

BOSTON PUBLIC HEALTH COMMISSION INFECTIOUS DISEASE BUREAU

EDUCATION AND OUTREACH OFFICE

PROVIDER MANUAL FY 2012

BOSTON
PUBLIC
HEALTH
COMMISSION



COMMUNITY BASED PREVENTION

FY 2012- JULY 1, 2011 - JUNE 30, 2012

Provider Manual

The Boston Public Health Commission
Infectious Disease Bureau
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
Phone 617-534-5611 • Fax 617-534-2480

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Introduction

Welcome to Fiscal Year 2012! This is the Provider Training Manual for the Boston Public Health Commission (BPHC) Infectious Disease Bureau Community Based Prevention contracts. For this funding cycle, BPHC's community based prevention efforts include HIV/AIDS, Viral Hepatitis (B&C) and Sexually Transmitted Infections.

The purpose of this manual is to provide your agency with all the information, tools, and instructions that are needed to meet your contractual requirements. The manual covers all BPHC program and fiscal policies, and contains instructions for completing all program, data, and fiscal reporting.

This manual should be shared with all staff who are associated with BPHC funded Community Based Prevention programs, including those responsible for administering the program, producing program reports, entering and submitting program data, maintaining client files, and producing and submitting fiscal invoices. It is also an essential resource for training new staff and familiarizing them with your contract.

Whether you are a newly funded agency or an agency that we have worked with for many years, it is important to thoroughly review all sections of the manual. Policies and procedures are revised each year, and it is required that all providers operate according to BPHC's current procedures.

Please note that while this manual should serve as a point of reference for your contractual obligations, we always encourage all providers to contact us if you have any remaining questions about BPHC policies and procedures. We are also available to provide technical assistance as needed throughout the year.

It is important to mention that during these times of limited resources, complete and accurate reporting of the services you provide to infected and at-risk populations is critical. It is vital that we are aware of any gaps in service delivery, and it is equally important for us to recognize the program's successes so that we are better able to evaluate our funded efforts.

We are looking forward to a successful year of partnership between the BPHC and Community Based Prevention providers.

Rhoda Johnson-Tuckett
Manager Education & Outreach Office

Program Overview Program Rules - FY 2012

Reporting:

- A. Reporting shall be considered a deliverable under this agreement for purposes of determining fulfillment of the Subcontractor's obligations. Failure to produce timely and adequate reports may jeopardize the Subcontractor's funding during the current award period as well as its eligibility or consideration for funding in subsequent years and shall result in a delay in payment as described in the compensation article below.

Furthermore, the Boston Public Health Commission reserves the right to withdraw an award if it determines the Subcontractor has failed to make substantial progress in meeting its goals and objectives, that such failure is unreasonable, and the Subcontractor does not develop and implement a timely plan of corrective action.

- B. The Subcontractor shall submit in writing quarterly progress reports. Such reports shall address (1) an update on the program's progress toward achieving all goals & objectives outlined in the Scope of Service, (2) updates on program status, (3) personnel status, (4) any problems, obstacles or hindrances the program has encountered, (5) any unmet service needs, and (6) a plan of action describing how the program intends to address any aforementioned problems and unmet service needs. The Boston Public Health Commission may also request additional information at any time.
- C. All reports shall contain narrative descriptions, which are concise, informative, and include sufficient detail to allow evaluation of funded efforts. Tables and exhibits may be included along with narrative descriptions, where appropriate. Also, the Subcontractor shall include a description of the implementation and progress on any Plans of Corrective Action submitted to the Boston Public Health Commission. Activities being carried out using funds from this RFP should be clearly identified; complementary activities which use alternate funding sources must be clearly identified. The Boston Public Health Commission may provide specific formats for submitting reports, which the Subcontractor shall be required to follow. The Subcontractor shall be required to adhere to all reporting requirements on time. Training will be provided if such changes in reporting requirements occur.
- D. Quarterly progress reports shall be submitted by the fifteenth (15th) day of the month following the reported quarter's end. For example, Quarter 1 includes July 1-September 30, therefore the first quarterly report must be submitted no later than October 15.

Monitoring:

- A. The Boston Public Health Commission or other entities on behalf of the Boston Public Health Commission will conduct site visits. The Subcontractor will usually receive at least one (1) formal site visit during each three year contract cycle, though the BPHC reserves the right to conduct additional site visits when deemed necessary. Site visits may include a review of both fiscal and programmatic documentation, as well as the agency's compliance with the Standards. Key personnel involved in the implementation of the Scope of Service--at any and all locations where funded activities occur--should be available for site visits.
- B. Additional information may be requested prior to, at, or subsequent to your site visit(s). The Subcontractor will have a reasonable time to produce such information. The Subcontractor shall also receive reasonable notice prior to each site visit. The Boston Public Health Commission shall take care to schedule site visits at mutually agreed-upon times, so long as such scheduling does not result in a delay of the visit, in which case the Boston Public Health Commission shall specify a reasonable date and time for the site visit.

Flyers, Promotional and Educational Materials:

- A. The Boston Public Health Commission encourages funded programs to publicize and promote its activities wherever appropriate in order to reach as many potential participants as possible. If you are advertising an event being supported with BPHC funds, the agency must submit a copy of the promotional materials to the BPHC for approval prior to the creation or dissemination of the materials and must cite BPHC as a sponsor of the event or educational materials.

Data Reporting:

- A. As a condition of funding with the Boston Public Health Commission's Infectious Disease Bureau Education and Outreach Office, agencies must submit data for all activities conducted as part of their contract on a monthly basis. Detailed instructions for data reporting, including method and deadlines, can be found on pages 10 - 16.

Standards and Requirements:

- A. All agencies must adhere to the Intervention Specific Standards, including programmatic and staffing requirements. These standards are included on a disk in the Provider Orientation packet or may be downloaded from the BPHC web site www.bphc.org. By submitting a proposal, agencies are agreeing to abide by the standards included in this packet, and any additional standards which may be required.

Compliance:

- A. Failure to adhere to reporting and fiscal deadlines may result in an agency being deemed non-compliant with contractual obligations. Two consecutive quarters of non-compliance may result in the agency being placed on probation. Three quarters of non-compliance out of four throughout the fiscal year may result in suspension or termination of the contract.

Progress Reporting Overview

Submission Requirements

Reports are to be submitted to the attention of:

Rhoda Johnson-Tuckett
Manager, Education & Outreach Office
Infectious Disease Bureau
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118

Progress Reports are to be submitted by the following dates:

Progress Reports are due by the middle of the month following the end of the reporting period.

Progress Report Period	Reporting Period	Due Date
1	Jul 1 - Sep 30	Oct 15, 2011
2	Oct 1 - Dec 31	Jan 15, 2012
3	Jan 1 - Mar 31	Apr 15, 2012
4	Apr 1 - Jun 30	Jul 15, 2012

Note:

Each quarterly progress report should reflect only those activities conducted during the three months included in that quarter. While the first quarterly progress report is due on October 15, it should only cover activities which occurred between July 1 and September 30.

Program Narrative Instructions

The narrative should focus on Community Based Prevention funded program activities. If the program is part of a larger effort funded by multiple sources, you may describe the overall effort for context. However, clearly delineate activities funded by the Education & Outreach Office.

Providers are expected to provide a detailed description of recent Community Based Prevention funded activities in the narrative portion of the progress report. Please organize your narrative using the following outline to ensure that it completely meets our requirements.

Update of Progress on Goals and Objectives:

Describe your progress on meeting the goals and objectives as described in your scope of services. Please include both quarterly and cumulative (during the current fiscal year) actual numbers of clients served, materials distributed, etc., where applicable.

Update on Program Status:

Provide an update on the status of the program, the services you are delivering and any additional changes in program status. This would be an appropriate section to include any activities funded by other sources that complement the services outlined in your Community Based Prevention contract. It is also helpful to know what the current status is of the program's other sources of funding.

Update on Personnel Status:

Provide an update on any staff changes, plans for hiring new staff, changes in supervisory structure, etc. Please also note if and when there are no staff changes. Include any professional trainings that Community Based Prevention-related staff have attended. NOTE: please do not wait until submission of the quarterly report to inform us of staffing changes. These should be reported in writing to your Program Coordinator as soon as they occur.

Description of Problems and Challenges:

Discuss any challenges the program faced, how you met the challenges, and how these difficulties affected your program. This section should place special emphasis on problems that directly affect your program's ability to carry out the goals and objectives listed in your scope of service.

Description of Emerging Needs:

Describe any additional needs that your target populations have that are not being met. This section may additionally include any of your program's needs, i.e. what would better enable your program to achieve its goals and objectives?

Progress on Plan of Corrective Action:

If you have been cited by the BPHC and were instructed to submit a Plan of Corrective Action—either during a site visit or due to a contract-specific situation—you must include a description of your progress addressing the approved plan. You are expected to continue addressing this issue in each quarterly report until such time as the citation has been officially lifted by the BPHC.

Miscellaneous:

Provide any other additional information that is relevant to your program and to the BPHC's understanding of your program.

A *sample* narrative can be found on the following page.

