



# Christian Community Health Center: Care Engagement Program (CEP)

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Implementation Toolkit

# Authors

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## Christian Community Health Center (CCHC)

### Care Engagement Program (CEP)

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## Introduction

Building off the overview provided in the Implementation Manual, this Implementation Toolkit provides additional guidance on how to adapt and implement **Christian Community Health Center (CCHC)**'s **Care Engagement Program (CEP)**. 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 CEP components.

Specifically, this Toolkit provides supplemental information covering CCHC's recruitment, intake, evaluation, and case management activities for CEP. The Toolkit provides tangible tools and other materials to tailor and use when replicating: consent form, abbreviated needs assessment tool, staff job descriptions, local evaluation surveys, and sample outreach language. Replicators are encouraged to reach out directly to the CCHC team with questions or for additional information (see the Manual for the team's contact information).



## Consent Form

### THE CHRISTIAN COMMUNITY HEALTH CENTER CONSENT TO TAKE PART IN A RESEARCH STUDY: Care Engagement Project (CEP)

THE CHRISTIAN COMMUNITY HEALTH CENTER CONSENT TO TAKE PART IN A RESEARCH STUDY: Care Engagement Project (CEP)

**Title of Research:** Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex with Men (BMSM)

**Investigator's Name:** Kenneth Burnett, MHSA

**Sponsor:** Health Resource and Services Administration (HRSA) and the Ryan White and Global HIV/AIDS Programs

**Research Entity:** Christian Community Health Center (CCHC)

#### INTRODUCTION

You are being asked to participate in the Care Engagement Project (CEP), an intervention and research study. Your participation is voluntary. You should feel free to ask questions and should understand the study completely before you agree to participate.

You can also take a copy of this consent form to discuss it with your family member, attorney or anyone else you would like before you sign it. Do not sign this form unless you are comfortable in participating in this study.

#### PURPOSE

##### **What is the purpose of this research?**

Christian Community Health Center is one of 8 organizations across the country trying to connect people with HIV to medical care and help them stay in care. The information you provide to us will help us to improve care and services for people living with HIV now and in years to come.

If you agree to participate in the study, we will ask you to participate in three interviews to find out about your experience with our program, getting the HIV medical care and other services you need, and to learn about any other changes in your health.

The information provided to us will not be traced to you. Your responses will be given a code that is not traceable to your name. Only selected staff at Christian Community Health Center will know you are part of the study. Your responses will be combined with participants from the other sites across the country with no names attached to this information. Each interview will take about 1 hour. Your decision to participate in the study or not will not impact the quality or amount of services you will receive at this clinic. You do not need to participate in the study to receive services.

We are asking you to be in a research study because we are trying to learn more about the effectiveness of an integrated case management intervention aimed to connect Black/African American men who have sex with men who are living with HIV in HIV care and other support services. Christian Community Health Center is



one of eight agencies across the country trying to connect people with HIV to medical care and help them stay in care. We hope that this effort will contribute to the development and implementation of new culturally appropriate, high quality services to improve engagement in care for Black/African American men living with HIV across the US and beyond.

To evaluate its effectiveness, we will need to ask you questions about yourself, including questions about your health practices, including drug use, HIV knowledge, and questions about your feelings and emotions.

We are asking you to be in this study because you are above the age of 18, identify as a man who is Black/African American, who has engaged in sexual behavior with other men, and are living with HIV. We hope to include about 150 men in the intervention study. This study is being conducted by a team lead by Kenneth Burnett at Christian Community Health Center.

## **PROCEDURE**

### **What will happen if I decide to participate?**

CEP is an integrated case management program. If you decide to participate in the CEP intervention study, you will work with a case manager over a 12-month period. You will meet with your case manager:

- For an hour every other week for the first 3 months
- An hour a month for the remaining 9 months of the intervention

Each meeting will last approximately 1 hour but may vary depending on your needs at that time. Case managers will also reach out to you (via call, text, or email) to provide support as needed which could include appointment reminders and follow-up, help coordinating transportation, or going to appointments with you.

