Hospital-Based Intervention

September 2025

Contact:

Cat Grey
cgrey@oaklandca.gov

Ulises Sanchez
usanchez@oaklandca.gov

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Deliverables

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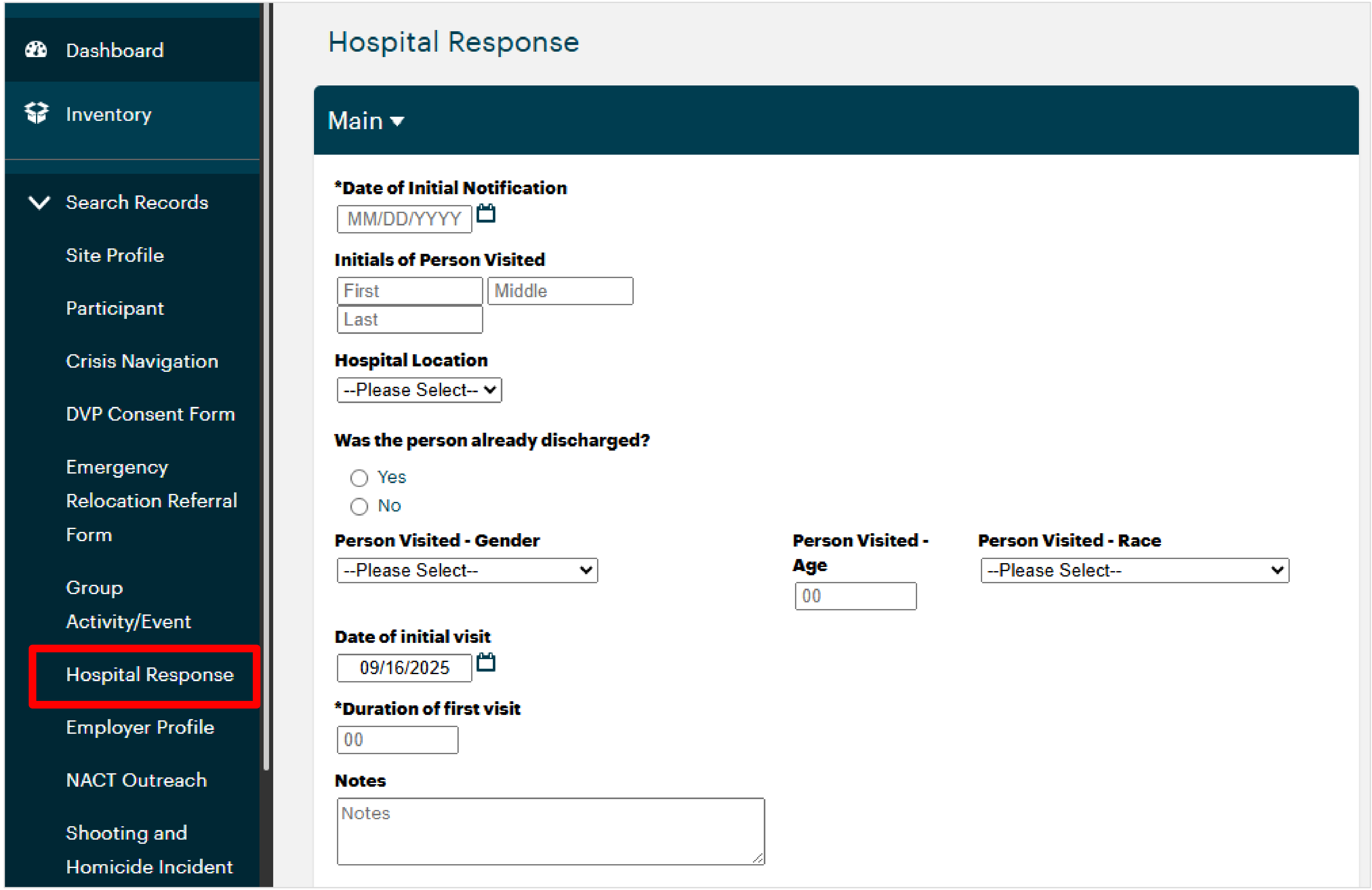
- Number of individuals visited.
  - % of individuals who accept short-term case management services.
- Number of individuals served (through short-term case management).
  - % of participants in short-term case management services who receive at least 1 in-person contact per week.
  - % of participants in short-term case management services who receive at least 3 total contacts per week.
  - % of participants in short-term case management services who receive a referral to life coaching.

Hospital Response Form

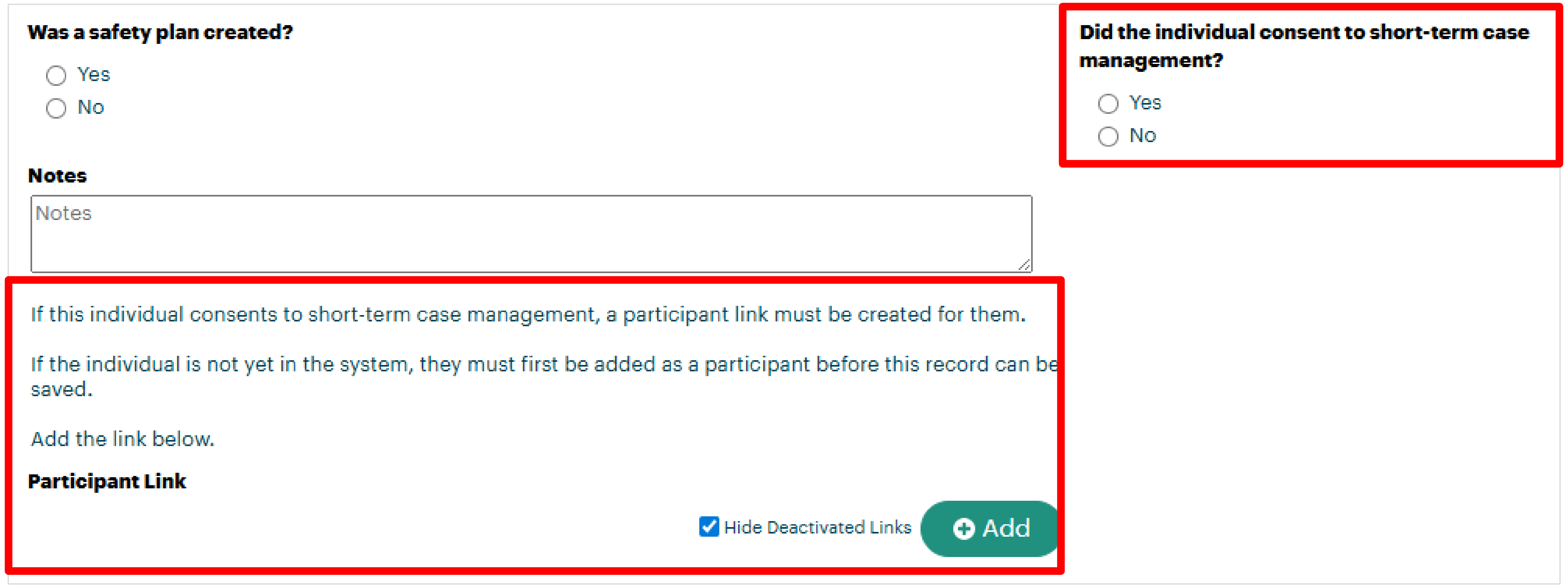
Hospital Response

Step 1: Enter a **Hospital Response Form** for each individual visited at the hospital.



Hospital Response

Step 2: If the individual consents to short-term case management services, create a participant record for them using the instructions in this guide. Then, return to the **Hospital Response Form** to link the participant record.

