



# **East Bay Advanced Care: Eradicating Racism and Striving for Excellence in HIV Care (ERASE)**

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Implementation Toolkit



# Authors

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## **Acknowledgements**

EBAC is deeply rooted in our East Bay community and guided by our values of compassion, care, community, integrity, and excellence. EBAC wishes to acknowledge and thank the 159 ERASE program clients who continue to show up for themselves and for each other, demonstrating endless strength and resilience despite facing daily adversities as Black men with HIV. EBAC also wishes to acknowledge the tireless work of our partners and colleagues that are collaborating to end new transmissions of HIV, address structural racism in HIV transmission and care, and make the experience of living with HIV no longer a barrier to thriving, including our collaborating partners at East Bay Getting to Zero, the Alameda County Office of AIDS, and the California Planning Group.



# Table of Contents

<b>Table of Contents</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Key Adaptations &amp; Implementation Strategies</b>	<b>5</b>
<b>Dedicated Safe Space</b>	<b>6</b>
<b>Program Flyers</b>	<b>7</b>
<b>Data Collection Protocol</b>	<b>9</b>
<b>Client Intake and Initial Assessment Form</b>	<b>11</b>



## Introduction

Building off the overview provided in the Implementation Manual, this Implementation Toolkit provides additional guidance on how to adapt and implement East Bay Advanced Care (EBAC)'s Eradicating Racism and Striving for Excellence in HIV Care (ERASE) intervention. This Toolkit is designed to provide more detailed information to support future replicators, especially HIV service providers and on-the-ground clinic staff, who are planning for implementation or are in the process of implementing ERASE components.

Specifically, this Toolkit provides tangible tools and other materials to tailor and use when replicating the ERASE intervention. Replicators are encouraged to reach out directly to the EBAC team with questions or for additional information (see the Manual for the team's contact information).

***ERASE is the first program in the East Bay region to specifically focus on addressing structural barriers BMSM face in accessing care.***

This toolkit is organized roughly by intervention timeline:

1. Overall implementation strategies and adaptations, including data protocols
2. Program ramp up, including marketing materials and safe space design
3. Intake and enrollment forms
4. Regular program tracking and monitoring



## Key Adaptations & Implementation Strategies

This checklist can be used to replicate the key effective strategies ERASE employed.

<input type="checkbox"/>	Dedicated safe space designed by BMSM	<input type="checkbox"/>	BMSM Community Advisory Board
<input type="checkbox"/>	Peer case managers with lived experience & cultural competency	<input type="checkbox"/>	Directly providing support services, such as housing vouchers, food, benefits enrollment, and transportation
<input type="checkbox"/>	De-medicalize interactions to shift perceived power dynamics between clients and staff (through staff training)	<input type="checkbox"/>	Integrated behavioral health services (mental health counseling, substance use) with licensed clinician on-staff
<input type="checkbox"/>	“Clinic without walls” approach -- drop-in availability, 24/7 on-call staff, no penalty for missed appointments	<input type="checkbox"/>	Single point of contact for client via case manager, with case conferencing between clients’ care team members
<input type="checkbox"/>	Relationship-building between program staff and frontline staff at other community-based organizations to cross-refer clients to wraparound services	<input type="checkbox"/>	Case management visits/check-ins provided in the office, in their homes, in the community, or virtually to increase access



## Dedicated Safe Space

### Designed before program recruitment began

The Community Advisory Board, which was comprised of seven BMSM, designed the ERASE safe space, which served as a waiting room for ERASE clients. The room features an LGBT+ flag, a couch, colorful walls, magazines, posters, plants, and other indicators that it is a friendly space for BMSM.