Sample Narrative

Play Safe Always Quarterly Report First Quarter: July 1, 2011 - September 30, 2011 Community Based Prevention Funding

Progress on Goals and Objectives

The Play Safe Always Center has been funded to provide Community Based Prevention (CBP) services to an ethnically diverse client population mirroring the demographics of its surrounding neighborhood. The Center uses the RESPECT curriculum for its Individual Level Interventions and the Many Men, Many Voices (3MV) curriculum for its Group Level Interventions. Services are provided in a client centered, culturally sensitive and linguistically appropriate manner. Efforts are made to ensure that the services are delivered in a respectful manner that utilizes the concepts of harm reduction.

In the past three months, our CBP funded staff have provided 35 Individual Level Interventions, 7 Group Level Interventions, 8 knowledge assessments, 4 Community Events (one – time workshops) and 30 Mobile Encounters. We have distributed approximately 5,000 condoms and lube packets, 360 bleach kits, and 4,000 health educational materials, some of which have been translated into Spanish. We have had the opportunity to provide services in English, Spanish, Vietnamese, and Creole within the first quarter. We have made 69 and confirmed 49 referrals for various services (please see below for a detailed description of referrals made and confirmed).

Program Status and Activities

The program is fully staffed and is reaching the contracted number of clients. The majority of clients live within a close proximity of the Center. Approximately half are receiving services from the methadone maintenance program, a quarter have been seen in the STD clinic and the remainder are in alternative high school programs.

The program staff has been meeting with staff at other health centers to explore ways to work collaboratively with active substance users. They discussed ways of supporting clients using *Orasure* testing on their outreach van. We are in the process of developing an interagency agreement for cross referral and collaboration.

Noting a recent rise in Latino clients, the Program Director has had conversations with a local Latino ASO about accepting referrals for Group Level Interventions and Counseling and Testing for STDs, hepatitis and HIV. It is important for the clients to have access to early treatment of STDs, HIV, hepatitis, as well as receive hepatitis vaccines. The goals of the staff are to improve early detection and to inform clients of how to stay healthy. Some of these clients may be targeted for the Ryan White funded Prevention Case Management Service.

Program Activities of Play Safe Always

During the first quarter, 4 Community Events were conducted, the peer leadership cycle was completed, 7 Group Level Interventions were provided and 30 Mobile Encounters were conducted.

Community Events:

8/15/11: "What Your Children Need to Know About AIDS, Viral Hepatitis and STIs"

- Conducted at Community Center A
- 27 people attended this forum aimed at educating parents on risk factors
- 50 condoms, 75 brochures (sample attached) and 30 safer sex kits distributed

8/25/11: "Staying Negative: Avoiding Infection"

- Co- sponsored by the Gay Alliance at the Connection.
- Peer leadership program for teens ages 14 – 18
- 24 people attended
- 50 condoms, 50 brochures (sample attached) and 40 safer sex kits distributed

9/5/11: "Hepatitis C: Know Your Risk"

- Forum at Club Café
- 40 people attended this forum intended to raise awareness for MSM
- 100 condoms, 75 brochures distributed

9/17/11: "Chlamydia: A Rising Epidemic"

- Conducted at the Back Bay YWCA
- 30 young women, aged 13-19 attended this session designed to increase risk factor awareness
- 50 brochures (sample attached) were distributed

Group Level Interventions

During the first quarter, the agency recruited 10 Black MSM for the first cycle of 3MV. The sessions occurred on Thursdays, from 5 – 7:00pm at the Center's Drop-In space. The cycle began on 8/11/11 and concluded on 9/22/11. Of the 10 recruited, 8 successfully completed the cycle and attended all 7 sessions. A basic risk assessment was conducted at the beginning and end of the cycle (sample attached) and pre-post tests were conducted at the end of each session. A summary of the pre-post test results and basic risk factors for group participants was generated and is included with this report for your review. Findings indicated an increase in knowledge from session to session and an overall increase in knowledge from the start to completion of the cycle. Recruitment is underway for the next cycle of 3MV which will start in November.

Individual Level Interventions

During the first quarter, the agency provided 35 ILI sessions with 15 unduplicated clients. Each of the clients has completed a comprehensive risk assessment and has developed an Individual Service Plan, complete with risk reduction goals and timelines for completion. A summary of the client risk factors is included for your review.

Mobile Encounters

During the first quarter, the agency conducted 30 Mobile Encounters reaching 600 members of the target population. Mobile Encounters occur three nights a week with the following schedule:

- Mondays: 9pm – 1am @ the Back Bay Fens
- Wednesdays: 4pm – 8pm @ Dudley Square and surrounding areas
- Fridays: 10pm – 2am @ Club Nirvana

3,300 condoms and lube, 2,000 pieces of educational materials and 200 bleach kits were distributed.

During the first quarter clients were assisted with the following services through referral:

	Made:	Confirmed:
Hepatitis A & B Vaccines	27	15
Substance Abuse Treatment	6	5
Mental Health Counseling	6	5
Primary Medical Care	4	4
Detox	7	5
Food Pantry	4	3
HIV Drug Assistance Program	2	1
Housing	8	6
MassHealth	2	2
Peer Support Groups	3	3
Total:	69	49

Personnel Status

As previously noted, Melissa Miller has left us to take a position with the World Health Organization addressing the growth of the AIDS epidemic in Central America. She had been with the center for three years as the Program Coordinator. We will certainly miss her and wish her well in her future endeavors. We welcome Darren Johnson as her replacement. Darren is bilingual in Spanish and bicultural. He has previous experience working in the Health Department in San Juan, Puerto Rico, focusing on recovering addicts. A budget revision reflecting this change is coming; enclosed please find Darren's resume and appointment letter.

Cora Black continues her position as Program Assistant, and has attended in-service trainings on "STDs and HIV," "The Connection between HIV and Domestic Violence," and "Understanding Cultural Differences."

Description of Problems and Challenges

The staff turnover described in the Personnel Status section provided some challenges to overcome; thankfully the position wasn't vacant for too long. We are now working to get Darren fully trained in the intervention as well as oriented to the contract. Also, due to renovations at Club Nirvana, we missed two weeks of Mobile Encounter sessions on Fridays. Now that renovations are complete, we will complete a full schedule.

Description of Emerging Needs

We need to increase secondary prevention services and go beyond HIV/AIDS 101, STI 101 and hepatitis 101 training. The rate of HIV and HCV infection among clients is increasing at the methadone clinic, the STD clinic and among active drug users. As most of these clients have sex partners, we need to integrate the HIV, hepatitis and STI testing services with information for partners. We have considered devoting some of the group education sessions to the topic of partner notification. We are also trying to devise ways to help clients recently tested to understand their options with regard to access for HIV, STI and hepatitis services.

We are aware of demographic shifts within the community. An increasing number of white clients identify as gay or lesbian, the IDU population is getting older, and more recent immigrants are from Muslim countries. In the next year we will need to find ways to modify our services to meet the needs of these new constituents.

Progress on Plan of Corrective Action

We received a citation from the BPHC during a recent site visit for a lack of backup documentation submitted along with our fiscal invoices. We submitted a *Plan of Corrective Action*, which was subsequently approved.

During a recent internal audit of our invoices submitted to BPHC, we found that 100% of all invoices submitted were accompanied by original, printed, dated receipts where appropriate. All purchases relating to conferences or group education sessions were accompanied by sign-in sheets for those events. No invoices have been held up or returned to us by BPHC due to a lack of backup documentation since our receipt of this citation. We will continue to report on this issue in the next three quarterly progress report.

Counseling/Testing/Screening

While not funded to provide Counseling and Testing under this contract, BPHC monitors testing as a measure of Education and Outreach effectiveness. During the quarter, our agency as a whole provided the following:

	HIV	Hep B	Hep C	Chlamydia	Gonorrhea	Syphilis
Total # of tests/screenings	200	100	105	150	70	15
Total # of positive results	1	0	1	4	1	0
% Positive	1%	0%	1%	3%	1%	0%

Miscellaneous

The Center and many of the prevention staff were featured on the local cable TV program called "Around the City." The TV program highlighted the services for youth and young adults.

Data Reporting Overview

As a condition of your agency’s contract with the Boston Public Health Commission’s Infectious Disease Bureau, you will be required to submit data for your intervention activities. In FY 11, the Infectious Disease Bureau Education and Outreach Office developed and implemented a new data reporting system which utilizes Survey Monkey. Each of the four reportable intervention types (Group Level Interventions, Individual Level Interventions and Community Level Interventions: Community Events and Mobile Encounters) have an individualized survey designed to capture relevant data associated with each intervention activity.

As a commitment made to each of the grantees by the ID Bureau, each of your sites will be provided with quarterly data reports no later than one week prior to your quarterly report submission deadline, if all the data for that respective quarter has been entered by the deadline. Given this, the ID Bureau has established a two-tier deadline system for data reporting. See the table below as an example from quarter 1:

Reporting Month	Due Date
July, 2011	August 15, 2011
August, 2011	September 15, 2011
September, 2011	October 1, 2011

This is necessary to provide sufficient time to generate and send each of your sites personalized data reports for that quarter prior to the quarterly report submission deadline.

It is **extremely important** that these deadlines are met, and that the data submitted is reviewed for accuracy as thoroughly as possible prior to submission. The ID Bureau recommends an agency print each survey and review manually prior to submission in order to find and correct any mistakes. Given the amount of work that goes into the retrieving, sorting and compiling of your data into personalized reports each quarter, missing or incorrect data will result in a delay in processing and prohibit our ability to send you data prior to the quarterly report submission deadline. Revisions or additions to data reports will be addressed on an individual basis and while the ID Bureau will strive to address these issues quickly, we cannot guarantee that revisions or additions will be completed in time to meet reporting deadlines.