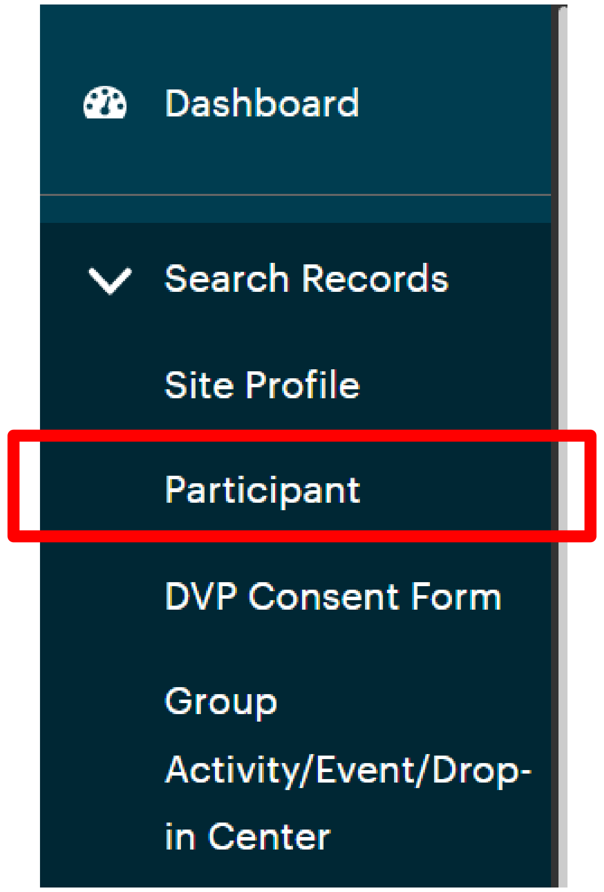


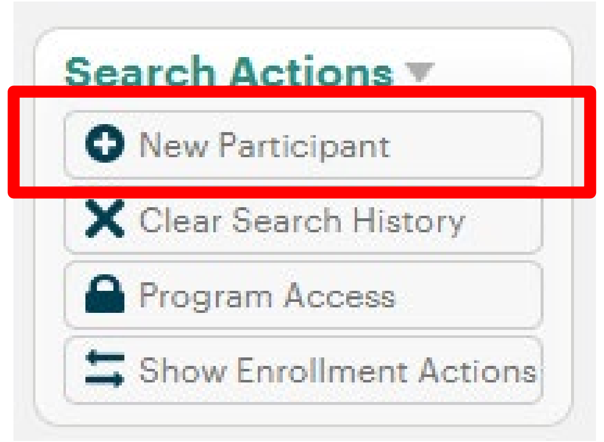
Participant Records

Creating a Participant Record

Step 1: Select “Participant” on the left side of the screen under “Search Records.”

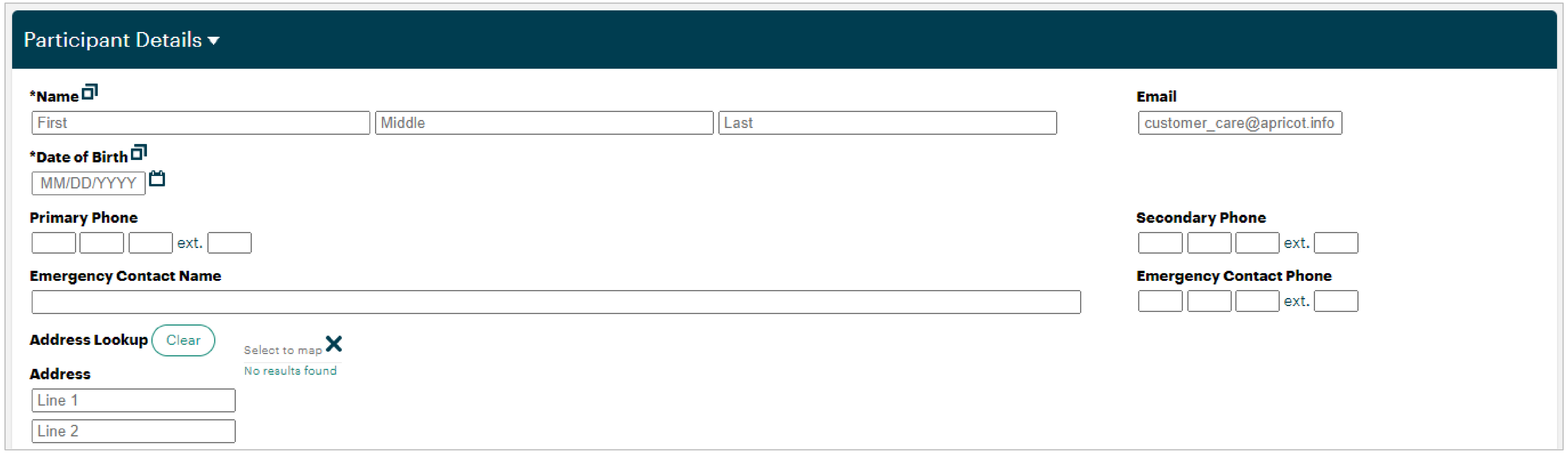
Step 2: Select “+ New Participant” on the right side of the screen.

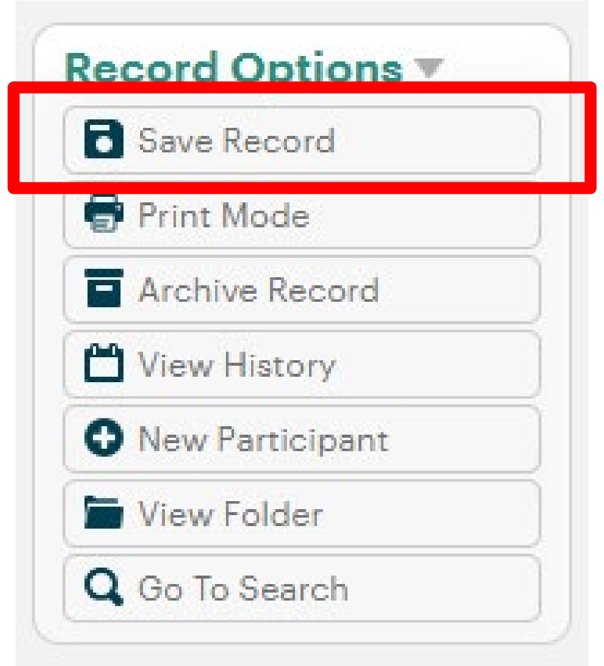




Creating a Participant Record

Step 3: Complete all fields under “Participant Details” and “Demographic Information.”





Step 4: Click “Save Record” on the right side of the screen.