## Program Flyers

# SEEKING SUPPORT?



### WHO

**Black and African American identified, HIV+, MSM who are interested in receiving focused case management support through EBAC's Social Services Department.**

### WHAT

**An 18 month long research study that provides participants with intensive case management support. Participants will work one-on-one with a Case Manager who will support in navigating through issues including stable housing, medication adherence, psychosocial support and more. The purpose of the study is to learn if intensive case management can improve linkage to care and HIV health outcomes.**

### WHERE

**EBAC  
3100 Summit  
Street, 2<sup>nd</sup> Floor  
Oakland, CA 94609  
[crush510.org](http://crush510.org)**

### PROGRAM OVERVIEW

**The study involves both weekly and monthly sessions with questionnaires where participants will work with Case Managers to establish goals and create plans to achieve them throughout the program. Compensation as much as \$480.**

### INTERESTED?

**Please contact EBAC directly and reference the ERASE Study to speak directly with a Case Manager for program details at [510.869.8400](tel:510.869.8400).**



## ARE YOU SEEKING SUPPORTIVE SERVICES?

**EBAC is seeking Black/African American, HIV+, MSM who are interested in receiving focused case management support through our Social Services department.**

E.R.A.S.E is an 18 month long research study that provides participants with intensive case management support. Participants will work one-on-one with a Case Manager who will support in navigating through issues including stable housing, medication adherence, psychosocial support and more. The purpose of the study is to learn if intensive case management can improve linkage to care and HIV health outcomes.

ONE-ON-ONE SUPPORT

GOAL SETTING

CUSTOMIZED CARE PLANS

ACCESS TO SUPPORTIVE SERVICES RESOURCES

COMPENSATION UP TO \$480

EBAC

3100 Summit Street  
Oakland, CA 94609

[Crush510.org](http://Crush510.org)

510.869.8400





# Data Collection Protocol

## Summary of Data Collection Tools

Below is a summary of the tools used for data collection, including the frequency used for each. An asterisk\* denotes that this instrument is included further below in this Toolkit.

Data Collection Protocol		
Instrument	Protocol	Frequency
1 Eligibility Screening Questionnaire*	<ul style="list-style-type: none"> <li>● If eligible and chose to enroll—save paper form in locked file cabinet</li> <li>● If ineligible and/or decline to enroll—refer to other services, shred paper form</li> <li>● For ALL eligibility screeners administered, document the date, eligible/not eligible (+reason) in ERASE Tracking Form on G-drive</li> </ul>	At Intake Visit
2 Consent Form	Only use STAMPED version, administer as 2 PAPER forms, give client 1 copy, store 1 copy in locked file cabinet	At Intake Visit
3 Intake & Assessment Form*	Enter directly in EPIC (electronic health record), complete and/or update as needed, includes Treatment Plan	At Intake Visit
4 Release of Information Form	PAPER form, if receiving care outside of EBAC, fax to appropriate providers, store paper form in locked file cabinet	At Intake Visit
5 Unique Client ID	Assign in ERASE Tracking Form on G-drive, for the purposes of de-identifying client information for data analysis	At Intake Visit
6 ETAP Baseline Patient Survey (accessed via Qualtrics link)	<ul style="list-style-type: none"> <li>● Client completes on computer/tablet</li> <li>● EBAC staff MUST stay in room with client the entire time, must log on and off computer/tablet</li> <li>● Need Unique ID to complete.</li> </ul>	At Intake Visit



## Data Collection Protocol

Data Collection Protocol			
	Instrument	Protocol	Frequency
7	Incentives	Coordinate with Grants and Finance Administrator Track using ERASE Tracking Form	At Intake Monthly thereafter Bonus at 6, 12, and 18 months
8	Ongoing Case Management Visit Notes*	Enter in EPIC, but if visit takes place outside of EBAC, use PAPER form, enter into EPIC, store PAPER in locked file cabinet	Every visit (weekly for two months, monthly thereafter, months 6/12/18 must be in-person at EBAC
9	ETAP Follow-up Patient Survey	<ul style="list-style-type: none"> <li>● Client completes on computer/tablet</li> <li>● EBAC staff MUST stay in room with client the entire time, must log on and off computer/tablet</li> <li>● Need Unique ID to complete</li> </ul>	Months 6/12/18
10	Brief Assessment Form*	Administer as PAPER form, store in locked file cabinet	All months EXCEPT 6/12/18,
11	ERASE Tracking Form*	Complete visit info using form on G-drive	Every visit

# Client Intake and Initial Assessment Form

## Completed as part of enrollment by the Case Manager

Each new ERASE client completed an initial intake and assessment with a peer Case Manager during their first visit, after determining eligibility.

