

INFECTIOUS DISEASE BUREAU
EDUCATION & OUTREACH OFFICE

INTERVENTION SPECIFIC
STANDARDS



Introduction

The following standards were developed by the Massachusetts Department of Public Health (MDPH) and adapted by the Boston Public Health Commission's (BPHC) Infectious Disease Bureau (IDB) Outreach and Education Office. The process to develop and publish these standards was coordinated by Rhoda Johnson-Tuckett, Greg Lanza, Eno Mondesir, and Catherine Cairns of the BPHC. The goal of the process was to consolidate existing standards and filing requirements for Education and Outreach funded services into a single set that would apply to all providers funded for education and outreach services through the BPHC IDB.

“The Mission of the Boston Public Health Commission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly those who are most vulnerable.”

Intervention Specific Standards

Providers must meet standards that are specific to certain interventions. This section contains standards specific to the following interventions:

- Individual Level Interventions
- Group Level Interventions
- Community Level Interventions
- Social Marketing Interventions

Allowable Settings

Activities provided as part of the above interventions should be conducted in BPHC approved allowable settings, outlined below. Agencies may propose additional settings to BPHC for approval.

- community based service organizations that currently target at least one of the specified infections (HIV/AIDS, STI and/or Viral Hepatitis [B&C])
- after school programs
- clinical settings
- drop-in centers
- bar/club settings
- internet
- public or commercial sex environments
- private homes and/or residences
- sex parties
- drug purchasing and using environments, including shooting galleries
- detention/correctional facilities

Group Level Intervention (GLI)

Group Level Intervention Definition

Health education and risk-reduction skills-building sessions ranging from three to fifteen individuals that are intended to support behavior change. Group interventions are structured curriculum-based education sessions that incorporate HIV/AIDS, viral hepatitis and/or STI prevention as the primary goal. Such interventions are ideally conducted in the context of a time-limited series (a three-week session, eight-week session, etc.) although the BPHC will consider continuous groups. Such interventions are part of a comprehensive prevention and education program, with participants being referred and linked into other services including counseling, testing, vaccination, and medical care as appropriate, more intensive individual level interventions and, for clients with unmet mental health needs, appropriate mental health services.

Group Level Interventions Standards

The overall objectives of the Group Level Interventions standards are to ensure that programs:

- include opportunities for participants to evaluate their risk for infection and to develop strategies to reduce this risk (including behavior change and vaccinations).
- at a minimum conduct Behavioral Risk Assessments at or near the start of the group and at the end of the group either through self-administration mechanisms or via a referral to an individual level intervention (ILI). Behavioral Risk Assessment should also be conducted after the end of the group (e.g., 3, 6, 9 months) if possible.
- include peer and non-peer models as appropriate.
- incorporate a range of skills, information, education, and support for individuals throughout the behavior change process.
- objectives should support the achievement of the relevant BPHC goals.

The service specific standards for **Group Level Interventions** provide additional requirements around the following components of service provision:

- A. Program Requirements
- B. Staffing Requirements

A. Program Requirements

The objectives of the Program Requirement standards for **Group Level Interventions** are to ensure that:

- 85% of contacts are with members of the target population;
- programs are curriculum driven;
- program content is reflective of the program goals and objectives as outlined in the scope of service;
- programs are consistent with selected behavioral change theories;
- programs are documenting participation and collecting appropriate data;
- programs are measuring the effectiveness of the intervention and modifying as appropriate

A. Program Requirements		Group Level Interventions	
	Standard		Measure
A.1	Workshops must be based on program's selected CDC approved, science based curriculum, and the content should reflect the goals of the program as outlined in the scope of service and be reflective of the behavioral change theory the agency subscribes to.	A.1	Copy of curriculum and an overview and description of the workshop including date, time and location must be on file.
A.2	Group Educators must refer and link participants into other prevention services including counseling, testing, vaccination, and more intensive individual level interventions. For clients with mental health issues, referrals to appropriate mental health services must be made.	A.2	Referrals must be documented and logged on file.
A.3	Group Educators must conduct at minimum a basic risk assessment at the start and the completion of the group cycle in order to gauge the needs of the participant prior to the start of the cycle & measure the unmet needs of the participant at the completion of the cycle.	A.3	Completed basic risk assessments must be documented and on file.
A.4	Workshops should be promoted within the community as a means of recruiting participants. In addition, participants should be encouraged to complete the cycle; incentives may be considered to assist with adherence.	A.4	Copy of all promotional materials used and description of any participant incentives must be on file.
A.5	Group Educators must document participation in the sessions.	A.5	Session sign in sheets must be completed and on file
A.6	All staff involved in the workshop must meet the requirements listed in section B.	A.6	Group Educators and other relevant staff involved in the workshop must be documented on file