Duplicate Records

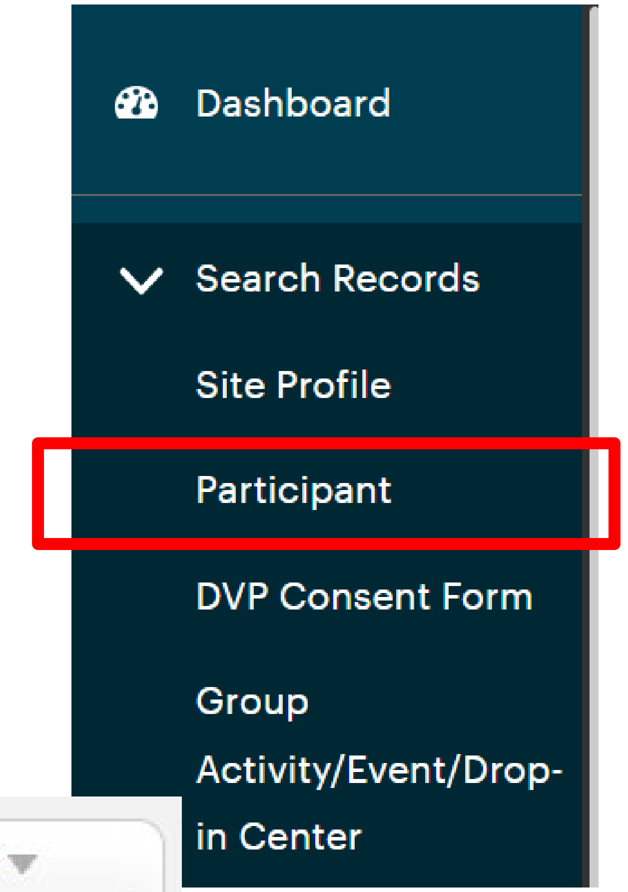
If a person is already in Apricot because they received services from a different agency, a duplicate record message will appear.

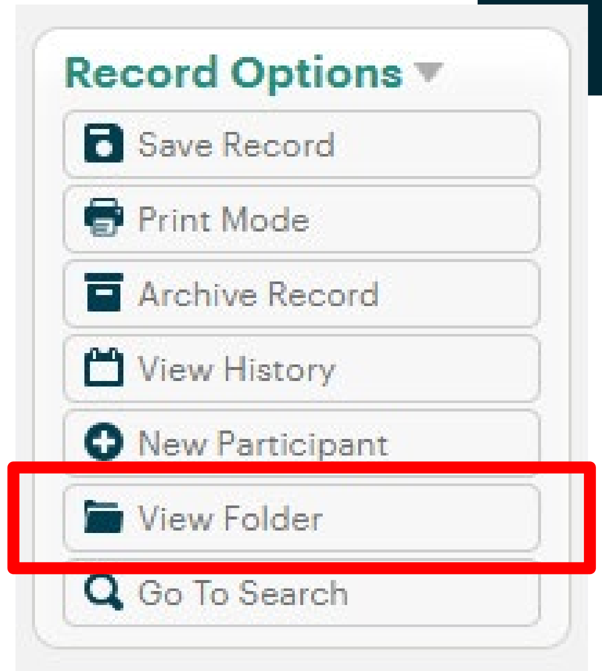
Complete this form to have the person added to your site.

Accessing a Participant's Folder

Step 1: Select "Participant" on the left side of the screen under "Search Records."

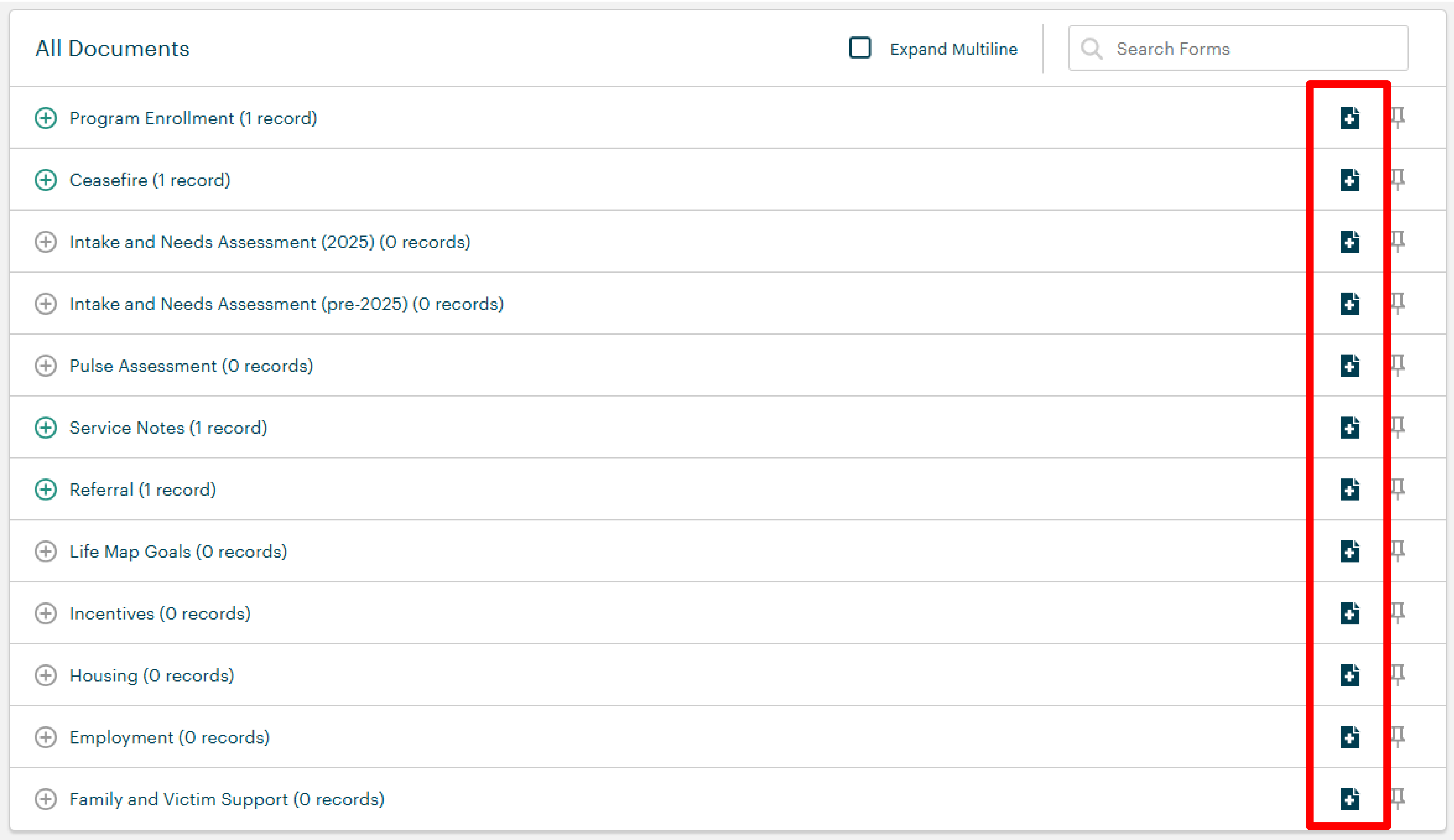
Step 2: Find the participant and click on their name. Then, select "View Folder" on the right side of the screen.