Intake Date		Name of Person Completing Form						
Initial Appt:		<input type="checkbox"/> Tang	<input type="checkbox"/> Burack	<input type="checkbox"/> Garlin	<input type="checkbox"/> Hall	<input type="checkbox"/> Ramirez	<input type="checkbox"/> Rymland	<input type="checkbox"/> Anson
		<input type="checkbox"/> Nelson	<input type="checkbox"/> O'Brien	<input type="checkbox"/> Horwitz	<input type="checkbox"/> Van Nuys	<input type="checkbox"/> Moss	<input type="checkbox"/> Phelps	<input type="checkbox"/> Marzouk
PATIENT NAME				DOB	SS#	MRN		
Address							<i>OK to send mail?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone Number 1		<i>OK to leave messages?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone Number 2		<i>OK to leave messages?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Emergency Contact				Emergency Contact Phone			<i>OK to leave messages?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Next Of Kin & Relationship				Next Of Kin Phone			<i>OK to leave messages?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Family/Chosen Family		Comments				Spiritual/Religious Identification		
<input type="checkbox"/> Partnered/Married <input type="checkbox"/> Children								
Place of Birth		Ethnicity / Race		Primary Language		Need for Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Status				Occupation				
Employer					Employer Phone Number			
Employer Address								
Source Of Income				Amount Of Income				Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No



Source Of Insurance	Type of Insurance	Guarantor (Other than Self)	ADAP
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of HIV DX	Mode of Transmission	Date & Results of Most Recent CD4 & Viral Load	
<p>Who has patient disclosed HIV status to?</p> <p>Is the patient connected to other HIV agencies/community programs?</p> <p>Current Health Status?</p> <p>Urgent Medical Problems?</p> <p>Are you currently out of any medication including your HIV meds?</p> <p>Any barriers preventing patient from medication adherence?</p> <p>Any Challenges attending HIV medical appointments?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Never misses appointments</li> <li><input type="checkbox"/> Misses occasional appointments but not a problem</li> <li><input type="checkbox"/> Having a hard time making appointments</li> </ul> <p>Any transportation needs related to attending medical appointments?</p>			
Relevant Medical History			



<b>Functional Screening</b> In the last 30 days, have you had any changes in: <i>Ambulation, ability to provide self-care &amp; hygiene, falls</i> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Nutritional Screening</b> Unplanned weight loss or gain of 10 lbs or more within the last month: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Comments		Comments	
<b>Substance Abuse</b> (Drug of Choice, Level of Use)	Relevant History (Including treatment)		<b>Tobacco Smoker?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Mental Health Screening</b> Do you feel you are coping effectively? <input type="checkbox"/> No <input type="checkbox"/> Yes Comments			
Identified Mental Health Issues	History of Suicidal Ideations and/or Attempts (Identify method and level of intent)		
Current Mental Health Treatment Provider	Clinic/Agency	Phone Number	
<b>Abuse Risk Screening</b> Have you recently been threatened or physically assaulted by anyone in your household? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, social services notified and give "Violence Resource" form. Current & Past Abuse Issues (including physical, mental/emotional & verbal)			
<b>Highest Level of education:</b>			



<b>Dental Care</b>		
Current Dentist	Phone Number	Date of Last Visit
Referred to CARE Program/Other Dentist or Dental Program?		
<b>Previous Medical Provider</b>		
Provider Name	Clinic Name	Phone Number
Reason for Changing Providers		Med History Request Faxed? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Specialty Provider</b>		
Provider Name	Clinic Name	Phone Number
Seen for the Following Issues		Med History Request Faxed? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Current Housing Situation</b>		
Types of Support Systems in Place (including other agencies and providers)		
Have you ever been incarcerated? (past & present)		
Do you need assistance or resources for partner disclosure and/or safe sex practices? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Comments		



**Treatment Plan**

**(a) Case Management Goals for next year: (agreed on by client and case manager)**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**(b) Case Manager Tasks (for the next 6 months)**

Objectives	Interventions	Target Dates



# Case Management Form

## Completed each visit by the Case Manager

The following is a replication of a digital form that Case Managers completed in SBH’s electronic health record (EHR) system, *EPIC*. This form was used to record qualitative data about the client’s health and ongoing navigation needs, as well as track referrals to wraparound services -- including when the client reported that they began receiving services they were referred to by the Case Manager.