At the start of the fiscal year, you will all receive an email containing the 4 links to the Intervention Surveys. These will be the only links you will use for the entire fiscal year, **and you will only access surveys for Interventions you are funded to provide** (i.e. if your agency is funded to provide Individual and Group Level Interventions, you will only utilize the ILI and GLI surveys). Once these are sent to you by email, the ID Bureau strongly encourages you to bookmark the link locations for use. If you lose the link, please email Greg M. Lanza at glanza@bphc.org for the link.

Once all the data has been entered for a quarter, each of your sites will be provided with personalized data reports for that respective quarter. In addition, you will receive a 6 month, a 9 month and an annual report. Questions regarding your data should be addressed to your Program Coordinator.

Completing the Surveys

The following are examples of completed surveys. Each field and the response will be explained in comment boxes.

Since the survey content for Community Level Interventions: Community Events and Mobile Encounters is the same, this manual will only review submission for one of the two types.

Regardless of which survey is being filled out, the first page will always be the same:
Agency Code

Select your Agency Code from the drop-down menu. A list of Agency Codes can be found on page

Community Based Prevention Data Submission Tool - CLI: Mobile Encounters

1. Agency Code

* 1. Agency Code

FENWAY08

Next

Community Level Interventions: Mobile Encounters

From the two drop-down menus, select the zip code and setting where the intervention occurred. If the setting is not included in the list of options, select "other" and specify

2. CLI: Mobile Encounters

* 1. Intervention Date & Time (at start of intervention)

Date and Time MM DD YYYY HH MM AM/PM 8 / 11 / 2011 10 : 30 PM

* 2. Intervention Length

Intervention Length Record the length of the intervention Duration 3 hours to 3.5 hours

* 3. Intervention Location

Zip Code Setting

Zip Code & Setting 02116 public or commercial sex environment

If Other, please specify

* 4. Language Intervention was conducted in:

English

If Other, please specify

* 5. Total # of Contacts Reached. A "Direct Contact" occurs when staff and the individual engage in conversation that includes an exchange of information (including, but not exclusively, educational or preventive materials).

Total Contacts 50

Direct Contacts (may not exceed total contacts) 10

* 6. Event Title(s) and Description: (e.g. Madison Park Health Fair)

Outreach at Back Bay Fens

* 7. Number of Materials Distributed. Please provide BPHC with one copy of each brochure, role model story, and safe sex kit distributed this month.

Bleach Kits 0

Condoms (not included in Safe Sex Kits) 50

Female Condoms (not included in Safe Sex Kits) 10

Brochures 5

Role Model Stories 0

Safe Sex Kits 10

Other 0

Previous Next

Using the drop-down menus, differentiate between Total Contacts and Direct Contacts. See the question for the definition of "Direct Contact". In this example, staff saw 50 people in the Fens. However, of the 50, staff interacted with (engaged in brief discussion and gave materials to) 10 contacts.

Group Level Interventions

Community Based Prevention Data Submission Tool - Group Level Interventions

2. Group Level Intervention

*** 1. Intervention Date & Time (at start of intervention)**

Date and Time / :

Record the date and time of the intervention

*** 2. Intervention Length**

Intervention Length Duration

*** 3. Intervention Location**

Zip Code & Setting

If Other, please specify

*** 4. Language Intervention was conducted in:**

Record the language the intervention was conducted in. If the language is not included in the list of options, select "other" and specify were indicated.

If Other, please specify

*** 5. Group Title(s) and Description: (e.g. Healthy Relationships session 1)**

Provide title and brief description of the intervention

*** 6. Unique and Duplicate Contacts. A unique contact is one that is seen for the first time. A duplicate contact is one who has had at least one prior intervention with your agency.**

	Total #
Total New/Unique Contacts	<input type="text" value="2"/>
Total Repeat/Duplicate Contacts	<input type="text" value="6"/>

*** 7. Gender**

	All Contacts
Male	<input type="text" value="8"/>
Female	<input type="text"/>
Male - Identified Transgender	<input type="text"/>
Female - Identified Transgender	<input type="text"/>
Unknown	<input type="text"/>

Using the drop-down menus, record the **Gender** of all participants. Gender total **MUST** equal total # of contacts

*** 8. Age (years)**

	All Contacts
<15	<input type="text"/>
15 - 19	<input type="text"/>
20 - 29	<input type="text" value="3"/>
30 - 39	<input type="text" value="2"/>
40 - 49	<input type="text" value="3"/>
50+	<input type="text"/>

Using the drop-down menus, record the **Age** of all participants. Age total **MUST** equal total # of contacts

*** 9. Race: Please record one Race for each participant. The total race must not exceed total participants.**

	All Contacts
American Indian/Alaskan Native	<input type="text"/>
Asian/Pacific Islander	<input type="text"/>
Black	<input type="text" value="8"/>
Hispanic/Latino	<input type="text"/>
White	<input type="text"/>
Unknown	<input type="text"/>
Multi-Racial	<input type="text"/>

Using the drop-down menus. record the **Race** of all participants. Race total **MUST** equal total # of contacts

*** 10. Ethnicity: Individuals may identify with more than one ethnicity. Record all that apply.**

	All Contacts
African American	<input type="text" value="5"/>
Cape Verdean/Portuguese	<input type="text" value="2"/>
Chinese	<input type="text"/>
Haitian	<input type="text" value="1"/>
Latin American	<input type="text"/>
Puerto Rican	<input type="text"/>
Southeast Asian	<input type="text"/>
Sub-Saharan African	<input type="text"/>
Other	<input type="text"/>

Using the drop-down menus, record the **Ethnicity** of all participants. Contacts may report more than one ethnicity.

From the two drop-down menus, select the zip code and setting where the intervention occurred. If the setting is not included in the list of options, select "other" and specify were indicated.

Using the drop-down menus, differentiate between New/Unique Contacts and Repeat/Duplicate Contacts. See the question for the distinction. In this example, of the 8 total contacts, 2 were new/unique and 6 were repeat/duplicate.

11. Country of Origin: For foreign born clients, please indicate their country of birth (regardless of new/duplicate status).

	All Contacts
Brazil	<input type="text"/>
Cape Verde	2
China	<input type="text"/>
Dominican Republic	<input type="text"/>
Haiti	1
Nigeria	<input type="text"/>
Puerto Rico	<input type="text"/>
Somalia	<input type="text"/>
Vietnam	<input type="text"/>
U.S. Born	5
Other	<input type="text"/>

Using the drop-down menus, record the **Country of Origin** of all participants. If not known, skip ahead.

*** 12. Contact's Neighborhood of Residence: Please enter the total number of contacts from each of the following neighborhoods.**

Allston/Brighton (02134, 02135, 02163)	<input type="text"/>
Back Bay (02108, 02109, 02110, 02113, 02114, 02116)	<input type="text"/>
Charlestown (02129)	<input type="text"/>
East Boston (02128)	<input type="text"/>
Fenway (02115, 02215)	<input type="text"/>
Hyde Park (02136)	<input type="text"/>
Jamaica Plain (02130)	4
Mattapan (02126)	<input type="text"/>
North Dorchester (02121, 02125)	<input type="text"/>
Roslindale (02131)	<input type="text"/>
Roxbury (02119, 02120)	4
South Boston (02127, 02210)	<input type="text"/>
South Dorchester (02122, 02124)	<input type="text"/>
South End (02111, 02118)	<input type="text"/>
West Roxbury (02132)	<input type="text"/>
Homeless	<input type="text"/>
Incarcerated	<input type="text"/>

Record the **Neighborhood of Residence** for the contacts. This is **NOT** the zip code/ neighborhood where the intervention took place. Please indicate if any of the contacts are homeless or incarcerated.

13. Sexual Orientation: If not known, skip ahead.

	Bisexual Male	Bisexual Female	Gay Male	Lesbian/Gay Female	Heterosexual Male	Heterosexual Female
All contacts:	2	<input type="text"/>	3	<input type="text"/>	3	<input type="text"/>

Using the drop-down menus, record the **Sexual Orientation** for all participants. If not known, skip ahead. If reported on, the total **MUST** match the total # of contacts

14. Transmission Risk Factors: If not known, skip ahead. "Known Infected" indicates infected with HIV/AIDS, Hepatitis B or C and/or STI. Individuals may have multiple risk factors, so record all that apply.

	IDU	MSM	Sex w/Known Infected	Sex w/high-risk partner(s) of unknown status	Sex for Money, Drugs, Other	Sex while high/intoxicated
All contacts:	<input type="text"/>	8	<input type="text"/>	6	3	6

Using the drop-down menus, record the **Transmission Risk Factors** for all participants. Contacts can report more than one risk factor. If not known, skip ahead.

*** 15. Number of Materials Distributed. Please provide BPHC with one copy of each brochure, role model story, and safe sex kit distributed this month.**

Bleach Kits	0
Condoms (not included in Safe Sex Kits)	80
Female Condoms (not included in Safe Sex Kits)	0
Brochures	8
Role Model Stories	0
Safe Sex Kits	8
Other	0

Record a breakdown of all materials distributed as part of the intervention. At the beginning of each fiscal year, you will submit copies of all materials to Education and Outreach Office staff for review.