Accessing a Participant’s Folder

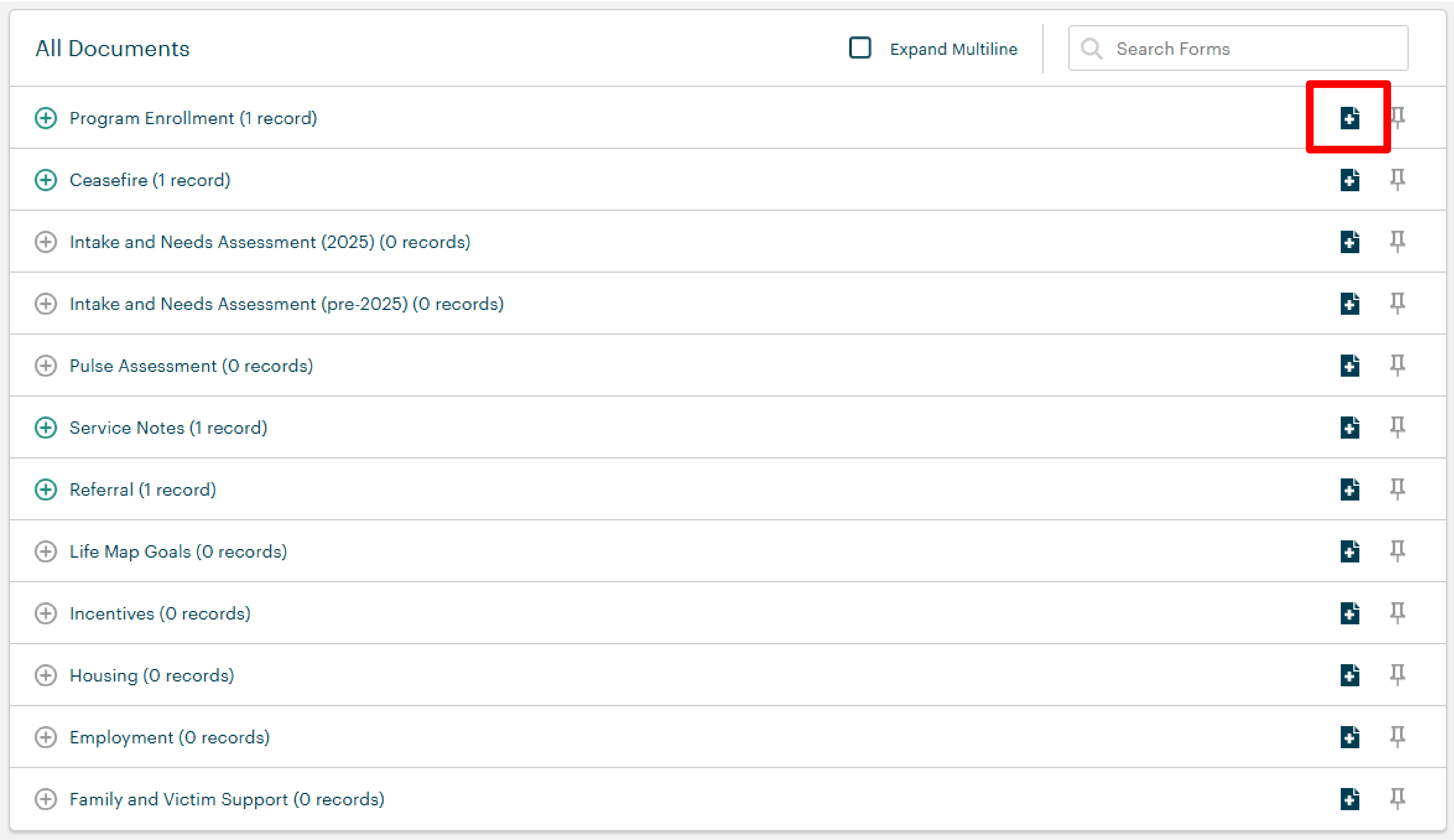
This is the participant’s folder, where all service delivery records are stored. To add a new record in any folder, click the “+” icon in the correct row.



Program Enrollment Form

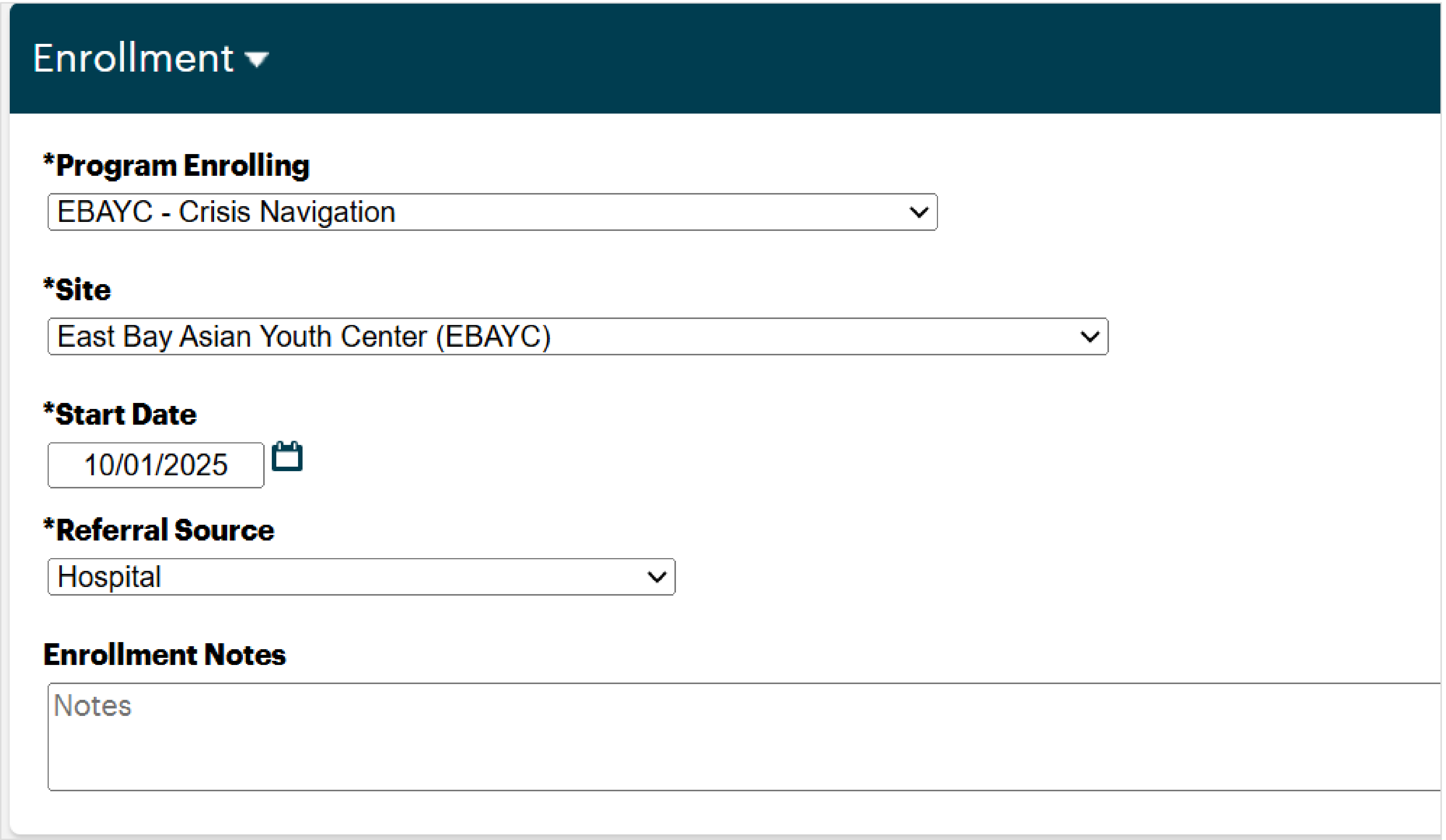
Enrolling a Participant

Step 1: Click the "+" button next to "Program Enrollment" in the participant folder.



Enrolling a Participant

Step 2: Complete the “Enrollment” section of the form. Then click “Save Record” on the right side of the screen.



Enrolling a Participant

DEPARTMENT OF VIOLENCE PREVENTION
CITY OF OAKLAND

Step 3: Complete the eligibility screener to confirm that someone is eligible for DVP-funded services. Staff members do not need to ask these questions directly but can gather the information through general conversation or prior knowledge. Individuals must meet 2 of the criteria to be eligible for DVP-funded services.

Adult Eligibility Screener

Individuals enrolling in DVP life coaching must meet criterion 1 plus 2 more.
Individuals enrolled in CBO programs must meet 2 of any criteria.
If the individual is eligible, a label will appear.

