# Table of Contents

- Introduction ................................................................. 1
- Program Rules ............................................................... 2
- Reporting ........................................................................ 2
- Monitoring ....................................................................... 3
- Flyers and Promotional Materials .................................... 3
- Standards and Requirements ........................................... 3
- Compliance ...................................................................... 3
- Progress Reporting Overview .......................................... 4
- Program Narrative Instructions ......................................... 5
- Sample Narrative ........................................................... 6
- Community Based Prevention Project Codes ...................... 10
- Site Visit Overview ......................................................... 11
- Site Visit Monitoring Tool ............................................... 12
- Fiscal Overview ............................................................ 22
- Invoicing ......................................................................... 22
- Fiscal Compliance .......................................................... 24
- Sample Cost Reimbursement Invoice ............................... 26
- Budget Revision Request Instructions .............................. 27
- Sample Budget Revision Request Narrative ..................... 28
- Sample Cost Reimbursement Budget Revision Request ...... 29
- Sample Budget Justification ............................................. 30
- Staff Contact List .......................................................... 31
- World Wide Web Resources ........................................... 32
- Epidemiological Data ...................................................... 37
Welcome to Fiscal Year 2015! 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.

As a reminder, this will be the final year of the three year funding period under this procurement. Contracts will not be eligible for an extension.

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.

Greg M. Lanza
Greg M. Lanza
Senior Coordinator
Program Overview
Program Rules - FY 2015

Reporting:

A. Reporting shall be considered a deliverable under this agreement for purposes of determining fulfillment of the Awardee’s obligations. Failure to produce timely and adequate reports may jeopardize the Awardee’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.

B. BPHC reserves the right to withdraw an award if it determines the Awardee has failed to make substantial progress in meeting its goals and objectives.

C. The Awardee shall submit progress reports and specified data in a format and time frame to be specified by BPHC. Such reports shall address (1) progress toward achieving all goals & objectives outlined in the Scope of Service, (2) updates on program status, (3) personnel status, (4) any unanticipated problems the program has encountered, (5) any unmet service needs, and (6) a plan of action describing how the program intends to address identified problems. In addition, Awardees must specify how they are meeting their obligations to reported specified infections to BPHC. BPHC may request additional information as needed to assess project effectiveness.

D. Awardees who have submitted corrective action plans will be required to periodically report on progress in carrying out those plans. Activities being carried out using funds from this RFP must be clearly identified.

E. Trimester progress reports shall be submitted by the fifteenth (15th) day of the month following the reported trimester’s end as seen and detailed on page 4.
Monitoring:

**Flyers, Promotional and Educational Materials:**

A. Flyers, Promotional and Educational Materials:
   BPHC encourages funded programs to publicize and promote their activities wherever appropriate in order to reach their target group most effectively. Any materials created using BPHC funding must be submitted to BPHC for approval prior to being disseminated.

Data Reporting:

B. 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 can be found in the Data Reporting Manual.

Standards and Requirements:

C. All agencies must adhere to the Intervention Specific Standards, including programmatic and staffing requirements. These standards may be downloaded from the BPHC web site at http://bphc.org/whatwedo/infectious-diseases/Education-and-Outreach/Documents/FY13%20Standards.pdf

D. By signing the contract, agencies are agreeing to abide by the standards included in this packet, and any additional standards which may be required.

Compliance:

E. Failure to adhere to reporting and fiscal guidelines may result in an agency being deemed non-compliant with contractual obligations and may jeopardize funding renewal. Awardees are responsible for their subcontractors. BPHC relationship is with the Awardee and will not be involved with the subcontractor.

Best Practices Meetings:

E. As a condition of funding, Awardees will be required to attend periodic best practices meetings coordinated by BPHC. Awardees will be notified in advance and asked to have appropriate representation. There should be no more than 2-3 such meetings in a Fiscal Year.
Progress Reporting Overview

Submission Requirements

Reports are to be submitted to the attention of:

Greg M. Lanza
Senior Coordinator
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:

<table>
<thead>
<tr>
<th>Progress Report Period</th>
<th>Reporting Period</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jul 1 – Oct 31</td>
<td>Nov 15, 2014</td>
</tr>
<tr>
<td>2</td>
<td>Nov 1 – Feb 28</td>
<td>March 15, 2015</td>
</tr>
<tr>
<td>3</td>
<td>March 1 - June 30</td>
<td>July 15, 2015</td>
</tr>
</tbody>
</table>

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

Note:

Each progress report should reflect only those activities conducted during the four months included in that trimester. While the first progress report is due on November 15, it should only cover activities which occurred between July 1 and October 31.
Program Narrative Instructions

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 actual numbers of clients served, materials distributed etc. for the trimester.