Previous Next

When finished, click "next"

Individual Level Interventions

Community Based Prevention Data Submission Tool - Individual Level Interventions

[Exit this screen](#)

2. Individual Level Intervention

Please submit only one session per form, regardless of how many sessions you have conducted with the same client. If you conducted 5 sessions with the same client this month, please fill out 5 separate forms.

* 1. Intervention Date & Time (at start of intervention)

Date and Time MM DD YYYY HH MM AM/PM
9 / 10 / 2011 2 : 00 PM

Record the date and time of the intervention

* 2. Intervention Length

Intervention Length Duration
Record the length of the intervention 1 hour to 1.5 hours

* 3. Intervention Location

Zip Code Setting
Zip Code & Setting 02116 CBO

If Other, please specify

* 4. Unique and Duplicate Contacts. A unique contact is one that is seen for the first time. A duplicate contact is one who has had at least one prior intervention with your agency.

New/Unique Contacts
 Repeat/Duplicate Contacts

* 5. Gender

Female - Identified Transgender

Using the drop-down menu, record the contact's Gender

* 6. Age (years)

30 - 39

Using the drop-down menu, record the contact's Age

* 7. Race: Select one.

Hispanic/Latino

Using the drop-down menu, record the contact's Race.

* 8. Ethnicity: Individuals may identify with more than one ethnicity. Record all that apply.

African American
 Cape Verdean/Portuguese
 Chinese
 Haitian
 Latin American
 Puerto Rican
 Southeast Asian
 Sub-Saharan African
 Other

Record the contact's Ethnicity. Contacts may report more than one ethnicity.

* 9. Country of Origin: If the client is foreign born, please indicate the country of birth.

Puerto Rico

If other, please specify:

* 10. Primary Language (other than English): Please indicate the client's primary language if other than English.

Spanish

* 11. Client's Neighborhood of Residence: Please select the neighborhood of residence for the client.

Allston/Brighton (02134, 02135, 02163)
 Back Bay (02108, 02109, 02110, 02113, 02114, 02116)
 Charlestown (02129)
 East Boston (02128)
 Fenway (02115, 02215)
 Hyde Park (02136)
 Jamaica Plain (02130)
 Mattapan (02126)
 North Dorchester (02121, 02125)
 Roslindale (02131)
 Roxbury (02119, 02120)
 South Boston (02127, 02210)
 South Dorchester (02122, 02124)
 South End (02111, 02118)
 West Roxbury (02132)
 Homeless
 Incarcerated

Record the Neighborhood of Residence for the contact. This is NOT the zip code/neighborhood where the intervention took place. Please indicate if the contact is homeless or incarcerated.

From the two drop-down menus, select the zip code and setting where the intervention occurred. If the setting is not included in the list of options, select "other" and specify were indicated.

Indicate whether the contact is a New/Unique Contact or a Repeat/Duplicate Contact. See the question for the distinction. In this example, the contact is a Repeat/Duplicate contact.

Using the drop-down menu, record the contact's Country of Origin. If not included in the list, select "other" and specify.

Using the drop-down menu, record the contact's Primary Language, if other than English.

* 12. Sexual Orientation: ← Using the drop-down menu, record the contact's **Sexual Orientation**.

* 13. Transmission Risk Factors: "Known Infected" means infected with HIV/AIDS, Hepatitis B or C and/or any STI. Individuals may have multiple risk factors. Check all that apply.

- IDU
- MSM
- Sex with known infected
- Sex w/high risk partner(s) of unknown status ← Record the contact's **Transmission Risk Factors**
Contacts can report more than one risk factor.
- Sex for money, drugs, other
- Sex while high/intoxicated
- Other

If Other (please specify):

* 14. Referrals Made: Check all that apply.

- Counseling/Testing/Screening ← Record all **Referrals Made** during the intervention
- Detox/Substance Abuse Treatment
- Health/Primary Medical Care
- Mental Health
- Other

15. Referrals Confirmed: Check all that apply. A "confirmed" referral is one where the client successfully completed the referral process (e.g. attended the scheduled appointment, etc..)

- Counseling/Testing/Screening ← Record all **Referrals Confirmed** during the intervention. In this example, staff referred the contact to a different department for STD screening and accompanied her to the area.
- Detox/Substance Abuse Treatment
- Health/Primary Medical Care
- Mental Health
- Other

* 16. Number of Materials Distributed. Please provide BPHC with one copy of each brochure, role model story, and safe sex kit distributed this month.

Bleach Kits	<input type="text" value="0"/>	Record a breakdown of all materials distributed as part of the intervention. At the beginning of each fiscal year, you will submit copies of all materials to Education and Outreach Office staff for review.
Condoms (not included in Safe Sex Kits)	<input type="text" value="20"/>	
Female Condoms (not included in Safe Sex Kits)	<input type="text" value="20"/>	
Brochures	<input type="text" value="2"/> ←	
Role Model Stories	<input type="text" value="0"/>	
Safe Sex Kits	<input type="text" value="2"/>	
Other	<input type="text" value="0"/>	

← **When finished, click "next"**

Regardless of which survey is being submitted, when you hit next you will see this page:

3. Submit Survey

Thank you for completing your data submission process. Please take a moment to review your data for completeness and accuracy. If you are ready to submit, please press **done**.

Press "previous" to return to the last page and review your submission closely for accuracy or to print your submission for your records. The Education and Outreach Office **strongly** encourages you to review your data prior to submitting.

→ ←

When you have finished reviewing and are confident in the accuracy of your data, click "Done" to submit.

Community Based Prevention Project Codes

AGENCY NAME	AGENCY CODE
AIDS Action Committee	AAC09
ABCD Health Services Inc.	ABCD09
Boston Living Center	BLC02
Boston Medical Center SPARK Center	BMCSPARK09
Codman Square Health Center	CODMAN02
DEAF, Inc.	DEAF02
Fenway Community Health	FENWAY08
Harbor Health Services Inc.	HARBOR09
La Alianza Hispana	ALIANZA09
Multicultural AIDS Coalition d/b/a Women of Color AIDS Council	MAC04
Multicultural AIDS Coalition State of Emergency	MACSOE10
Roxbury Comprehensive Community Health Center, Inc.	ROXCOMP05
Span Inc.	SPAN09
Whittier Street Health Center Committee, Inc.	WHITTIER03

Site Visit Overview

The Boston Public Health Commission conducts site visits to ensure that Community Based Prevention funds are being utilized appropriately, that contractual requirements are being met, and to offer technical assistance as necessary. All agencies will receive at least one site visit during each Community Based Prevention contract cycle (July 1, 2009 – June 30, 2012).

Prior to the site visit, the Program Coordinator will contact your agency to schedule a date. A packet of information will be mailed to you, including a letter confirming the date of the visit and a copy of the Community Based Prevention site visit monitoring tool. In order to expedite the process, agencies should review the materials in advance to prepare for the site visit. While BPHC will attempt to accommodate agencies in scheduling site visits, BPHC has the right to visit at a time of its choosing and without advance notice.

After completing the site visit, the Program Coordinator will complete the monitoring tool and forward a copy to you, along with a *Letter of Findings*. This letter will describe the findings of the visit, including any citations and recommendations.

If the program receives a citation and/or recommendation, the agency must respond in writing within 30 days. If a citation is issued, the response must outline a *Plan of Corrective Action* describing how the program will address each policy or procedure that has been cited. If the *Plan of Corrective Action* adequately addresses the citation(s), then your agency will receive a *Letter of Approval*, indicating that the plan has been accepted. Additionally, agencies that receive a citation must report on the progress related to their *Plan of Corrective Action* in each quarterly report until the citation has been officially lifted by the BPHC.

During site visits, we will monitor your program files; please see the Universal and Intervention Specific Standards for more information on filing requirements.

Boston Public Health Commission: Infectious Disease Bureau Site Visit Monitoring Tool

EDUCATION AND OUTREACH OFFICE

Date: _____

SECTION A: AGENCY INFORMATION

Agency Name: Administrative Address: Site Visit Location: <i>(if different than admin address)</i> Phone: Fax: Web Site:				
Executive Director:				
Funded Service Categories:				
Agency's Hours of Service:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">Are these prominently displayed?</td> <td style="width: 15%; text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		Are these prominently displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are these prominently displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
BPHC Program Coordinator:				
Agency staff present during site visit				
Name and Title	Email and Phone			

SECTION B: PROGRAM SUCCESSES AND CHALLENGES

1. What do you see as your program's greatest successes?

2. What do you see as your program's biggest challenges? *(For example, staff turnover, staff training, retaining clients in care, evaluation/ quality improvement, addressing clients' mental health/ substance abuse issues, client outreach/ recruitment, cultural and linguistic competence, collaborating with other agencies, lack of/ decreased funding, etc.)*

3. How has your agency addressed these challenges?

SECTION C: COMMUNITY INVOLVEMENT

1. Describe how your agency is involved in the community.

SECTION D: INTERAGENCY COORDINATION

1. What is the relationship between your agency and the agencies listed below? *(Coordinators should provide agency names.)*

Agency	Description of Association

2. Are there other examples you would like to provide?

--

3. Discuss the agencies with which you have developed formal Memorandum of Agreements. *(Coordinator brings list of MOAs from proposal and views additional MOAs on file)*

4. Please describe your agency's relationship and links to any health access points (case management programs, emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters).