A.7	Group Educators must measure the effectiveness of the workshop through evaluation of the participants either through pre/post tests or other evaluative tools.	A.7	Completed pre/post tests or other evaluation tools on file.
A.8	Group Educators must document active client participation in workshops.	A.8	Individual client files must document activity in workshop and other group education activities.

B. Staffing Competencies Requirements

The objectives of the Staffing Competencies standards for **Group Level Interventions** are to ensure that:

- participants have access to the highest quality services through experienced and trained staff; and
- group educators are able to provide culturally and linguistically appropriate services.

B. Competencies		Group Level Interventions	
Standard		Measure	
B.1	Group Educators must have the following skills sets: <ul style="list-style-type: none"> • Group facilitation skills • Demonstrated public speaking skills • Ability to foster a healthy group dynamic • Curriculum development skills (i.e., the ability to incorporate new information into an intervention as needed) • Conflict resolution skills • Ability to apply learning and behavior change theory in a group setting • Awareness of the target population's sexual and drug using behaviors • Comfort in discussing sexual and drug using behaviors in a group setting • Respectful attitude • Active listening skills 	B.1	Resume on file.
B.2	Group Educators must be versed and oriented in the agency's curriculum, including selected behavioral change theory within 60 days of hire.	B.2	Completion must be documented in the staff member's personnel file.

B.3	Group Educators must meet all training requirements, including completion or registration for required HIV, hepatitis and STI training within 90 days of hire, and required training relevant to the special needs of the intervention target population (e.g. GLBT, IDU) within 180 days of hire. These trainings must either be MDPH sponsored or BPHC approved alternatives. This applies to Peer Educators as well.	B.3	Completion of both training must be documented in Group Educator personnel files.
B.4	Group Educators are representative of the population served and/or have the demonstrated skills, experience, and training necessary to provide services to the target population.	B.4	Resume and relevant training documented in personnel file.

Individual Level Intervention (ILI)

Individual Level Intervention Definition

Health education, harm-reduction, and risk-reduction support provided to one individual at a time on a time-limited basis. ILI are conducted according to a mutually agreed upon plan between the client and the provider that addresses the client's objectives, needs and stage of change. Such interventions must have a skills development component included in at least one session within the intervention series and should not solely educate the client or share information. The initial ILI encounter should provide the client with an orientation to the agency facility (including an introduction to any agency "ground rules"), to the full array of services offered throughout the agency, and facilitate the identification of other interventions or services in which the client may be interested.

Individual Level Interventions Standards

The overall objectives of the Individual Level Interventions standards are to ensure that programs:

- support clients to practice harm reduction strategies and to reduce their risk for infection and transmission.
- incorporate Behavioral Risk Assessment on a periodic and ongoing basis in order to guide the implementation of the intervention content. At a minimum, Behavioral Risk Assessment should occur at or near initial contact and at the end-point of service. Risk assessment should also be conducted three months after leaving services if possible.
- encourage clients to conduct ongoing self behavioral risk assessment
- assist clients in making plans for individual behavior change
- support clients in carrying out their individual behavior change plans
- help clients to identify barriers to behavior change and aid in the identification of strategies to overcome these barriers
- include skills building activities (e.g., sexual negotiation, male and female condom use, safer injection practices)
- facilitate linkages (e.g., supported referrals) to services in both clinic and community settings in support of behaviors and practices that prevent transmission of HIV, viral hepatitis and/or STIs, and that may help clients make plans to obtain these services
- engage clients in the process of evaluating the option to seek HIV, STI, and hepatitis related services, including counseling, testing, and appropriate vaccination and clinical care
- include peer and non-peer models as appropriate.

