11. Has the interested facility switched EMR systems within the past two years?**

Yes, please specify:

\_\_\_\_\_  
 No

**12. Please answer the following questions about the EMR system at this facility:**

- **Is there currently an EMR data field to capture SOGI information (Sexual Orientation and Gender Identity)?**

Yes

No

Unsure

- **If yes, are providers consistently capturing SOGI data in an EMR field?**

Yes

No

Unsure

- **Is there currently an EMR field to capture sexual behavior data?**

Yes

No

Unsure

- If yes, are providers currently and consistently capturing sexual behavior data for clients in an EMR field?
  - Yes
  - No
  - Unsure
- If there currently are not EMR fields to capture SOGI and sexual behavior data, could fields be added capture this information?
  - Yes
  - No
  - Unsure

**13. Approximately how many staff would you estimate provide HIV prevention and/or treatment services at the interested facility (note: CRISP is a whole facility approach, so this means the clinical staff who directly provide HIV treatment or prevention services, and the non-clinical staff who support or provide administrative leadership to them)?**

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**14. If selected to participate in HPTN 096, would this healthcare facility be willing and able to recruit a small number of Black MSM clients during their regularly scheduled medical visits to be HPTN 096 research participants? This research participation would involve completion of a participant-administered online questionnaire, and abstraction of some medical record information from the client's chart after their appointment by designated and trained staff at the healthcare facility? The study will provide all required training.**

- Yes
- No
- Unsure

**15. If selected to participate in HPTN 096, would this healthcare facility be willing to share limited, de-identified EMR data for research purposes, in accordance with HIPAA and 45 CFR 46 regulations, and under agreement with involved parties?**

- Yes
- No
- Unsure

**16. Is this healthcare facility aware that there is a 2.5-year period of participation and research partnership with this study?**

- Yes
- No

**17. Are there any other questions or concerns this facility has about participating in HPTN 096 and/or CRISP?**

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**Please return completed forms, and/or direct any questions about this form, to [096crisp@fhi360.org](mailto:096crisp@fhi360.org).**