5. How do you collaborate with other agencies to prevent duplication of services?

SECTION E: SUBCONTRACTS

1. Does the program subcontract BPHC-funded services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Does the agency have a policy for selecting subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Does the BPHC have an up-to-date copy of all subcontracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION F: CONFLICT OF INTEREST

<i>Read Verbatim:</i>				
1. Does any staff, board member or any other person on behalf of the agency have any personal, professional or financial interest that would be considered a conflict of interest with the agency's business practice?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Has the agency entered into a subcontract with a member of the governing board, advisory board, a member of his/her immediate family, an employee of the contractor (or any member of his/her immediate family), or a company, corporation or organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3. If yes, is this a conflict of agency's business practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Please list name(s) referenced in question #3: _____ _____

SECTION H: CONSUMER ADVISORY BOARD (CAB)

1. Does the agency or program have an active and functioning CAB? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, skip to question 9. If yes, ask questions 2-8.</i>			
2. How often does the CAB meet?			
3. How many consumers are active participants?			
4. Does a staff member of the agency attend meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what is their role in meetings?	
5. What is the ethnic breakdown of the CAB? <i>Please provide numbers.</i>			
▪ African American (Black)		▪ Asian	
▪ Haitian		▪ Caucasian	
▪ Portuguese Speaking		▪ Latino(a)	
▪ Other			
6. What is the gender breakdown of the CAB? <i>Please provide numbers.</i>			
Male:	Female:	Transgender:	
7. What is the structure of the CAB (i.e. who facilitates meetings, are there subgroups or workgroups)?			
8. Describe how the CAB's recommendations affect the delivery of service.			
9. If there is no functioning CAB, are steps are being taken to develop one? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. How do you solicit information from consumers and/or the community being served?			

SECTION I: EVALUATION OF SERVICES

1. Describe methods used to evaluate services. (For example: <i>Individual Agency Reports, Client Satisfaction Surveys, data, etc.</i>)		2. How often is service evaluated?	
3. How do the findings affect service planning/delivery? Provide examples.			

COMMUNITY BASED PREVENTION: SECTIONS A-G

SECTION A : PRIORITY POPULATION

1. Compare current demographic profile to the priority population identified in Scope of Services referencing Program Performance Summary and discuss.		
2. Present demographic and/or utilization information and discuss whether or not program is reaching target numbers identified in the Scope of Services.		
Reaching number of clients identified in Scope? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Why or why not?</i>	
3. Have there been any significant shifts in the program's client population?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please describe:</i>	
4. Discuss strategies for reaching members of priority population as outlined in Scope.	5. Discuss strategies for retaining clients.	6. Discuss strategies for ensuring clients at risk for Viral Hepatitis are vaccinated.

SECTION B: INTERAGENCY REFERRALS

1. Describe how clients are referred into your program.			
2a. How are clients referred into counseling and testing and screening?		2b. How do you ensure they actually utilize these services?	
3. What is the process for referring clients to other agencies?			
4. How do you collaborate with other agencies to prevent duplication of services?			

SECTION C: CULTURAL AND LINGUISTIC COMPETENCE

1. Is there policy or practice that demonstrates recruitment, retention and promotion of a diverse staff reflecting cultural and linguistic diversity of the community?	<i>Please describe.</i>
2. How does the program demonstrate an understanding of the cultural and linguistic needs of its population? (<i>For example, survey, needs assessments, etc.</i>)	

SECTION D: CONFIDENTIALITY

1a. Do all staff receive training on confidentiality?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If not, how does the provider assure client confidentiality?</i>
1b. Do all staff sign a confidentiality statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION E: PREVENTION MODEL

1. What kind of prevention model and/or theory is your program based on?	
--	--

2. What curriculum does the program use to further the prevention model mentioned above?	
3. How is staff oriented to this model?	

Interventions funded:	Funded for:	Where provided:	Community Based Service Organization	After School Program	Clinical Setting	Drop-in Center	Bar/Club	Internet	Public/Commercial Sex Environment	Private Home/Residence	Drug purchasing/using environment	Detention Facility	Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Level Interventions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Communication/ Public Information	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Level Interventions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Outreach	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Interventions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: PROGRAM IMPLEMENTATION

1. How do you make the community aware of your prevention program?	
2. How do you document participation in your program?	
3. How do you determine whether an intervention was effective?	

SECTION G: PERSONNEL

<p>1. How are staff members oriented to the Prevention model, curriculum, intervention type and contract requirements?</p>	<p><i>How soon is orientation provided?</i> Within 2 wks. <input type="checkbox"/> Within 1 mo. <input type="checkbox"/> Within 2 mo. <input type="checkbox"/></p>	<p><i>Describe orientation program.</i></p>
<p>2. Have newly hired staff members taken or registered for required HIV, hepatitis, and STI trainings within 90 days of hire?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>If no, why not?</i></p>
<p>3. Have newly hired staff members taken or registered for training on working with and understanding the target groups for your project (eg. GLBT, IDU, etc.) within 180 days of hire?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>If no, why not?</i></p>
<p>4. Does staff receive supervision?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>Describe who provides the supervision and what supervision is done (i.e., chart review, staff case consultations, etc.):</i></p>
<p>5. How frequent is this supervision?</p>	<p>Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/></p>	
<p>6a. Are staff members reflective of the priority population?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>6b. Do they have the demonstrated skills, experience, and training necessary to provide services to the priority population?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>Please list all relevant trainings or certifications which ensure competence.</i></p>

SUMMARY: MONITORING INFORMATION

BPHC Staff Present	
Name	Title

Citations received per site visit findings:

1.
2.
3.
4.

Recommendations received per site visit findings:

1.
2.
3.
4.

Plan of Corrective Action required? Yes No If Yes, due date: _____

Explain:

Follow-up site visit required? Yes No If Yes, due date: _____

Comments:

Fiscal Overview

Fiscal Rules - FY 2012

Boston Public Health Commission
Infectious Disease Bureau - Community Based Prevention
FY 2012 Fiscal Rules

General Expectations:

The BPHC Infectious Disease Bureau, Education & Outreach Office (Grantee) expects that all contracted providers expend 100% of their award in accordance to all BPHC policies. The Grantee will only reimburse providers for deliverables that have been mutually agreed upon (see Scope of Service and Budget), upon receipt of appropriate invoices and supporting documentation. Funded agencies who wish to revise the Scope of Service or allowable costs, must submit a proposal to revise the scope/budget prior to any change. The BPHC will notify the agency whether the change is approved. In addition, it may be required that a program/agency audit be submitted. Failure to meet these expectations may result in suspension or termination of your provider contract.

A. Invoicing

1. Agencies must use the standard invoice (available on CD in an Excel spreadsheet) or an invoice format with the same information (i.e. agency name and address, budget, invoice amount, cumulative, balance and unique invoice number). Payments are cost reimbursement and are based on the approved budget. Invoices must be typed or printed by computer; hand written invoices are not acceptable. Only line item budgeted expenses are reimbursed.
2. Invoices are submitted monthly, within 15 days of the month's end. Invoices must represent actual monthly expenses. The final invoice is to be submitted by July 15, 2012.
3. Invoices must include agency name and billing address. Invoices must also include the Purchase Order (PO) number provided by BPHC.

4. Signed contracts should be sent by the agency to BPHC. BPHC will generate a PO within 30 days of receipt of the signed contract at BPHC.
5. Invoices without the required information or documentation are not processed. Instead, the agency is informed of the deficiency to be corrected, and the invoice is held for **five business days**. At the end of the five business days and no response, the invoice is deleted from system and the agency will need to resubmit a new copy.
6. An invoice must be submitted to the grantee for each month in the contract period. If no contracted activities occur in a given month, there would be no reimbursable costs, and an invoice with a \$0 **month total** should be submitted.
7. An invoice requesting payment for **stipend** reimbursement should have peer leader name, dates, place and hours rendered and a copy of the check.
8. Any revised or supplemental invoices are to be clearly labeled as such by including the word "**Revised**" or "**Supplemental**" in the "**Billing Period**" notation. Retroactive billing may only occur when the expense is not billed to another funding source. Documentation of bills to other funding sources may be required. In addition, these should also have unique invoice number.
9. Monthly invoices are paid within 30 days of receipt of the invoice. Any pending checks are held if complete quarterly program progress reports are not received when due and/or if fiscal documentation is incomplete, and agencies are informed in writing. It is required to submit all proper documentation and backup with the invoice.