The service specific standards for **Individual Level Interventions** provide additional requirements around the following components of service provision:

- A. Program Requirements**
- B. Staffing Requirements**

A. Program Requirements

The objectives of the Program Requirement standards for **Individual Level Interventions** are to ensure that:

- 85% of contacts are with members of the target population;
- clients are made aware of their rights and responsibilities, especially as pertains to confidentiality and grievance procedures;
- programs are curriculum driven;
- program content is reflective of the program goals and objectives as outlined in the scope of service;
- programs are client centered, utilizing input from clients in the development of individual goals, objectives and service plan;
- programs are consistent with selected behavioral change theories;
- programs are linking clients to other relevant services along the prevention and education continuum;
- client participation and progress in achieving goals and objectives is monitored and tracked;
- programs are measuring the effectiveness of the intervention and modifying as appropriate

A. Program Requirements		Individual Level Interventions	
	Standard		Measure
A.1	Clients must be informed of their right to confidentiality and sign a form granting or refusing their consent for their files to be viewed by anyone outside the agency.	A.1	Signed client consent form must be documented and on file. If a client declines release of records by name, the agency must create a de-identified "shadow file" for review by BPHC.
A.2	Clients must be made aware of their responsibilities and their rights to file a grievance with the agency.	A.2	Signed form demonstrating the client's awareness of his/her responsibilities and understanding of the grievance procedure must be documented and on file.
A.3	Interventions must be based on program's selected CDC approved, science based curriculum, and the content should reflect the goals of the program as outlined in the scope of service and be reflective of the behavioral change theory the agency subscribes to.	A.3	Copy of curriculum and an overview and description of the intervention including date, time and location must be on file.
A.4	Interventions must refer and link participants into other prevention services including counseling, testing, vaccination, and more intensive individual level interventions. For clients with mental health issues, referrals to appropriate mental health services must be made.	A.4	Referrals must be documented and logged on file.

A.5	Individual Educators must conduct at minimum a basic risk assessment at the beginning and the end-point of service in order to gauge the individual needs of the participant prior to the start and measure the unmet needs of the participant at the completion of the service.	A.5	Completed intake/basic risk assessments must be documented and on file.
A.6	Individual Educators must utilize the basic risk assessment and significant input from the client to develop an Individual Service Plan based on the client's needs.	A.6	Copy of the Individual Service Plan signed and dated by the client must be documented and on file.
A.7	Individual Educators must track participation and monitor client progress in meeting goals and objectives outlined in the Individual Service Plan through the keeping of timely and accurate progress notes.	A.7	Progress notes completed and organized appropriately and chronologically must be documented and on file.
A.8	All staff involved in the intervention must meet the requirements listed in section B.	A.8	Individual Educators and other relevant staff involved in the intervention must be documented on file.
A.9	Individual Educators must measure the effectiveness of the intervention through evaluation of the client either through pre/post tests or other evaluative tools.	A.9	Completed pre/post tests or other evaluation tools on file.

B. Staffing Competencies Requirements

The objectives of the Staffing Competencies standards for **Individual Level Interventions** are to ensure that:

- participants have access to the highest quality services through experienced and trained staff; and
- individual educators are able to provide culturally and linguistically appropriate services.

B. Competencies		Individual Level Interventions	
Standard		Measure	
B.1	Individual Educators must have the following interpersonal communication skill sets: <ul style="list-style-type: none"> • Dialogue facilitation skills • Ability to foster a healthy one-on-one interaction dynamic • Ability to adapt and work with a client to modify goals and timelines as needed. • Individual level intervention curriculum development skills (i.e., the ability to incorporate new information into an individual intervention as needed) • One-on-one conflict resolution skills • Ability to appropriately make referrals to necessary support services in the event of a client crisis • Ability to apply learning and behavior change theory in a one-on-one setting • Awareness of the target population’s sexual and drug using behaviors • Comfort in discussing sexual and drug using behaviors in a one-on-one setting • Respectful attitude • Active listening skills 	B.1	Resume on file.
B.2	Individual Educators must be oriented and trained in all contractual requirements, as well as curriculum, behavioral change theory, program goals and mission within 60 days of hire.	B.2	Completion must be documented in the staff member’s personnel file.

B.3	Individual Educators must meet all training requirements, including completion or registration for required HIV, hepatitis and STI training within 90 days of hire, and required training relevant to the special needs of the intervention target population (e.g. GLBT, IDU) within 180 days of hire. These trainings must either be MDPH sponsored or BPHC approved alternatives. This applies to Peer Leaders as well.	B.3	Completion of training must be documented in personnel files.
B.4	Individual Educators are representative of the population served and/or have the demonstrated skills, experience, and training necessary to provide services to the target population	B.4	Resume and relevant training documented in personnel file.