1. Total time of visit (minutes): \_\_\_\_\_

2. Visit Type:

- In person
- At EBAC
- In community
- Phone

3. Referrals	New referral given today	PRIOR referral that client reports COMPLETED
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance eligibility/enrollment support	<input type="checkbox"/>	<input type="checkbox"/>
GA benefits	<input type="checkbox"/>	<input type="checkbox"/>
Food services	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health resources	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use resources	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>
Employment services	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
4. Notes about referrals:		

5. Encounter Narrative: (updates on identified case management goals, next steps, etc.)





## Visit Tracking Form

### **Completed each visit by the Case Manager**

EBAC created a spreadsheet to track all clients' visits. Unlike the Case Management Form above, this instrument was used to review whether or not a scheduled visit took place, where it took place, and for how long. This became the tool program staff could use to identify trends in meeting attendance, such as if a client was at-risk of being lost to care, and to aggregate referral data.

This form was a "live" spreadsheet used throughout the intervention, with a row for each client and columns pre-populated for each expected visit. In the planning stage of the intervention, program staff pre-populated certain fields, including outlining the first eight column sections as weekly visits (two months) and the following 15 column sections as monthly visits (18 months total). There were also columns to record medical data at baseline, at 12 months, and at 18 months. In addition, the "Forms to complete" section was pre-populated with reminders to complete specific forms at intake, during monthly visits, and at exit. The "incentives" row was pre-populated with reminders about the specific amount of financial incentive provided on specific visits after completing required evaluation forms.

The following is an example of the beginning of the form, including columns for baseline data and the first visit, with notes on how the form was displayed by program staff.



*these three columns were "frozen" to easily view tracked visits across time for each client.			Next Scheduled Visit	Baseline medical data *these four columns repeated at month 12 & 18				VISIT 1 (Intake, month 1) *this 5-column section was repeated for each expected visit, including eight weekly visits for the first two months and up to fifteen monthly visits thereafter					
4 Digit Unique ID	First Name	Last Name	*this column was "frozen" to easily view upcoming visits	# HIV Medical Visits ATTEN DED within past 6 months	# HIV Medical Visit NO SHOWS within past 6 months	Date of Most recent viral load	Viral Load	DATE	Attendance ● Scheduled ● Drop-in ● Missed	Location: ● Office ● Community ● Phone	Total minutes of visit	Referrals given: ● Housing ● Mental health ● Substance Use ● Employment ● Other	
		Forms to complete	*this row was pre-populated with reminders of expected forms for specific visits, such as monthly self-assessments, final survey, etc.						<ul style="list-style-type: none"> <li>● Eligibility Screener</li> <li>● Consent</li> <li>● EBAC Intake</li> <li>● Release of Information</li> <li>● Baseline Patient Survey</li> </ul>				
		Incentive:	*this row was pre-populated with the incentive amount for the specific visit						\$60				
0123	James	Baldwin	3/8/2020	2	1			3/1/2020	Drop-in	Office	30	Housing Employment	



## Client Brief Assessment Form

### Completed monthly by the client

After the initial weekly case management meetings for the first two months, each client completed this form during the following monthly case management meetings as part of the program evaluation process. Clients were provided with incentives (gift cards) after completing the brief assessment form.

1. ERASE Study Code (4 digits): \_\_\_\_\_
2. Case Manager: \_\_\_\_\_
3. Date of visit: \_\_\_\_\_

<i>Please rate each of the following on a scale of 1 to 5 where:</i>	<i>1 = Low</i>			<i>5 = High</i>	
<b>1. How useful has this case management been for you?</b>	1	2	3	4	5
<b>2. How well connected do you currently feel to your HIV medical care?</b>	1	2	3	4	5
<b>3. How successful do you feel your medication adherence is right now?</b>	1	2	3	4	5
<b>4. When thinking about the full range of your current needs (housing, income, health, etc.), how urgent are your current needs? (In crisis?)</b>	1	2	3	4	5
<b>5. Overall, how would you rate your physical and mental well-being?</b>	1	2	3	4	5

Anything else you would like us to know about your case management experience or case management needs?