Invoices are sent to:

Account Payable
Boston Public Health Commission
1010 Massachusetts Avenue, 6th Floor
Boston, MA 02118

Cost Reimbursement:

1. Appropriate supporting documents for monthly cost reimbursement invoices include:
 - Purchase requisitions/orders
 - Canceled checks
 - Copies of original vendor invoices

2. The budget on the invoice must be the approved contract budget. The name of each staff member must be noted next to each position on the budget. Actual monthly payroll expenses paid (**not accrued**) are billed on the invoice. The year-to-date amounts in the "Cumulative" billing column must be correct. Also, the salaries and FTE's, which are billed, must correspond to the approved contract budget. Please provide proof of payment or offer letter. If any of these problems occur on an invoice, it will not be processed. A budget revision request and/or revised invoice may be submitted.
3. The fringe rate must be the agency's internal audited fringe rate, with a maximum of 41%. Verification of this rate is subject to audit (Fringe is defined as: government mandated and employer selected employee benefits including: social security; unemployment, workers, and disability compensation, retirement programs, and health insurance).
4. Agency overhead cost will be considered for funding under the expense line item labeled Indirect at a maximum of 12% of the total direct program costs. Indirect costs are all expenses not directly associated with a specific program, which are necessary for the management of the whole agency. It may include management, clerical and support personnel, office materials, leasing of office equipment, advertising, postage, printing, insurance and other related expenses.
5. Travel outside of the City of Boston is not an allowed cost for reimbursement.
6. Vehicle mileage is reimbursed according to the IRS rate, currently at a maximum of \$.50/mile and is restricted to travel within the City of Boston. The destinations traveled must be accompanied with copies of parking/toll receipts.
7. Training registration forms or brochures stating the event and cost must be submitted along with proof of payment and the name of the employee who is funded on the budget.
8. Meals consumption should be related to program activities and should specify the function or purpose on the receipt and include a copy of the sign-in sheet.
9. Supplies, Equipment, etc. should be accompanied with a copy of the original vendor invoice. Also, specify if you are requesting a portion of a bill.
10. Funds provided under this contract are not to be used to pay City citations, tickets, taxes or fines. The BPHC will not reimburse these items.

B. Fiscal Compliance

1. Contract expenses, as shown on invoices, are reviewed each quarter of the fiscal year. Agencies are expected to spend at least 24% of the program's annualized budget each quarter (based on the program's actual expenditures). The agency is informed after the first quarter, in writing, of any under billing. Any contract under billed through the second quarter may be reduced. If the under billing is due to a late start, the contract is reduced by the amount of the unexpended funds to date. If the under billing is chronic, the contract is reduced by both the under-expended funds and the projected under-spending to year-end. These unexpended funds may then be reallocated to other provider contracts that provide similar prevention services.
2. Contract spending may differ from each personnel or expense line item by no more than 10%; (i.e. if you are budgeted for a \$1,000 office supply line, you may spend up to \$1,100 in office supplies) as long as the total amount billed does not exceed the contract's maximum obligation. Overspending will not be reimbursed.
3. Funds awarded in one fiscal year may not be used in a subsequent fiscal year.

C. Audits

Agencies are required to have annual audits and financial statements prepared by independent auditors. When completed, this audit must be sent to:

Gerry Byrne, Controller
Boston Public Health Commission
Administration and Finance
1010 Massachusetts Avenue, 6th Floor
Boston, MA 02118

D. Payments

Agency invoices will be paid by one of two methods. The first method (**highly recommended by BPHC**) is ACH – Direct Deposit. Agencies will have the opportunity to enroll in direct deposit during the provider training meeting or anytime throughout the year, if they have not previously completed the form. Agencies may request this form from their Program Coordinator. Forms should be sent to:

Account Payable
Boston Public Health Commission
Account Payable Department
1010 Massachusetts Avenue, 6th Floor
Boston, MA 02118

The second form of payment is a check. Checks will be mailed to the payment address listed on the invoice.

Community Based Prevention

Sample Monthly Invoice

Company Name:

Address:

Date:

Category: Community Based Prevention

Remit to Address:

Agency Invoice Number:

Boston Public Health Commission PO# Enter new PO#

Activity#: TBA

Billing Period: 7/1/11--7/31/11

Bill To: Boston Public Health Commission
Attn: Account Payable
1010 Massachusetts Avenue
Boston, MA 02118

Ship To: Accounts Payable
1010 Massachusetts Ave. 6th Floor
Boston, MA 02118

Program Component	FTE	Budget (A)
PROGRAM STAFF - NAME		
Program Director (B. Thompson)	0.05	\$4,000
Program Coord. (D. Johnson)	0.25	\$10,000
Clinical Supervisor - (L. Valdez)	0.75	\$22,000
Sub-total	1.05	\$36,000
Fringe	30.00%	\$10,800
Totals		\$46,800
OTHER DIRECT CARE/PROGRAM		
Office Supplies		\$10,000
Education Supplies		\$10,000
Travel		\$3,000
Food		\$4,284
Expense Total		\$27,284
Program Total		\$74,084
Indirect	12.00%	\$8,890
TOTALS		\$82,974

Amount this Invoice (B)	Cumulative Billing (C)	Remaining Balance (D)
\$333	\$333	\$3,667
\$1,250	\$1,250	\$8,750
\$1,417	\$1,417	\$20,583
\$3,000	\$3,000	\$33,000
\$900	\$900	\$9,900
\$3,900	\$3,900	\$42,900
\$1,000	\$1,000	\$9,000
\$500	\$500	\$9,500
\$50	\$50	\$2,950
\$500	\$500	\$3,784
	\$0	\$0
\$2,050	\$2,050	\$25,234
\$5,950	\$5,950	\$68,134
\$714	\$714	\$8,176
\$6,664	\$6,664	\$76,310

MONTH TOTAL

	\$6,664
--	----------------

Please Pay This Amount

I certify that the actual bills and payroll documentation attached are expenditures solely associated with the Education & Outreach Office Contract.

FOR INFECTIOUS DISEASE BUREAU USE ONLY

USE APPROVED FOR PAYMENT

Please sign in blue ink.
Program Director/Financial Authorization

AMOUNT:

ACTIVITY:

PO #:

DATE:

Prepared by (Please print): _____ Phone: _____

Contact Name & Number
Email

SIGN:

Budget Revision Request Instructions

Appropriate requests are those which propose to use different means to accomplish the original agreed upon goals and objectives outlined in the Scope of Service. In general, adding new line items are not acceptable requests. Agencies may be allowed to shift funds between existing line items due to evolving service needs.

1. Program Budgets may only be revised with the written approval of the Manager of Education and Outreach. In order to receive written approval you must submit a budget revision request in writing to:

Rhoda Johnson-Tuckett, Manager
Education & Outreach Office
Boston Public Health Commission
Infectious Disease Bureau
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118

2. Budget revision requests must include the following: 1) a letter with a detailed explanation for making the proposed revision; 2) a current budget with the proposed changes made in the same format; and 3) a detailed line item budget explanation attached.
3. Budget revision requests will not be accepted after **April 30, 2012**.
4. Initial appeals of denied budget revision requests are made, in writing, to the Director, Infectious Disease Bureau. Further appeals may be submitted, in writing, to the Executive Director of the Boston Public Health Commission.

A *Sample* budget revision request narrative, budget (in required format), and budget justification can be found on pages 34-36.

Sample Budget Revision Request Narrative

September 17, 2011

Rhoda Johnson-Tuckett, Manager
Education and Outreach Office
Infectious Disease Bureau
Boston Public Health Commission
1010 Massachusetts Ave, 2nd Floor
Boston, MA 02118

Dear Ms. Johnson-Tuckett,

As you know, our Program Coordinator position, now filled by Mr. Johnson, was vacant for 2 months this year while we searched for a replacement for Ms. Miller, who resigned July 5, 2011. We would like to reallocate the unspent \$4,583 from the Program Coordinator line--lowering that position's salary from \$40,000 to \$33,000 and the funded months to 10 instead of 12--in the following way:

+\$3,100 to the Program Assistant line, raising that FTE from .75 to .85. We recently received budget cuts from Funding Source A, who was paying for .10 FTE for this position.

+\$333 to the Travel line, raising the annual total to \$3,330. Now that we are fully staffed, we expect our Program Coordinator to be driving throughout Boston on a more frequent basis to lead group sessions and conduct outreach activities.

+\$300 to the Educational Supplies line, raising the annual total to \$10,270. Funding Source A also paid for a significant portion of our Educational Supplies, and since those cuts we have been searching for another source of funding for this line.

+\$850 to add a new Staff Training line. Since we have a new staff member, we would like to use these remaining funds to send that staff member to introductory HIV/AIDS-related trainings, as well as to further educate our Program Coordinator with more advanced trainings and workshops.

Please don't hesitate to contact me with any questions regarding this request, by phone at (617) 555-5555, or by email at Project_Director@playsafealways.org.

Sincerely,

Project Director
Play Safe Always

CC: Your Program Coordinator Name, Title, BPHC

Boston Public Health Commission
FY 2012
July 1, 2011 - June 30, 2012
(Agency Name)
Education & Outreach

Budget Revision Request

<u>ITEM</u>	<u>Staff</u>	<u>Salary</u>	<u>FTE</u>	<u>Mos</u>	<u>Annual</u>	<u>Change</u>	<u>New Salary</u>	<u>New FTE</u>	<u>New Mos</u>	<u>New Annual</u>
Program Director	B. Thompson	\$80,000	0.05	12	\$4,000	\$0	\$80,000	0.05	12	\$4,000
Program Coordinator	D. Johnson	\$40,000	0.25	12	\$10,000	\$3,105	\$42,000	0.15	10	\$5,250
Program Assistant	C. Black	\$29,500	0.75	12	\$22,000	\$3,100	\$29,500	0.85	12	\$25,100
SUBTOTAL			1.05		\$36,000		SUBTOTAL	1.05		\$34,350
FRINGE			0.00%		\$0		FRINGE	0.00%		\$0
PERSONNEL TOTAL					\$36,000		PERSONNEL TOTAL			\$34,350
Office Supplies					\$10,000					\$10,000
Educational Supplies					\$10,000	\$467				\$10,467
Travel					\$3,000	\$333				\$3,333
Food					\$4,284					\$4,284
Staff Training					\$0	\$850				\$850
EXPENSE TOTAL					\$27,284		EXPENSE TOTAL			\$28,934
PROGRAM TOTAL					\$63,284		PROGRAM TOTAL			\$63,284
INDIRECT		12.00%			\$7,594		INDIRECT	12.00%		\$7,594
TOTAL					\$70,878		TOTAL			\$70,878

Sample Budget Justification

**CITY OF BOSTON
INFECTIOUS DISEASE BUREAU
FY 2012
JULY 1, 2011 – JUNE 30, 2012
Community Based Prevention
Play Safe Always**

0.05 FTE Program Director: B. Thompson

Provide contract oversight and administrative supervision of staff. Assure reporting compliance and other matters related to the successful execution of the project.