You will be asked to participate in 3 evaluation interviews (baseline, 6, and 12 months). These surveys are expected to take approximately 1 hour to complete. You will be debriefed and compensated for your time and effort after completing each survey.

## **PRIVACY AND CONFIDENTIALITY**

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. Your participation in this study is voluntary. You may choose not to be a part of the study or you can stop participating in the study at any time you choose. Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefit to which you are entitled.

If you want to speak with someone who is not directly involved in this research or if you have any questions regarding your rights as a participant in the study, you may contact Solutions IRB (the body that oversees our protection of study participants) at (855) 226-4472 or [participants@solutionsirb.com](mailto:participants@solutionsirb.com).

### **Your right to privacy and confidentiality**

This section gives more specific information about the privacy and confidentiality of your personal information. It explains what personal information about you will be collected during this research study and who may use and receive your information.



All materials relevant to your participation in the study will be confidential. Neither your name nor any other information that could identify you will be linked to any of the information you provide during the study or in any of the study's reports or publications. The information that you provide on the Participant Evaluation Survey will be saved using a unique study ID number. Then that electronic file will be transferred from the laptop that you used to a secure server. This server is password protected so that only authorized members of the research team will have access to. In any publication or presentation of research results, your identity will be kept confidential.

- a. Who will see and use your personal information within Christian Community Health Center:
  - The research study investigator and other authorized individuals involved in the research study at Christian Community Health Center will see your information. These include the research investigator and the research staff and officers of the organization and other people who need to see the information in order to conduct the research study or make sure it is being done properly.
- b. Who else may see and use your personal information.
  - Other persons and organizations outside of Christian Community Health Center may see and use your personal information during this research study. These include:
    - i. Governmental entities that have the right to see or review your health information, such as the Office of Human Research Protections.
    - ii. The outside institutional review, Solutions IRB.
- c. Mandated Reporting and Involvement of Authorities
  - We will be required to disclosure to local authorities of child abuse and neglect, and to prevent serious harm to the subject or others (e.g., perpetration of homicide, child abuse, or elder abuse; suicidality; homicidal intentions). We will also immediately refer you to mental health services care at the local medical care agency if you disclose that they are suicidal or homicidal.

## **RISKS AND BENEFITS**

### **Are there any risks involved in participating in this study?**

Possible risks and discomforts you could experience during this study include:

1. Some of the questions may involve sharing highly personal information about your sex life, mental and emotional health, and any alcohol or drugs you may have used. Although this information is confidential, some of these issues could make you feel uneasy or embarrassed. If there are questions you do not want to answer, you do not have to. You can stop taking part at any time. Your case manager or another CEP team member will be available if you want to talk about anything that comes up during the study. We will also refer you to other supportive services if you want.
2. You may find some questions unpleasant or hard to answer. You can stop taking answering questions or talking to your case manager at any time and withdraw from the study. A case manager or another CEP team member will answer any questions and discuss any concerns you may have about the intervention either in person, by phone, or email.



3. All of your medical records and test results are confidential. We will ask you to provide your name, mailing address, phone number, and an email address so your case manager can stay in contact with you throughout the intervention. Your contact information will not be stored with the answers you give as a part of the research. A rare but possible risk of participating in this study is that someone besides the study staff could gain access to your name, mailing address, phone number or email address. This is a rare risk and we will take precautions to ensure this does not happen.
4. If somebody finds out that you are a part of this intervention study they could find out that you are living with HIV. We will do everything we can to protect this information and stop this from happening. All staff are trained about keeping your information confidential and we have safe, locked spaces where the information is kept. Additionally, a component of the study's interventions included phone calls, SMS text messages, or emails from your case manager to either remind you to pick up your treatment, attend schedule case management or care/service appointments, and generally support you. To protect your confidentiality and reduce the risk of potential loss of confidentiality, we will not mention HIV, treatment, or anything else decided on between you and your case manager in the calls/texts/emails. For example, you and your case manager can work to decide how you'd like them to refer to different aspects of your involvement.