Community Level Interventions

Community Level Interventions engage members of the target population through short term, limited encounters either one-on-one as part of a traditional “outreach” encounter, or through brief encounters at large scale events. Community Level Interventions are designed to raise overall awareness, both of specified diseases and risk factors as well as services provided by funded agencies. CLI should assist in recruiting members of the at risk target population into more intensive prevention interventions and services. Community Level Interventions should always be conducted as a component of a full, broad-scale continuum of prevention services. Community Level Interventions have two main components, Mobile Encounters and Community Events, both defined and outlined below:

Mobile Encounters Definition

Individual or small group educational encounters conducted in community settings to provide limited educational information. In some instances, this initial intervention may lead to engaging the individuals in other prevention related activities (e.g., Group or Individual Level Interventions) through repeat contacts with an outreach worker. Such interventions are conducted in a targeted and consistent manner by peers or paraprofessional educators face-to-face with individuals known or presumed to be at high-risk in their neighborhood or other areas where they typically congregate and where they may engage in high-risk behavior. Interventions are designed to connect individuals in the priority population to necessary services and to facilitate active referrals and linkages to counseling, testing, vaccination, and medical care for HIV/AIDS, STIs and Viral Hepatitis (B&C) as appropriate, needle exchange, mental health services, substance abuse treatment, and other needed services. Mobile Encounters should include targeted educational messages and may include the distribution of condoms, lube, bleach, etc.

Mobile Encounters Standards

The overall objectives of the Mobile Encounters standards are to ensure that interventions:

- are developed with the intent to reach the maximum number of the target population members as possible;
- are conducted as consistently, safely and effectively as possible;
- are engaging rather than imposing upon members of the target population;
- are conducted in partnership with key stakeholders (e.g. bar/club owners, sex party coordinators, law enforcement)
- are aware of and sensitive to group and cultural norms;
- are conducted in accordance with rules and standards at specific settings by key stakeholders.

Community Events Definition

The delivery of planned HIV/AIDS, viral hepatitis and/or STI prevention messages through one or more mechanisms that are designed to build support for safe behavior, support personal risk-reduction efforts, inform persons at risk for infection how to obtain specific services, and influence social norms and attitudes related to specific risk reduction and health promotion behaviors.

Community Events take two forms: One-Time Prevention Interventions and Recruitment/Community Events.

One-Time Prevention Interventions (also called one-time presentations):

Interventions offered in a group setting with a goal of providing knowledge, enhancing behavior change and linking individuals to more intensive behavior change interventions. These activities are generally conducted in a presentation or workshop format. The information presented is designed to raise awareness and increase knowledge, which are critical first steps in the behavior change process.

The main purpose of One-Time Presentations is to recruit members of the priority population for more intensive interventions. Therefore, participants should be screened for appropriateness for recruitment into behavior change interventions. Clients may also use one-time presentations as an entry point into care as they can access referral information at these events.

The curriculum for One-Time Presentations must demonstrate a clear connection to the agency's scope of service objectives and activities. As in all other intervention types, this intervention should be explicitly linked to the BPHC mission and goals.

Recruitment/Community Events:

The provision of prevention and education information to large numbers of the target population in order to increase the visibility of the program. The goal of these events is to encourage individuals at high-risk for infection to obtain more intensive interventions offered in the program sponsoring the event or another appropriate provider. For the purpose of these standards, recruitment/community-building events refers to activities such as health fairs, forums, prevention tables, boat cruises, prevention "balls", retreats, etc. Recruitment/community events include the following activities:

- Distribution of prevention and education information and materials;
- Skill building activities that encourage leadership development among priority population individuals;
- Recruitment of individuals at high-risk for infection to engage them in intensive prevention activities;
- Development of opportunities for community involvement in prevention activities

The service specific standards for **Community Level Interventions** provide additional requirements regarding the following components of service provision:

- A. Program Requirements**
- B. Staffing Requirements**

A. Program Requirements

The objectives of the Program Requirement standards for **Community Level Interventions** are to ensure that:

- 85% of contacts are with members of the target population;
- all materials distributed through the interventions are consistent with the mission of the agency as well as the goals of the BPHC IDB funded program;
- members of the target population are engaged in the development and conducting of interventions to assure cultural competence;
- participants are being provided with supported referrals to additional, more intensive prevention interventions including counseling, testing, and vaccination;
- interventions are conducted regularly, at appointed times and locations which are determined to be most effective, so as to establish a known, consistent presence in the community and with members of the target population.