0.25 FTE Program Coordinator: D. Johnson

Conduct one-on-one prevention counseling sessions and Group Level Interventions with high-risk individuals. Coordinate street and neighborhood outreach activities. Train community volunteers to educate other community members about how to prevent new HIV infections.

0.75 FTE Program Assistant: C. Black

Assist Program Coordinator in developing Group Level Interventions and with outreach. Develop relationships and foster effective collaborations with other agencies who work with priority populations. Assist in design and implementation of program evaluation and program recruitment.

Fringe:

Government mandated and employer selected employee benefits including social security, unemployment, workers & disability compensation, retirement programs, and health insurance.

Office Supplies:

Standard office materials that staff use in daily work activities. These items include but are not limited to: paper, pencils, markers, message pads, staples and file folders.

Educational Supplies:

Funding will be used to purchase condoms and lubricant for participants as part of the intervention. Funds from this line item will also be used to purchase postcards for supported referrals.

Travel:

Funding supports local travel related to staff attending BPHC authorized trainings.

Food:

Funding supports snacks and non-alcoholic beverages that will be purchased as part of the Group Level Intervention.

12% Indirect Expenses:

Funds which contribute to the costs of running the program, such as office rent, liability insurance, etc. This line is *not* intended to cover all program-related expenses.

BPHC Administrative Information

Staff Contact List – FY 2012

Administrative Contacts

Anita Barry	Director, Infectious Disease Bureau	ABarry@bphc.org
Rhoda Johnson-Tuckett	Manager, Education & Outreach Office	RJTuckett@bphc.org
John Beatty	Bureau Administrator, ID Bureau	JBeatty@bphc.org

Program Contacts

Greg M. Lanza	Sr. Program Coordinator	GLanza@bphc.org
Eno Mondésir	Program Coordinator	EMondesir@bphc.org

Fiscal Contacts

Regis Jean-Marie	Fiscal Manager	RJeanmarie@bphc.org
Monica Araujo	Fiscal Coordinator	MAraujo@bphc.org

Address:

Boston Public Health Commission, Infectious Disease Bureau
1010 Massachusetts Ave., 2nd Floor
Boston, MA 02118

Phone/Fax:

(617) 534-5611 / (617) 534-2480

Website:

www.bphc.org

FY 2012 Community Based Prevention Coordinator Contact List

Agency

AIDS Action Committee
 ABCD Health Services Inc.
 Boston Living Center
 Boston Medical Center SPARK Center
 Codman Square Health Center
 DEAF, Inc.
 Fenway Community Health
 Harbor Health Services Inc.
 La Alianza Hispana
 Multicultural AIDS Coalition d/b/a
 Women of Color AIDS Council
 Roxbury Comprehensive Community Health Center
 Span Inc.
 Whittier Street Neighborhood Health Center
 Multicultural AIDS Coalition
 (State of Emergency)

Coordinator

Greg M. Lanza
 Greg M. Lanza
 Eno Mondésir
 Eno Mondésir
 Eno Mondésir
 Eno Mondésir
 Greg M. Lanza
 Eno Mondésir
 Eno Mondésir
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 Greg M. Lanza
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Additional Information

World Wide Web Resources

Local Resources

Boston Public Health Commission, Infectious Disease Bureau
www.bphc.org, click on Infectious Disease Bureau

- Overview of Award Allocation Process
- Universal and Intervention Specific Standards
- Provider Summaries
- Required forms and templates

Boston Public Health Commission, Health of Boston
www.bphc.org/hob

Annual report that provides information regarding the health residents in the City of Boston.

Massachusetts Department of Public Health, Office of HIV/AIDS
www.mass.gov/dph/aids

The Office of HIV/AIDS' mission is to assist in preventing the spread of the HIV epidemic and the development of appropriate, cost-effective health and support services which will maintain patients in the least restrictive setting.

- Epidemiological Profile of HIV/AIDS in Massachusetts
- Information on Services and Benefits for HIV+ People
- Counseling & Testing Sites
- Training Calendar

Massachusetts Department of Public Health, Division of STD Prevention
www.mass.gov/dph/cdc/std

The Division of STD Prevention has as its primary goals the reduction and prevention of the incidence of sexually transmitted diseases, including HIV infections. Critical to achieving this goal is the integration of the work of the

Disease Intervention Specialists (DIS), who are instrumental in preventing further transmission of STD's and HIV infection through their client education and partner notification activities. A variety of population- and community-based educational activities further enhance the efforts of the Division and the community to promote healthful behaviors which reduce the burden of illness and prevent the spread of these infections.

[MaSTDInfo.org](http://mastdinfo.org)
<http://mastdinfo.org>

This website was designed to provide you with the most recent information about STDs, including facts about how they are spread, symptoms and treatments. Perhaps most importantly, you will be able to easily find testing locations near where you live or work

Federal Resources

Centers for Disease Control and Prevention Resources:

CDC – National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
<http://www.cdc.gov/nchhstp/>

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention maximizes public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by HIV/AIDS, Viral Hepatitis, STDs and TB.

CDC Division of HIV/AIDS Prevention
www.cdc.gov/hiv/

The CDC Division of HIV/AIDS Prevention aims to prevent HIV infection & reduce the incidence of HIV-related illness & death, in collaboration with community, state, national & international partners.

- Recommendations & Guidelines (Counseling & Testing, Evaluation, etc.)
- Fact Sheets & General Information (Cause, Transmission, etc.)
- Statistics & Trends (Basic Statistics, Surveillance Reports, etc.)
- HIV/AIDS-related MMWRs (Morbidity & Mortality Weekly Report)

CDC Information – Hepatitis
<http://www.cdc.gov/hepatitis/>

Contains information for the public as well as health professionals regarding the five types of Hepatitis.

CDC – HIV & Sexually Transmitted Diseases
<http://www.cdc.gov/std/hiv/default.htm>

Contains links, fact sheets and other resources regarding the prevention and treatment of HIV and Sexually Transmitted Diseases.

CDC – Emerging Infectious Diseases
<http://www.cdc.gov/ncidod/EID/index.htm>

HRSA—Health Resources and Services Administration (HIV/AIDS Bureau)
www.hab.hrsa.gov

HRSA administers programs that improve the nation's health by expanding access to comprehensive, quality health care for all Americans.

- Grant Opportunities
- News & Events
- Education & Training
- Publications

SAMHSA—Substance Abuse and Mental Health Services Administration
www.samhsa.gov

SAMHSA is improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illness.

- Grant Opportunities
- Contract Opportunities
- Legislative Information
- Policy Issues

OMH—Office of Minority Health (Minority HIV/AIDS Initiative)
www.omhrc.gov/omh/aids/aidshome_new.htm

The Minority HIV/AIDS Initiative is part of DHHS' larger Initiative to Eliminate Racial and Ethnic Disparities in Health by the year 2010. HIV/AIDS is one of that initiative's six focus areas.

- Funding
- Technical Assistance
- Living With HIV/AIDS

Other Resources

National Minority AIDS Council
www.nmac.org

The National Minority AIDS Council is a national organization dedicated to developing leadership within communities of color to address the challenges of HIV/AIDS. They provide training and conference opportunities to AIDS service organizations across the country, publish informative reference manuals, brochures and other communications tools. They also conduct individual, on-site Community Based Organization (CBO) management and organizational needs assessments and provide training and direction to AIDS service organizations serving communities of color in the set-up and maintenance of treatment-related programs at the community service level.

- Upcoming Conferences
- Information on public policy
- HIV/AIDS Information
- Publications and Resources
- Technical Assistance

UNAIDS—Joint United Nations Programme on HIV/AIDS
www.unaids.org

The global mission of UNAIDS is to lead, strengthen and support an expanded response to the epidemic that will: prevent the spread of HIV, provide care and support for those infected and affected by the disease, reduce the vulnerability of individuals and communities to HIV/AIDS, and alleviate the socioeconomic and human impact of the epidemic.

- Publications
- HIV/AIDS Info. by Subject and Country
- HIV/AIDS Statistics
- Press Releases, Fact Sheets, Speeches, etc.