If you find that any potential risks or discomfort occur, you may stop your participation in the study at any time. You will also be able to call the study's Project Director, Kenneth Burnett at 773-298-4745 to discuss any discomfort that you experienced during the study.

**What are the possible benefits for me or others?**

Through your participation, you will receive referrals to local health and social services. Your participation in this study will also assist the researcher by providing information about the Care Engagement Project intervention and in community HIV service delivery, which is sorely needed to help address HIV in African American/Black communities. You may receive a benefit in knowing that you have assisted other men living with HIV. You may also enjoy answering some of the questions or viewing some of the content involved. We hope your experience in case management sessions and being connected to medical care and other supportive services may be of benefit to you. Other than this, you will receive no direct benefits.

**Is there any kind of payment, reimbursement or credit for being in this study?**

You will receive gift cards for each time you participate in one of the three evaluation interviews, for a total of \$100 for completing all 3 interviews over the 12-month intervention. If you do not complete the entire study, you will be paid for the surveys you did complete.

**Evaluation Interview Times Gift Card Amount**

Baseline: \$40

6-month Follow-up: \$20

12-month Follow-up: \$40

Total: \$100





**What alternatives are available?**

You may choose to not participate in this research study. You also have the right to leave the study at any time without penalty. This decision will not affect in any way your current or future care/services or any other benefits to which you are otherwise entitled. If you decide not to participate in the intervention, we will help link you to another case management or care/services if you'd like us to. Instead of being in this study you may receive HIV care or other supportive services from Christian Community Health Center or another local service provider outside of the intervention being studied.

**Whom should I call if I have questions or concerns about this research study?**

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. You can contact the CEP team at any time with your questions or concerns. Kenneth Burnett is the person in charge of this research study. You can call him at 773-298-4745, Monday through Friday, from 9am to 5pm, or email him at [kburnett@cchc1.org](mailto:kburnett@cchc1.org).

**CONSENT TO PARTICIPATE IN THE STUDY**

The study has been described to me in language that I understand. I understand what my participation will involve and I agree to participate of my own choice and free will. The above information has been explained to me, and all of my current questions have been answered. I understand that I can ask questions or talk about any worries about this intervention study at any time. This can happen before I am in the intervention study or while I am in it. My questions will be answered by my case manager or other CEP team members. By signing this form, I agree to participate in this research study and provide information as described above with the researchers. A copy of this consent form will be given to me.

Participant's Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

I state that I have explained the nature and purpose of this research study to the person listed above. I have talked with them about how the study works. We have also talked about possible benefits and possible risks of the study. I have answered all questions this person had about the study. We will always be here to answer questions or talk about your concerns about the study. I further state that no research in this study was begun until after this consent form was signed.

Signature of Person Obtaining Consent: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_



## Case Management Behavioral Health/Medical Care Abbreviated Needs Assessment Tool

The following questions were asked by the case managers verbally to the clients during the initial client intake to understand their needs related to behavioral health care and medical care. This was done over the phone, but could also be done in-person.

1. Do you have a medical home?
2. When was your last behavioral health and/or medical appointment?
3. Are you currently taking your prescribed medication?
4. Are you virally suppressed?
5. Are you or have you experienced any emotional problems such as feeling anxious, depressed, or irritable?
6. Do you have a behavioral health provider?
7. Current housing status?
8. Do you have access to food?
9. Any transportation barriers or needs?
10. Insurance barriers or needs?



## Job Descriptions

### Program Director

#### Description of the Role

- Project oversight; IRB and contractual oversight.
- Oversee reporting and staff supervision; oversee access and insurance enrollment.
- Represent CEP at various HIV-related conferences, events, stakeholder meetings, and local HIV community planning groups.
- Support the dissemination of best practices and project research outcomes; give presentations about new and emerging HIV trends and resources at staff meetings, community events, and conferences.
- Provide administrative and programmatic support to CEP team.

#### Purpose of Position

The Program Director directly oversees the CEP intervention.