***Is the individual connected to a street crew or group? (adult)**

- ○ Yes
- ○ No
- ○ Don't Know

***Has the individual ever been intentionally shot, stabbed, or shot at? (adult)**

- ◉ Yes
- ○ No
- ○ Don't Know

***Does the individual have a history with the criminal or juvenile justice system? (adult)**

- ◉ Yes
- ○ No
- ○ Don't Know

***In the past six months, has a close friend, family member, or group member of the individual been shot or arrested for a shooting? (adult)**

- ○ Yes
- ○ No
- ○ Don't Know

This person is eligible for CBO life coaching and support services.

Exiting a Participant

Step 4: Return to the program enrollment form when the individual exits the program to enter the exit date and reason.

Exit

Exit Date

07/09/2024

Enter date of last contact.

*Primary Reason for Exit

--Please Select--

This field is required.

Select the appropriate exit reason.

Length of Enrollment in Days

0

This field will auto calculate.

Exit Notes

Notes

Consent Form

Types of consent forms

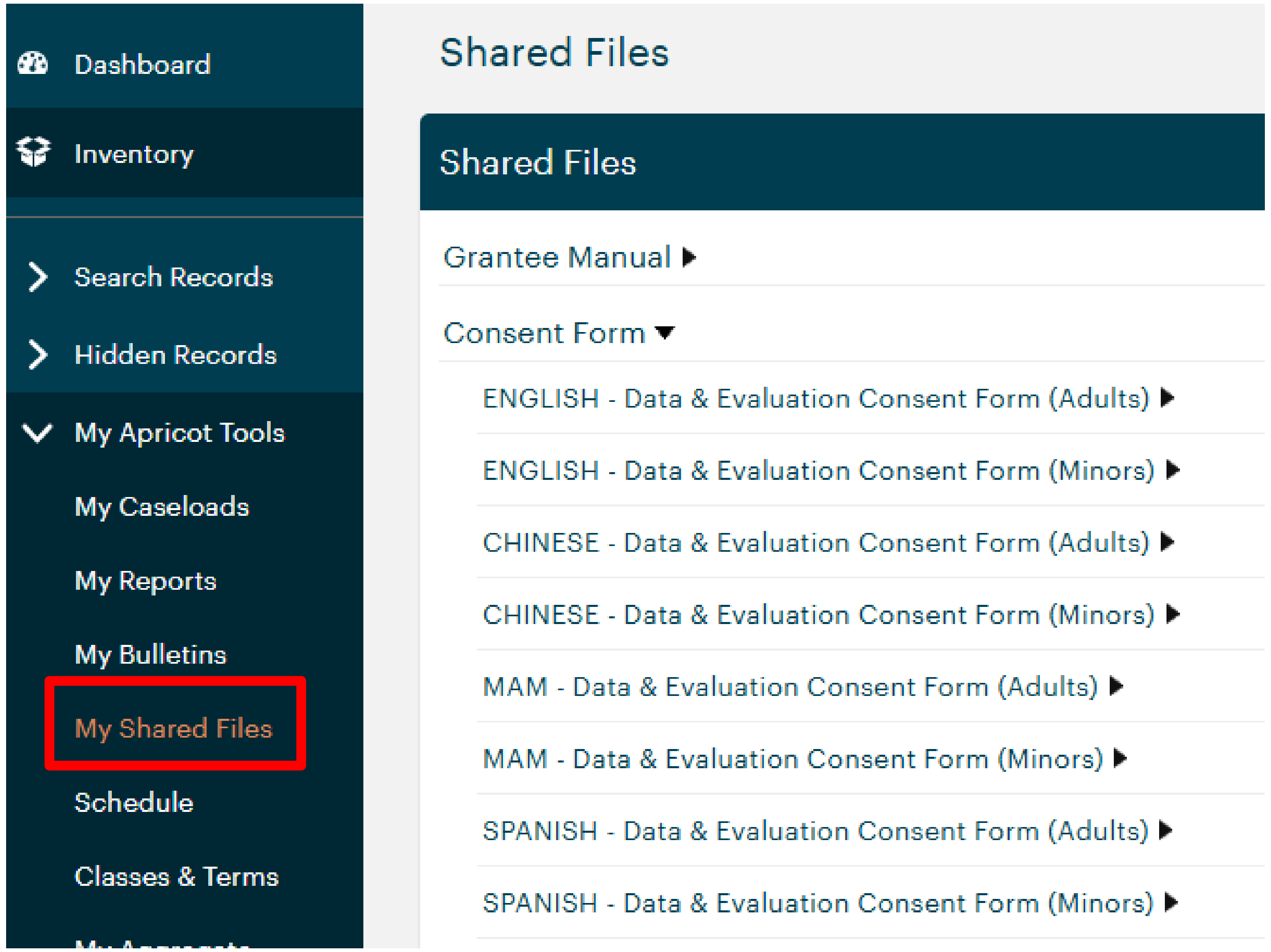
Once a participant enrolls in ongoing services, present the consent form to them within 30 days. There are three versions of the consent form based on the participant’s age and the type of service they are receiving:

- Group violence services for adults
- Gender-based violence services for adults
- Any services for youth (under 18)

Accessing consent forms

Use this link to access an electronic version of the consent form.

Paper versions and translations are available in Apricot under "My Shared Files."