A. Program Requirements		Community Level Interventions	
	Standard		Measure
A.1	Agency must develop and maintain outreach worker protocols and safety plans. All outreach-based interventions must adhere to the protocols and safety plans.	A.1	Outreach worker protocols, safety plan, and an overview of the intervention activity must be documented in program files.
A.2	Interventions must be based on program's selected CDC approved, science based curriculum, and the content should reflect the goals of the program as outlined in the scope of service and be reflective of the behavioral change theory the agency subscribes to.	A.2	Copy of curriculum and an overview and description of the intervention including date, time and location must be on file.
A.3	Agencies must submit to the BPHC for review and approval any materials proposed for utilization prior to their dissemination. Written materials must be provided in appropriate languages and reading level for the target population.	A.3	BPHC approval information must be documented and on file.
A.4	Interventions must be planned in advance as part of a regular monthly schedule.	A.4	Outreach calendars detailing dates, times, locations and staff conducting interventions must be submitted to the BPHC by the last day of the previous month, and be documented and on file. Any change to the schedule must be reported to the BPHC.
A.5	Programs must engage members of the target population in the creation and tailoring of the intervention to ensure cultural relevance and effectiveness.	A.5	Process notes must be documented and on file.

A.6	Interventions must refer and link participants into other prevention services including counseling, testing, vaccination, and more intensive individual and group level interventions.	A.6	Referrals must be documented and logged on file.
A.7	Interventions must be developed and occur with approval of key players including (but not limited to) bar and club owners/managers, sex party organizers and law enforcement to assure sensitivity to culture and group norms.	A.7	Signed agreements between the agency and the relevant key players and/or meeting summary notes must be documented and on file.
A.8	Interventions must meet and adhere to all policies required by key stakeholders (such as establishment owners) including the payment of any required fees and addressing of liability waivers when appropriate.	A.8	Receipts and signed liability waivers must be documented and in program files.
A.9	Health Educators must document community members' attendance at presentations.	A.9	Completed sign in sheets must be documented and on file.
A.10	Health Educators must measure the effectiveness of the intervention through evaluation either through pre/post tests or other evaluative tools.	A.10	Completed pre/post tests or other evaluation tools on file.
A.11	Health Educators involved in the presentation must meet the requirements listed in section B.	A.11	Health Educators and other relevant staff involved in the workshop must be documented on file

B. Staffing Competency Requirements

The objectives of the Staffing Competencies standards for **Community Level Interventions** are to ensure that:

- participants have access to the highest quality services through experienced and trained staff;
- outreach staff are working under safe conditions and within the rules appropriate for the relevant setting;
- outreach staff are able to provide culturally and linguistically appropriate services

B. Competencies		Community Level Interventions	
Standard		Measure	
B.1	Outreach Workers must have the following skills sets: <ul style="list-style-type: none"> • Awareness of priority population sexual and drug using behaviors • Comfort in and ability to discuss sexual and drug using behaviors in settings where the clients typically congregate and where they may engage in high-risk behavior • Ability to conduct a brief risk assessment in outreach settings in an appropriate, confidential, non-judgmental and respectful manner that embraces harm reduction • Ability to facilitate supported referrals • Knowledge of local service networks • Conflict resolution skills • Active listening skills • Ability to apply learning and behavior change theory in an outreach setting • Ability to monitor movements of priority population members in order to identify new potential outreach settings • Ability to adapt outreach strategies to address the evolving epidemic including emerging trends in behavioral risks in which the priority population is engaging 	B.1	Resume on file.
B.2	Outreach Workers must be oriented and trained in all contractual requirements, as well as curriculum, behavioral change theory, program goals and mission within 60 days of hire.	B.2	Completion must be documented in the staff member's personnel file.
B.3	Outreach Workers must be trained in the protocols & safety plan within 30 days of hire.	B.3	Completion must be documented and on file.