#### Key Responsibilities

- Lead and oversee the CEP project team
- Ensure compliance with program activities
- Lead and ensure all report submissions
- Lead and participate in grant-related meetings
- Lead trainings and staff team meetings
- Ensure program delivery from start to completion, including leading team for site visits
- Maintain strict confidentiality and compliance with IRB and HIPAA privacy laws and standards
- Other duties as assigned

#### Qualifications/Requirements

- Strong HIV experience, preferably with RWHAP
- Preferably a Masters in a related speciality
- At least five years of program management experience



## Peer Case Manager/Case Manager (2)

### **Description of the Role**

The Case Manager encourages engagement and retention in care and supports adherence to treatment by providing education, resources, and mentorship within the guidelines of the federally-funded program.

### **Purpose of Position**

The Case Manager serves as the point of contact for the clients.

### **Key Responsibilities**

- Link newly diagnosed clients to HIV medical care and support services
- Coordinate with and support other clinical staff
- Coach and mentor client on health system navigation
- Educate and support clients
- Develop patient education, fact sheets, and other resources to help clients
- Set up clients' appointments and coordinate behavioral health referrals
- Initiate appointment reminders and follow-ups
- Escort clients to appointments as needed
- Assist clients in setting up transportation and other resources
- Collect and maintain data, prepare written reports as assigned
- Participate in grant-related meetings and local team meetings
- Maintain strict confidentiality and complies with IRB and HIPAA privacy laws and standards
- Other duties as assigned

### **Qualifications/Requirements**

- Strong HIV experience, preferably with RWHAP
- At least three years experience working in HIV (preferably in a case management role)
- Experience in advocacy for BMSM clients



## Care Engagement Project (CEP) Client Survey

1. How did you find out about the Care Engagement Project (CEP)?

- Word of mouth
- A recruiter
- A friend
- Referred by an organization
- Other (please specify): \_\_\_\_\_

2. Please rate your experience with the CEP enrollment process on the following scale

- Very bad
- Bad
- Neither bad nor good
- Good
- Very good

3. Please list three things you liked most about the CEP enrollment process.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Please list three things you felt could be improved during the CEP enrollment process.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. What was most helpful in your interactions with the case manager?

6. What can CEP do to improve client and case manager interactions?

7. Are you seeing a Behavioral Health Therapist at CCHC or another facility?



- Yes - at CCHC
- Yes - At another location
- No
- I don't know

8. For each statement below indicate the response that best represents your thoughts ranging from strongly agree to strongly disagree.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
I can talk to my Behavioral Health Therapist about my needs.						
My Behavioral Health Therapist understands my specific needs.						
I can be open with my Behavioral Health Therapist.						
My Behavioral Health Therapist answers my questions.						
My Behavioral Health Therapist is easy to contact.						
My Behavioral Health Therapist has the knowledge and skills needed to help me.						
My Behavioral Health Therapist helps me find services I need.						
My Behavioral Health Therapist addressed my problems, complaints, or concerns.						
My interactions with my Behavioral Health Therapist help me to be consistent with taking my medication(s).						



9. What was most helpful in your interactions with the Behavioral Health Therapist?

10. What can CEP do to improve client and Behavioral Health Therapist interactions?

11. How much has the COVID-19 pandemic impacted your day-to-day life?

- None at all
- A little
- A moderate amount
- A lot
- A great deal

12. Which of the following have you experienced during the COVID-19 pandemic?

- Being diagnosed with COVID-19
- Fear of getting COVID-19
- Fear of giving COVID-19 to someone else
- Worrying about friends, family, partners, etc. who live locally
- Worrying about friends, family, partners, etc. in other parts of the US
- Stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to COVID-19)
- Personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancellations)
- Frustration or boredom
- Not having enough basic supplies (e.g., food, water, medications, a place to stay)
- More anxiety
- More depression
- Changes to your normal sleep pattern
- Increased alcohol or other substance use
- A change in sexual activity
- Loneliness
- Confusion about what COVID-19 is, how to prevent it, or why social distancing/isolation/quarantines are needed
- Getting emotional or social support from family, friends, partners, a counselor, or someone else
- Getting financial support from family, friends, partners, an organization, or someone else
- Other difficulties or challenges (please specify): \_\_\_\_\_