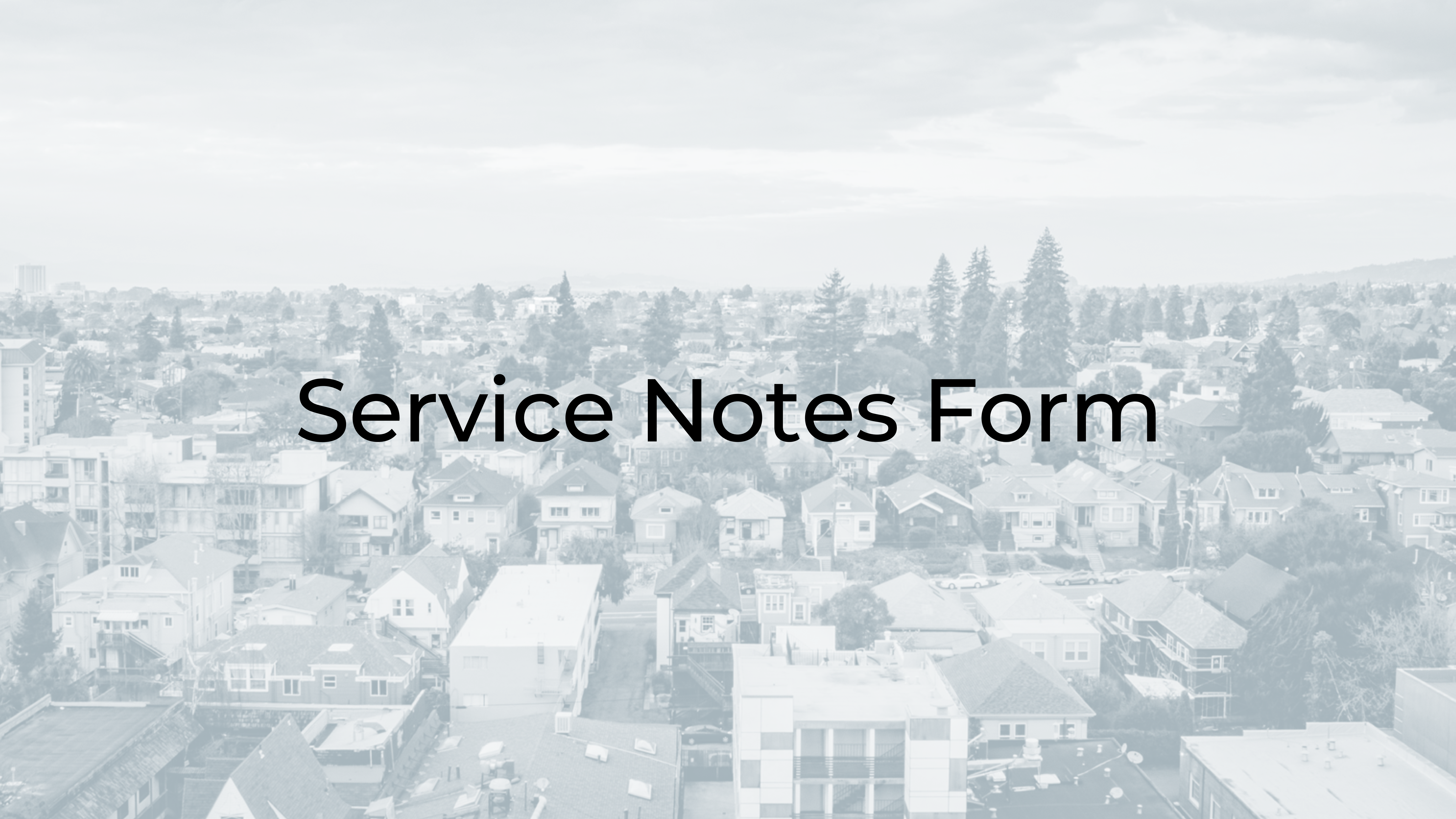


Explaining consent forms

What & Why	• The consent form asks if it is okay to share information about services you receive with researchers who study programs like this one to make sure they are helping people. • Studies help programs like this one continue get funding.
Privacy	• Your name and the information will never be shared with anyone other than the funder (the DVP) and researchers.
Optional	• Agreeing to the consent form is your choice – you can still get services if you do not agree.

Explaining consent forms

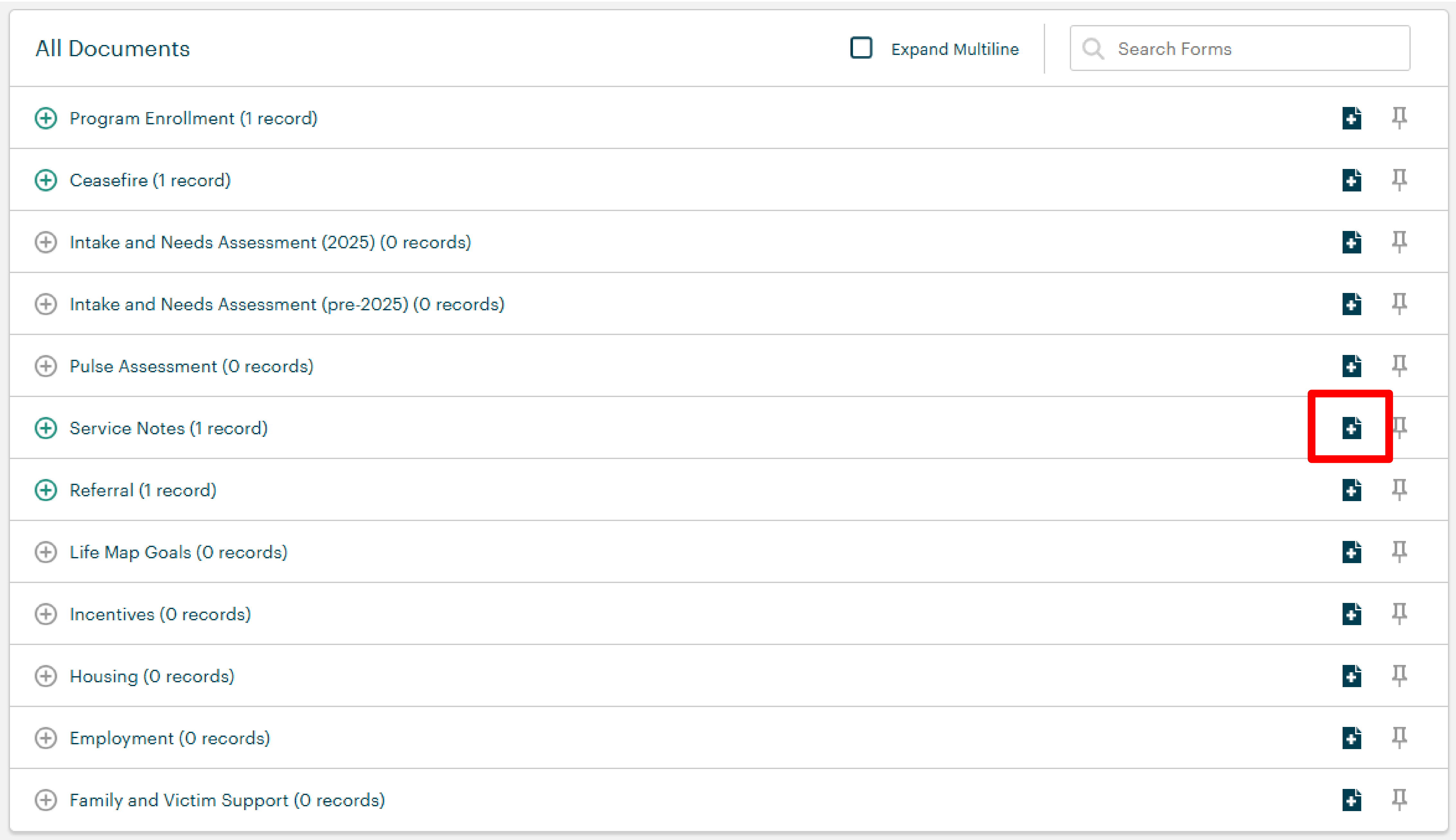
What & Why	• For youth and adults receiving gender-based violence services, the consent form also asks if it is okay to enter personally-identifiable information like your name and date of birth in a safe database that staff use to provide high-quality services to you.
Privacy	• The only people who will have access to this information are our agency's staff and a few staff from the DVP who are trained in data privacy.
Optional	• Agreeing to the consent form is your choice – you can still get services if you do not agree.