**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 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
Trimester Report
First Trimester: July 1, 2014 - October 31, 2014
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 four 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 trimester. 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 Services.
Program Activities of Play Safe Always

During the first trimester, 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:
8/15/14: “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

8/25/14: “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

9/5/14: “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

9/17/14: “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 trimester, 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 8/11/14 and concluded on 9/22/14. 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 trimester, 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 trimester, 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 trimester clients were assisted with the following services through referral:

<table>
<thead>
<tr>
<th>Service</th>
<th>Made</th>
<th>Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A &amp; B Vaccines</td>
<td>27</td>
<td>15</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Mental Health Counseling</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Primary Medical Care</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Detox</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Food Pantry</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>HIV Drug Assistance Program</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Housing</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>MassHealth</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Peer Support Groups</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69</strong></td>
<td><strong>49</strong></td>
</tr>
</tbody>
</table>

**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 two trimester progress reports.

**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:

<table>
<thead>
<tr>
<th></th>
<th>HIV</th>
<th>Hep B</th>
<th>Hep C</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of tests/screenings</td>
<td>200</td>
<td>100</td>
<td>105</td>
<td>150</td>
<td>70</td>
<td>15</td>
</tr>
<tr>
<td>Total # of positive results</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>% Positive</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**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.
<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>AGENCY CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Action Committee</td>
<td>AAC13</td>
</tr>
<tr>
<td>ABCD Health Services Inc.</td>
<td>ABCD13</td>
</tr>
<tr>
<td>BAGLY</td>
<td>BAGLY13</td>
</tr>
<tr>
<td>Boston Medical Center SPARK Center</td>
<td>BMCSPARK13</td>
</tr>
<tr>
<td>DEAF, Inc.</td>
<td>DEAF13</td>
</tr>
<tr>
<td>East Boston Neighborhood Health Center</td>
<td>EBNHC13</td>
</tr>
<tr>
<td>Fenway Community Health</td>
<td>FENWAY13</td>
</tr>
<tr>
<td>Harbor Health Services, Inc.</td>
<td>HARBOR13</td>
</tr>
<tr>
<td>Mass Alliance of Portuguese Speakers</td>
<td>MAPS13</td>
</tr>
<tr>
<td>MGH Charlestown Healthcare Center</td>
<td>MGH13</td>
</tr>
<tr>
<td>Multicultural AIDS Coalition</td>
<td>MAC13</td>
</tr>
<tr>
<td>Victory Programs, Inc.</td>
<td>VICTORY13</td>
</tr>
<tr>
<td>Whittier Street Neighborhood Health Center</td>
<td>WHITTIER13</td>
</tr>
</tbody>
</table>
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, 2012 – June 30, 2015).

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

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Address:</td>
<td></td>
</tr>
<tr>
<td>Site Visit Location:</td>
<td></td>
</tr>
<tr>
<td><em>(if different than admin address)</em></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Web Site:</td>
<td></td>
</tr>
<tr>
<td>Executive Director:</td>
<td></td>
</tr>
<tr>
<td>Funded Service Categories:</td>
<td></td>
</tr>
<tr>
<td>Agency’s Hours of Service:</td>
<td></td>
</tr>
<tr>
<td>Are these prominently displayed?</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>BPHC Program Coordinator:</td>
<td></td>
</tr>
</tbody>
</table>

Agency staff present during site visit

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Email and Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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? (Please list and describe your closest agency partners)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Description of Association</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Discuss the agencies with which you have developed formal Memorandum of Agreements.

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 ☐  No ☐

2. Does the agency have a policy for selecting subcontractors?  
   Yes ☐  No ☐

3. Does the BPHC have an up-to-date copy of all subcontracts?  
   Yes ☐  No ☐

SECTION F: CONFLICT OF INTEREST

Read Verbatim:

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 ☐  No ☐

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 ☐  No ☐

3. If yes, is this a conflict of agency’s business practice?  
   Yes ☐  No ☐

4. Please list name(s) referenced in question #3:
   ____________________  ____________________

____________________

____________________
### SECTION G: BOARD ACTIVITIES

1. Is the race/ethnicity of the board reflective of the client population?  
   - Yes  
   - No

2. How many consumers are on the board?

3. How frequently does the board meet?

4. What is the average number of attendees?

5. Is the attendance reflective of the overall body?  
   - Yes  
   - No

6. Have there been any changes to the board in the last year?  
   - Yes  
   - No

7. What is the ethnic breakdown of the board? Please provide numbers.

   - African American (Black)  
   - Asian  
   - Haitian  
   - Caucasian  
   - Portuguese Speaking  
   - Latino(a)  
   - Other

8. What is the gender breakdown of the board? Please provide numbers.

   - Male:  
   - Female:  
   - Transgender:

**Comments/Findings on Board Activities**

### SECTION H: CONSUMER ADVISORY BOARD (CAB)

1. Does the agency or program have an active and functioning CAB?  
   - Yes  
   - No  
   If no, skip to question 9.  
   If yes, ask questions 2-8.