13. Which of the following are you doing during the COVID-19 pandemic? (Check all the apply)

- No changes to my life or behavior
- Practicing social distancing (i.e., reducing your physical contact with other people in social, work, ofr school settings by avoiding large groups and staying 3-6 feet away from other people)
- Isolating or quanrantining myself (i.e., while you are sick or if you have been exposing, separating yourself from other people to provent others from getting it)
- Caring for someone at home
- Working from home
- Not working
- Following media coverage related to COVID-19 (e.g., watching or reading the news, following social media coverage, etc.)
- Changing travel plans
- Increasing hand-washing and use of hand sanitizer
- Covering my nose and mouth in public with a mask
- Avoding public transportation
- Other (please specify): \_\_\_\_\_

14. How much has the COVID-19 pandemic impacted the care you receive from the following?

	Not at all	A little	A moderate amount	A lot	A great deal
CEP Case Manager					
Behavioral Health Therapist					
Physician or other health care professional					





15. How much has the Care Engagement Project helped you be consistent with taking your medication(s)?

- None at all
- A little
- A moderate amount
- A lot
- A great deal

16. What, if anything, has been the most helpful part of being in the Care Engagement Project? Please be specific.

17. What, if anything, can CEP do to improve your experience being in the program. Please be specific.



## Care Engagement Project (CEP) Staff Survey

Thank you for taking the time to complete this survey. We are looking to see what works and what changes are needed to improve the services the CEP provides to its clients. Please answer as best you can and tell us about your experiences providing services and working with the CEP.

1. What is your role as part of the Care Engagement Project (CEP)?

- Recruitment/Enrollment
- Case Management
- Behavioral Therapy
- Medical Staff
- Support Staff

2. Do you have direct contact/interaction with CEP clients?

- Yes
- No

3. How would you characterize the Black men who have sex with men (BMSM) population in the target area in terms of their problems and needs for services?



4. From your perspective, what is the major objective of the CEP for its BMSM population?

- Provide wrap around services (housing, transport, food, etc.)
- Improve Treatment Adherence
- Provide financial support
- Get clients into treatment
- Modify risky behaviors
- Other (please specify): \_\_\_\_\_

5. How would you rate each of the following with respect to adequacy in achieving program objectives? Focus only on your role in the program and how you engage the client, CCHC, and other collaborative partners.

	Very inadequate	Somewhat inadequate	Somewhat adequate	Very adequate	N/A
Financial resources					
Coordination w/ collaborative partners					
Facilities/space					
Client engagement efforts					
Intervention behavioral model (specifically your role)					
Mental health					
Substance abuse					
Physical health					
Employment counseling/assistance					
Housing					
Client incentives					
Client tracking and follow up					
Food assistance					
Treatment adherence					



6. Which of the following do you see as the major barriers to the successful implementation of the program? Select all that apply. Focus only on your role in the program and how you engage other partners.

- Financial limitations
- Staff motivation
- Client motivation
- Client tracking
- Inter-agency coordination (referrals)
- Other (please specify): \_\_\_\_\_

7. How successful would you say the program has been to-date in addressing these client issues? Focus only on your role in the program and how you engage the client.

	1 - Not Successful	2	3	4	5 - Successful	N/A
Treatment adherence						
Mental health problems						
Modification of risky behaviors						
Coping/stress management						

8. For those issues which you checked 1, 2 or 3 please tell us the major reasons why this program has not been more successful.