KaiserNetwork.org—Daily HIV/AIDS Reports
www.kaisernetwork.org/daily_reports/rep_hiv.cfm

Kaisernetwork.org provides a daily online report of legislative, political, legal, scientific, and business-related HIV/AIDS developments. The report contains summaries of news stories with links to the original articles and a fully searchable archive. Issues include Medicare reform, Medicaid, patients' rights, access, the uninsured, minority health, children's health and health care advertising.

- View Health Casts on HIV/AIDS
- Updates on Politics & Policy
- Updates on Drug Access
- Updates on Science & Medicine

Black AIDS Institute
www.blackaids.org

The Black AIDS Institute provides national capacity building services to organizations working with at-risk African American communities.

National Black Leadership Commission on AIDS
www.nblca.org

The National Black Leadership Commission on AIDS provides national capacity building services to organizations serving African American communities.

LOCAL EPIDEMIOLOGY: HIV/AIDS, VIRAL HEPATITIS (B & C), AND STI

Information on local epidemiology of HIV/AIDS, viral hepatitis (B & C), and STIs, based on reported cases, is provided below. Despite the fact that infection rates vary by age, race/ethnicity, and neighborhood, the routes of transmission of these infections are similar, thus effective prevention can be expected to lower the incidence of multiple infections. Because this procurement seeks to halt new infections, incidence rates are presented, rather than prevalence.

HIV/AIDS, Sexually Transmitted Infections (STI) and Viral Hepatitis: Boston 2010*

HIV/AIDS	STI			Viral Hepatitis	
	Chlamydia	Gonorrhea	Syphilis	Hepatitis B	Hepatitis C
n(IR)	n(IR)	n(IR)	n(IR)	n(IR)	n(IR)
169 (29.0)	4,430 (751.9)	748 (127.0)	224 (38.0)	343(58.2)	724(122.9)

IR=Incidence Rate. Note: Data for HIV/AIDS are cases diagnosed in 2008 and reported by MDPH

HIV/AIDS by Mode of Transmission: Boston, 2008 data

Mode of transmission	N (%)
Male-to-Male Sex (MSM)	89 (52.6)
Injecting drug use (IDU)	9 (5.2)
MSM/IDU	9 (5.2)
Heterosexual	14 (8.3)
Other	2 (1.2)
Presumed heterosexual	33 (19.5)
Undetermined	15 (8.9)

#Includes those being followed-up for risk factor information, those who have died with no determined risk and those lost to follow-up.

- Male-to-male sex is the major risk factor associated with incident HIV/AIDS cases in Boston. High risk sexual practices are also associated with STIs and Hepatitis B infection. Injecting drug use is a risk factor for Hepatitis C infection and Hepatitis B infection.

HIV/AIDS, Sexually Transmitted Infections (STI) and Viral Hepatitis (B&C) by Gender: Boston 2010

	HIV/AIDS (n=169)	STI			Viral Hepatitis	
		Chlamydia (n=4,430)	Gonorrhea (n=748)	Syphilis (n=175)	Hepatitis B (n=343)	Hepatitis C (n=724)
	n(IR)	n(IR)	n(IR)	n(IR)	n(IR)	n(IR)
Male	139 (49.0)	844 (1,527.6)	156 (282.4)	32 (57.9)	197(64.5)	478(156.4)
Female	30 (9.8)	2,126 (3,636.3)	185 (316.4)	5 (8.6)	146(51.5)	246(86.7)

IR=Incidence Rate. Note: Data for HIV/AIDS are cases diagnosed in 2008 and reported by MDPH

- Males had the highest incidence rate for HIV/AIDS, Syphilis, Hepatitis B and Hepatitis C.
- Females had the highest incidence rate for Gonorrhea and Chlamydia

HIV/AIDS, Sexually Transmitted Infections (STI) and Viral Hepatitis (B&C) by Age: Boston 2010

		STI			Viral Hepatitis	
	HIV/AIDS (n=169)	Chlamydia (n=4,430)	Gonorrhea (n=748)	Syphilis (n=224)	Hepatitis B (n=343)	Hepatitis C (n=724)
	n(IR)	n(IR)	n(IR)	n(IR)	n(IR)	n(IR)
< 20	n*	1373(3,146.8)	130(298.0)	4(9.2)	10(7.0)	14 (9.9)
20-29	n*	2287(1655.1)	354(256.2)	57(41.2)	65(47.0)	168 (121.6)
30-39	n*	496(479.6)	129(124.7)	59(57.0)	95 (91.9)	139 (134.4)
40-49	n*	150(204.1)	99(134.7)	68(92.5)	81 (110.2)	155 (211.0)
≥ 50	n*	88(49.6)	33(18.6)	36(20.3)	91 (68.9)	248 (187.7)

IR=Incidence Rate. * HIV/AIDS breakdown by age category not readily available for 2008

- Boston residents 40-49 years old had the highest incidence rate of Syphilis and Hepatitis B infection and Hepatitis C infection.
- Boston residents <20 years old years had the highest incidence rate of Chlamydia and Gonorrhea, decreasing in incidence with an increase in age.

HIV/AIDS, Sexually Transmitted Infections (STI) and Viral Hepatitis (B&C) by Race/Ethnicity: Boston 2010

		STI			Viral Hepatitis	
	HIV /AIDS (n=169)	Chlamydia (n=4,430)	Gonorrhea (n=748)	Syphilis (n=224)	Hepatitis B (n=343)	Hepatitis C (n=724)
	n(IR)	n(IR)	n(IR)	n(IR)	n(IR)	n(IR)
Asian	0 (0.0)*	*	*	*	78 (381.7)	30 (67.8)
Black	65 (46.3)	1941(1383.4)	382(272.3)	65(46.3)	78 (55.6)	120 (85.5)
Latino	31 (36.4)	818(961.3)	98(115.2)	57(67.0)	24 (28.2)	81 (95.2)
White	69 (23.7)	353(121.1)	142(48.7)	86(29.5)	32 (11.0)	301 (103.2)

IR=Incidence Rate. Note: Data for HIV/AIDS are cases diagnosed in 2008, and reported by MDPH

* Information unavailable

- Boston Black residents had the highest incidence rates of HIV/AIDS, Chlamydia, and Gonorrhea.
- Boston Latino residents had the highest incidence rates of Syphilis.
- Boston Asian residents had the highest incidence rate of Hepatitis B.
- Boston White residents had the highest incidence rate of Hepatitis C.

**HIV/AIDS, Sexually Transmitted Infections (STI) and Viral Hepatitis (B&C) by Neighborhood:
Boston 2010**

	STI				Viral Hepatitis	
	HIV/AIDS (n=169) n(IR)	Chlamydia (n=4,430) n(IR)	Gonorrhea (n=748) n(IR)	Syphilis (n=224) n(IR)	Hepatitis B (n=343) n(IR)	Hepatitis C (n=724) n(IR)
Allston/Brighton	10 (15.0)	215(323.5)	34(51.2)	14(21.1)	34 (51.2)	28 (42.1)
Back Bay	14 (32.0)	107(236.4)	28(61.9)	18(39.8)	21 (82.1)	55 (215.1)
Charlestown	4 (26.3)	62(408.0)	10(65.8)	4(26.3)	10 (65.8)	57 (375.1)
East Boston	9 (23.4)	219(570.1)	26(67.7)	28(72.9)	9 (23.4)	47 (122.4)
Fenway	7 (14.7)	156(328.8)	27(56.9)	9(19.0)	14 (29.5)	29 (61.1)
Hyde Park	6 (21.1)	211(743.2)	18(63.4)	5(17.6)	10 (35.5)	18 (63.4)
Jamaica Plain	15 (41.3)	172(473.9)	32(88.2)	10(27.6)	9 (24.8)	31 (85.4)
Mattapan	9 (32.3)	348(1,251.1)	55(197.7)	8(28.8)	11 (39.5)	28 (100.7)
North Dorchester	20 (34.1)	876(1,493.0)	165(281.2)	33(56.2)	39 (66.5)	77 (131.2)
Roslindale	4 (12.3)	172(528.8)	12(36.9)	7(21.5)	12 (36.9)	24 (73.8)
Roxbury	14 (40.4)	543(1566.4)	82(236.5)	11(31.7)	30 (86.5)	65 (187.5)
South Boston	4 (13.3)	160(532.5)	30(99.8)	9(30.0)	11 (37.3)	86 (292.0)
South Dorchester	20 (26.5)	901(1196.1)	156(207.1)	31(41.2)	60 (79.7)	99 (131.4)
South End	30 (110.0)	181(662.7)	51(186.7)	32(117.2)	59 (216.0)	60 (219.7)
West Roxbury	3 (12.4)	40(166.3)	8(33.3)	1(4.2)	11 (45.7)	11 (45.7)

Note: Data for HIV/AIDS are cases diagnosed in 2008 and reported by MDPH
IR=Incidence Rate

- Preliminary data for 2009 suggests that six Boston neighborhoods have HIV/AIDS incidence rates that exceed the overall Boston rate. Those neighborhoods are Back Bay, Jamaica Plain, Mattapan, North Dorchester, Roxbury and the South End. Boston rate is about 32.
- North Dorchester, South Dorchester, Roxbury, and Mattapan had the highest incidence rate of Chlamydia and Gonorrhea.
- The South End also had the highest incidence rate of Hepatitis B infection and syphilis.
- South Boston and Charlestown had the highest incidence rate of Hepatitis C infection.

These epidemiologic data should be used to plan and target community specific intervention efforts.