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  
   - No  
   If so, what is their role in meetings?

5. What is the ethnic breakdown of the CAB? Please provide numbers.

   - African American (Black)  
   - Asian  
   - Haitian  
   - Caucasian  
   - Portuguese Speaking  
   - Latino(a)  
   - Other

6. What is the gender breakdown of the CAB? Please provide numbers.

   - 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 being taken to develop one?  
   Yes [ ]  No [ ]

10. How do you solicit information from consumers and/or the community being served?

## SECTION I: EVALUATION OF SERVICES

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

<table>
<thead>
<tr>
<th>Reaching number of clients identified in Scope?</th>
<th>Why or why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Have there been any significant shifts in the program’s client population?

<table>
<thead>
<tr>
<th>Please describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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? Please describe.

2. How does the program demonstrate an understanding of the cultural and linguistic needs of its population? (For example, survey, needs assessments, etc.)

### SECTION D: CONFIDENTIALITY

1a. Do all staff receive training on confidentiality? Yes ☐ No ☐ If not, how does the provider assure client confidentiality?

1b. Do all staff sign a confidentiality statement? Yes ☐ No ☐

### 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:

<table>
<thead>
<tr>
<th>Interventions funded:</th>
<th>Funded for:</th>
<th>After School Program</th>
<th>Bar/Club</th>
<th>Clinical Setting</th>
<th>Community Based Organization</th>
<th>Correction Detention Facility</th>
<th>Drop-In Center</th>
<th>Drug purchasing using environment</th>
<th>Hair Salon Barber</th>
<th>Private Home Residence</th>
<th>Public Commercial Sex Environment</th>
<th>Detention Facility</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Level Interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Level Interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-Level Interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### 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?
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How are staff members oriented to the Prevention model, curriculum, intervention type and contract requirements?</td>
<td>How soon is orientation provided? Within 2 wks. □ Within 1 mo. □ Within 2 mo. □</td>
<td>Describe orientation program.</td>
</tr>
<tr>
<td>2. Do staff members have working knowledge of the applicable behavior change theory, and of HIV, hepatitis B &amp; C and STIs?</td>
<td>Yes □ No □</td>
<td>Describe how this is assessed. Are training certificates on file?</td>
</tr>
<tr>
<td>3. Does staff receive supervision?</td>
<td>Yes □ No □</td>
<td>Describe who provides the supervision and what supervision is done (i.e., chart review, staff case consultations, etc.):</td>
</tr>
<tr>
<td>4. How frequent is this supervision?</td>
<td>Weekly □ Bi-weekly □ Monthly □ Other □</td>
<td></td>
</tr>
<tr>
<td>5. Does staff have the demonstrated skills, experience, and training necessary to provide services to the priority population?</td>
<td>Yes □ No □</td>
<td>Please list all relevant trainings or certifications which ensure competence.</td>
</tr>
</tbody>
</table>
### SUMMARY: MONITORING INFORMATION

#### BPHC Staff Present

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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 2015

Boston Public Health Commission
Infectious Disease Bureau - Community Based Prevention
FY 2015 Fiscal Rules

General Expectations:

The BPHC Infectious Disease Bureau, Education & Outreach Office expects all contracted providers to expend 100% of their award in accordance with all BPHC policies. Agencies will only be reimbursed for deliverables that have been approved in their Scope of Service and Budget; appropriate invoices and supporting documentation must be provided in accordance with BPHC guidelines. 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. BPHC will notify the agency whether the change is approved.

A. Invoicing

1. Agencies must use the standard invoice provided by the Education & Outreach Fiscal team. Invoices must include agency name and billing address, BPHC Purchase Order (PO) number, current approved 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. Any invoice missing the required information will not be paid and returned to the agency for correction. Corrected invoices will not be given payment priority.

2. Invoices should be submitted monthly, within 15 days of the month's end. Invoices must represent actual monthly expenses. The final invoice must be submitted by July 15, 2015.