- Treatment Adherence: \_\_\_\_\_
- Mental Health Problems: \_\_\_\_\_
- Modification of Risky Behaviors: \_\_\_\_\_
- Coping/Stress Management: \_\_\_\_\_



9. What specific client services would you like to see more financial and staff resources devoted to?

10. How much has the COVID-19 pandemic interrupted the services you have provided to the clients?

- There has been no change
- A little bit
- Somewhat
- Quite a bit
- Extremely

11. As a result of COVID-19, are you providing alternatives to in person meetings such as phone calls or internet support? (For example, Zoom calls)

- Yes
- No

If yes, what are those alternative methods: \_\_\_\_\_

12. How much has the transitions related to COVID-19 impacted your ability to provide care services?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

13. What steps or actions are you implementing for yourself for self care to reduce burnout?

14. What steps or actions do you feel can be implemented by CCHC to help with your self care to reduce burnout?



15. How much has the COVID-19 pandemic impacted your day-to-day life?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

16. On a scale of 1 to 10, how worried are you about COVID-19 pandemic? 1 being not worried at all, and 10 being extremely worried. Please enter a number between 1 and 10.

Worried about COVID-19  
Pandemic

1 10



17. Which of the following are you experiencing (or did you experience) during COVID-19 (coronavirus)?

(check all that apply)

- Being diagnosed with COVID-19
- Fear of getting COVID-19
- Fear of giving COVID-19 to someone else
- Worrying about friends, family, partners, etc.
- Stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to COVID-19)
- Personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancellations)
- Frustration or boredom
- Not having enough basic supplies (e.g., food, water, medications, a place to stay)
- More anxiety
- More depression
- More sleep, less sleep, or other changes to your normal sleep pattern
- Increased alcohol or other substance use
- A change in sexual activity
- Loneliness
- Confusion about what COVID-19 is, how to prevent it, or why social distancing/isolation/quarantines are needed
- Feeling that I was contributing to the greater good by preventing myself or others from getting COVID-19
- Getting emotional or social support from family, friends, partners, a counselor, or someone else
- Getting financial support from family, friends, partners, an organization, or someone else
- Other difficulties or challenges: \_\_\_\_\_

18. What lifestyle changes have you made as a result of the COVID-19 pandemic? (Check all that apply)

- No changes to my life or behavior
- Practicing social distancing (i.e., reducing your physical contact with other people in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people)
- Isolating or quarantining myself (i.e., while you are sick or if you have been exposing, separating yourself from other people to prevent others from getting it)
- Caring for someone at home
- Working from home
- Not working
- Following media coverage related to COVID-19 (e.g., watching or reading the news, following social media coverage, etc.)
- Changing travel plans
- Increasing hand-washing and use of hand sanitizer
- Covering my nose and mouth in public with a mask
- Avoiding public transportation
- Other (please specify): \_\_\_\_\_



19. What do you like best about the CEP program?

20. If you were going to make any changes to the CEP program, what would they be?





## Sample Outreach Language

**CCHC Correspondence Designed by Lorde, Rustin & Bates Inc.**

Hi, my name is [NAME], and I am recruiting black gay men for a research study and intervention for a local health center. The research study side consists of three surveys. You take one at baseline (today), six months, and then again at 12 months. The study helps to inform federal funders on treatment intervention for those living with HIV. The intervention part is a call from your peer case manager. This person will collect all of your medical information once in an assessment --- this is so we can identify short-term, mid-term and long-term goals to assist with adherence. Then you should be getting a call weekly to biweekly which may take up to an hour over the next year. Since this is a behavioral health intervention, they will be asking questions pertaining to mental health. In this distressing time of COVID-19, and because Black men in particular are dealing with so much, we want to provide opportunities and tools to get you at your best, so don't be alarmed about these questions.

I have a few questions:

Would you like to move forward? *YES*

Do you identify as a black man? *YES*

Do you have sex with men? *YES*

Do you confirm that you are positive? *YES*

Great you qualify.

Okay, today upon me going over the consent and your agreement that you understand the consent provided and that you agree to participate, you are enrolled.

*Go over and sign consent documents (verbal or DocuSign).*

I have provided you with a link to the survey and a participant ID. Upon your completion, please provide me with a call back. What are your first and second choices for gift cards?