B.4	Outreach Workers must complete or register for DPH <i>Outreach Worker Curriculum</i> within 60 days of hire, complete or register for required HIV, hepatitis and STI training within 90 days of hire, and required training relevant to the special needs of the intervention target population (e.g. GLBT, IDU) within 180 days of hire. These trainings must either be MDPH sponsored or BPHC approved alternatives.	B.4	Completion of training must be documented in personnel files.
B.5	Outreach Workers are representative of the population served and/or have the demonstrated skills, experience, and training necessary to provide services to the target population	B.5	Resume and relevant training documented in personnel file.
B.6	Health Educators must have the following skills sets: <ul style="list-style-type: none"> • Group facilitation skills • Demonstrated public speaking skills • Ability to foster a healthy group dynamic • Curriculum development skills (i.e., the ability to incorporate new information into an intervention) • Conflict resolution skills • Ability to apply learning and behavior change theory in a group setting • Awareness of priority population sexual and drug using behaviors • Comfort in discussing sexual and drug using behaviors in a group setting • Respectful attitude • Active listening skills 	B.6	Resume on file.
B.7	Health Educators must be oriented and trained in all contractual requirements, as well as curriculum, behavioral change theory, program goals and mission within 60 days of hire.	B.7	Completion must be documented in the staff member's personnel file.
B.8	Health Educators must meet all training requirements, including completion or registration for required HIV, hepatitis and STI training within 90 days of hire, and required training relevant to the special needs of the intervention target population (e.g. GLBT, IDU) within 180 days of hire. These trainings must either be MDPH sponsored or BPHC approved alternatives.	B.8	Completion of both training must be documented in Health Educator personnel files.
B.9	Health Educators are representative of the population served and/or have the demonstrated skills, experience & training necessary to provide services to the target population	B.9	Resume and relevant training documented in personnel file.

Social Marketing Interventions

Social Marketing Intervention Definition

The delivery of planned HIV/AIDS, viral hepatitis (B&C) and/or STI prevention messages through one or more mechanisms that are designed to build support for safe behavior, support personal risk-reduction efforts, inform persons at risk for infection how to obtain specific services, and influence social norms and attitudes related to specific risk reduction and health promotion behaviors. The primary purpose of Social Marketing Interventions is to recruit members of the priority population for more intensive levels of service and as such should not be the sole or main focus of BPHC IDB funded prevention programs.

Social Marketing Interventions include the following information channels:

- Electronic Media: Means by which information is electronically conveyed to large groups of people; includes radio, television, public service announcements, news broadcasts, infomercials, internet messages or pop-up announcements etc. which reach a large scale (e.g., city-wide) audience.
 - This includes Internet Outreach
- Print Media: These formats also reach a large-scale audience; includes any printed materials, such as newspapers, magazines, pamphlets, and “environmental media” such as billboards and transportation signage.
- Hotline: Telephone service (local or toll-free) offering up-to-date information and referral to local services (e.g., counseling/testing and support groups).
- Clearinghouse: Interactive electronic outreach systems using telephones, mail, and the Internet/Worldwide Web to provide a responsive information service to the general public as well as to high-risk populations.

Social Marketing Intervention Standards

The overall objectives of the Social Marketing standards are to ensure that programs:

- present information that is scientifically accurate and consistent with the goals and objectives of the BPHC;
- engage members of the target population in creation of educational materials to ensure cultural competence and efficacy;
- provide information which has been approved for dissemination by the BPHC;
- make available referral information to other needed health and social services in the community

The service specific standards for **Social Marketing Interventions** provide additional requirements regarding the following components of service provision:

A. Program Requirements

A. Program Requirements

The objectives of the Program Requirement standards for **Social Marketing Interventions** are to ensure that:

- program content is reflective of the program goals and objectives as outlined in the scope of service;
- programs are consistent with selected behavioral change theories;

A. Program Requirements		Social Marketing Interventions	
Standard		Measure	
A.1	Campaigns must submit to the BPHC for review and approval any materials proposed for utilization prior to their dissemination.	A.1	BPHC approval information must be documented and on file.
A.2	Programs must engage members of the target population in the creation and tailoring of the campaign to ensure cultural relevance and effectiveness either through focus groups, community review boards or evaluation studies.	A.2	Focus group notes and process files, community review board findings or results of evaluation studies must be documented and on file.