HIV, Housing & Employment Project Client, Staff, and Tracking Tool Flow Chart

 **Recruitment Assess Eligibility Consent to MSE\* Collect Client-Level Data Collect Aggregate Data**

**Event Record Form**Document community events conducted and/or sponsored by SPNS Program
Frequency: Per Event
Staff: Project Manager

**Tracking System:
-Screening/Eligibility Form &
-Encounter Form
https://wwwru.bumc.bu.edu/dcc\_etap\_trk/Default.aspx**

Consents to MSE

 Evaluation/ Intervention Staff records client consent to MSE on Screening/Eligibility Form.

Intervention/Evaluation Staff records on Screening/Eligibility Form. Offer client SPNS services and participation in MSE.

**REDCap System:
- Monthly Aggregate Report,
-Event Record Form,
-Medical Chart Review Form, &
-Client Interviews
https://redcap.bumc.bu.edu/**

**Baseline & Follow-up Client Interviews**Collect Employment and Housing Outcome Data and associated factors
**Frequency:** Baseline, 6 & 12 months after enrollment
**Staff Responsible:** Evaluation Staff (NOT Intervention Staff)

Does NOT consent to MSE

Evaluation/ Intervention Staff records client reason for not consenting to MSE on **Screening/
Eligibility Form**.

**Local Data Collection:
Collect at the local level; not for MSE**
**-Identifying clients
-Local Client Tracking Form**

*At local level;****not for MSE****:*
**Local Client Tracking Form**Track clients referred to and services received through SPNS program.
**Frequency:** Weekly or determined by local site
**Staff Responsible:** Determined by local site

Client is eligible

**Medical Chart Review Form**Document health outcomes.
**Frequency:** 6 months prior to enrollment; 6, 12, 18, & 24 months post enrollment
**Staff Responsible:** Evaluation Staff or other designated staff with clinical experience

**Screening/**

**Eligibility Form**
Screen clients for eligibility. **Frequency:** 1/client
**Staff Responsible:** Evaluation Staff or Intervention Staff

*At local level;* ***not for MSE****:* Identify clients based on eligibility criteria described in Evaluation Protocol

Client is NOT eligible

**Encounter Form**Document intervention services.
**Frequency:** 1 per client/per staff member/per day
**Staff Responsible:** Intervention staff

Intervention/Evaluation Staff records on Screening/Eligibility Form. Refer client to other Ryan White services at the site or in the area.

**Monthly Aggregate Report**
Document the number of new clients served monthly
Frequency: Monthly
Staff: Project Manager

\*Multi-Site Evaluation