Service Notes Form

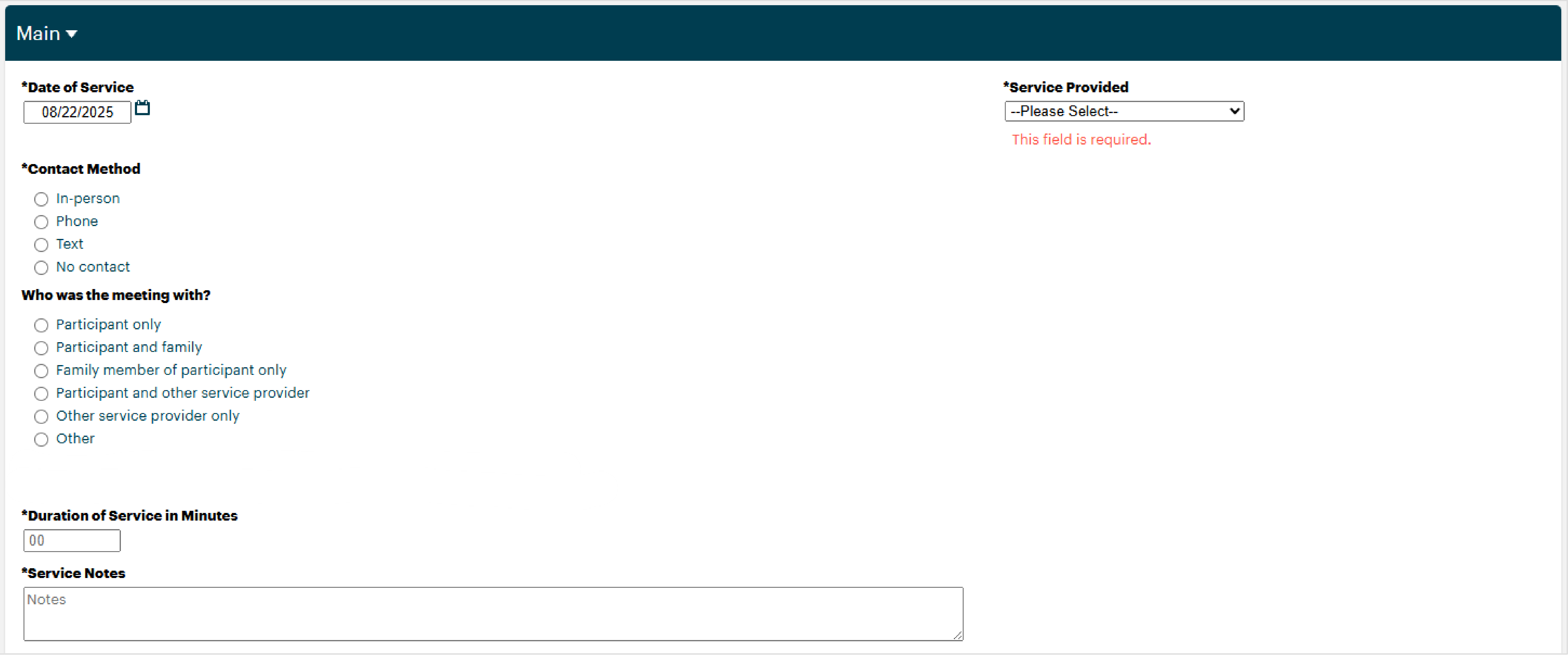
Service Notes Form

Step 1: Click the "+" button next to "Service Notes" in the participant's folder to enter the date and outcome of every contact with a participant, whether attempted or successful.



Service Notes Form

Step 2: Complete all information on the service notes form. Then click “Save Record” on the right side of the screen.


Main

*Date of Service
08/22/2025

*Service Provided
--Please Select--
This field is required.

*Contact Method
- In-person
- Phone
- Text
- No contact

Who was the meeting with?
- Participant only
- Participant and family
- Family member of participant only
- Participant and other service provider
- Other service provider only
- Other

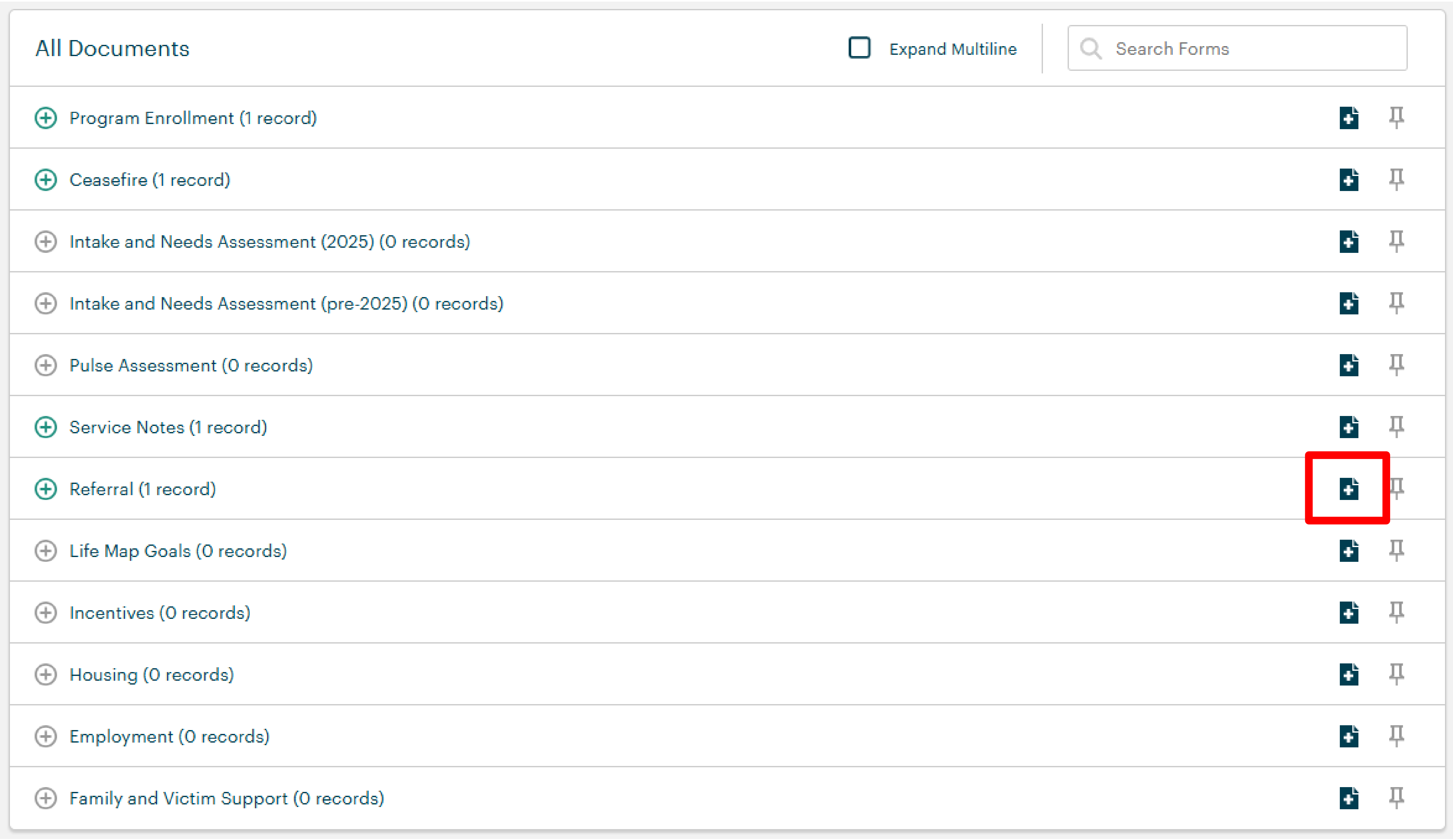
*Duration of Service in Minutes
00

*Service Notes
Notes

Referral Form

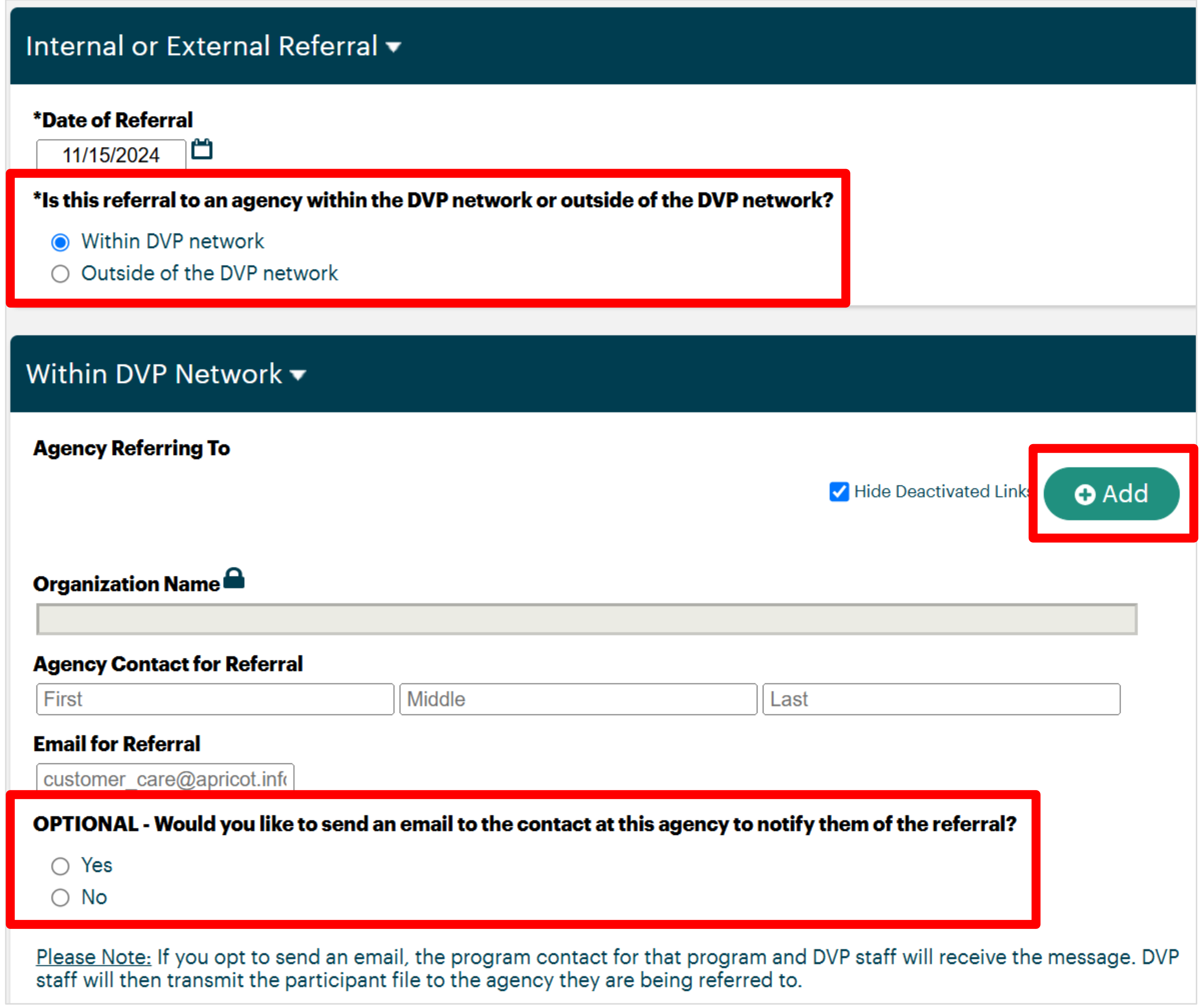
Referral Form

Step 1: Click the "+" button next to "Referral" in the participant's folder to document a referral to services.



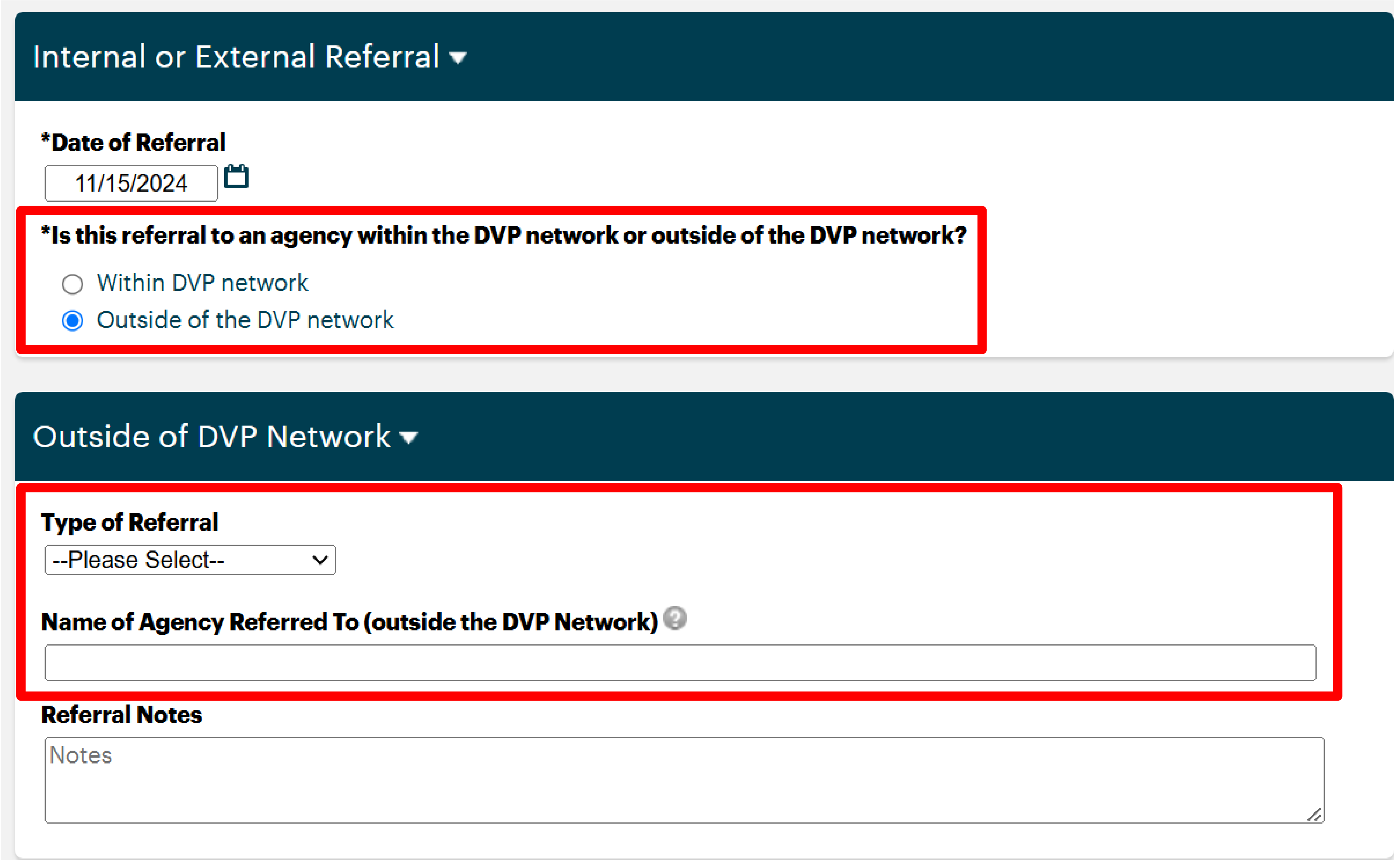
Within the DVP Network

Step 2: If the referral is to an agency funded by the DVP, select “Within DVP network” and then indicate the agency and program you are referring to by clicking the “+ Add” button. You can choose whether to send an automated email to the program contact at that agency. Then click “Save Record” on the right side of the screen.



Outside the DVP Network

Step 2: If the referral is to an agency NOT funded by the DVP, select “Outside of the DVP network.” Then select the type of referral (housing, employment, etc.) and enter the name of the agency. Lastly, click “Save Record” on the right side of the screen.



Recommended Reports

Recommended Reports

Report with link	Information provided by report
[Hospital Response Report]	This report provides all hospital response data, including all participants served through short-term case management and service hours within a specified time range.
[Individual Client Report]	This report provides all details about a specific participant, including all of their service notes.
[Service Notes and Hours Report]	This report provides all service notes and hours within a specific date range.