3. Signed contracts should be sent by the agency to BPHC. BPHC will generate a PO within 30 days of receipt of the signed contract.
4. An invoice must be submitted to BPHC 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 must be submitted. If you are submitting an invoice for $0, it should be sent directly to your fiscal coordinator.

5. An invoice requesting payment for stipend reimbursement should have peer leader name, dates, place and hours of service, and a copy of the check. Cash stipends are unallowable.

6. Any revised or supplemental invoices are to be clearly labeled as such by including the word "Revised" or "Supplemental" in the "Billing Period" notation and incorporated within the unique invoice number (i.e. SUPPMARCH2014). 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.

7. Monthly invoices are paid within 30 days of receipt of a complete invoice containing all the correct invoice requirements. The 30-day payment period starts over for corrected invoices. Payment may be held if required reports and data have not been received by BPHC.

1. Invoices are sent to:
   Accounts Payable
   Boston Public Health Commission
   1010 Massachusetts Ave, 2nd Floor
   Boston, MA 02118
   And/Or
   Preferred Method
   Accounts payable@bphc.org
   CC: All Fiscal Program Coordinator and Fiscal Manager

Cost Reimbursement:

1. Appropriate supporting documents for monthly cost reimbursement invoices include:
   - Payroll registers and labor reports
   - Purchase requisitions accompanied with vendor invoice copy
   - Cancelled checks
   - Copies of vendor invoices
   - Copies of reimbursement/voucher forms

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. For new hires agency must provide an offer letter/personal action form, and a resume.
3. The fringe rate must be the agency’s internal audited fringe rate, with a maximum of 42%. 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. Indirect costs are funded 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 space, management, clerical and support personnel, office materials, leasing of office equipment, advertising, postage, printing, insurance and other related expenses.

5. Vehicle mileage is reimbursed according to the IRS rate and current BPHC policy. Currently the rate is set at $0.56/mile and is restricted to travel within the City of Boston. Parking and tolls can only be reimbursed if there is a receipt.

6. Meals consumption must be related to program activities and must specify the function or purpose on the receipt and include a copy of the sign-in sheet.

7. Supplies, equipment, etc. must be accompanied with a copy of the original vendor invoice and proof of payment. Also, you must specify if you are requesting payment for a portion of the invoice and where you are charging the rest of the payment.

8. Project funds may not 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. Chronic under billing may result in a reduction in the total amount of the contract.

2. On a case by case basis: Contract spending may differ from each personnel line item by no more than 10% monthly, for example if you are projected to bill a monthly salary of $500 (annual salary of $6000), you may spend up to $550 within that line per month (therefore, cannot exceed $6600 annually) with the sufficient back up. For below line items, e.g. if you are budgeted for a $1000 office supply line for the year, you may spend up to $1100 within that line (you may bill this in one month or it may be divided between several months). Both of these stipulations are as long as the total amount billed does not exceed the budget’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 must perform audits of agency financial records as prescribed in the OMB Circular A-133 if they receive more than $500,000 in federal funding. For agencies that receive less than $500,000 in federal funding, the agency is required to have annual audits and financial statements prepared by independent auditors. When completed, this audit must be sent to:

William Kibaja, Director of Budgets and Grants
Boston Public Health Commission
1010 Massachusetts Ave, 2nd Floor
Boston, MA 02118

D. Payments

Agency invoices will be paid only by 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 the Program Coordinator. Forms should be sent to:

Account Payable
Boston Public Health Commission
Account Payable Department
1010 Massachusetts Avenue, 6th Floor
Boston, MA 02118
## Company Name:           Category:     Education & Outreach

**Address:**

**Remit to Address:**

**Date:**  July X, 201X

**Boston Public Health Commission PO#**

**Agency Invoice #** BPHC_EOJuly15

**Billing Period:**

**Enter Billing Period**

**Activity#:**  6156007

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

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

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Budget (A)</th>
<th>FTE (B)</th>
<th>Amount this Invoice (C)</th>
<th>Cumulative Billing (D)</th>
<th>Remaining Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM STAFF - NAME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Director</td>
<td>0.00</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Peer Leader</td>
<td>0.00</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Peer Leader</td>
<td>0.00</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Sub-total</td>
<td>0.00</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Fringe</td>
<td>24.00%</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>OTHER DIRECT CARE/PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Travel</td>
<td></td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Expense Total</td>
<td></td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Program Total</td>
<td></td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Indirect</td>
<td>12.00%</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**MONTH TOTAL**

Please Pay This Amount

I certify that the actual bills and payroll documentation attached are expenditures solely associated with Community Based Prevention Contract or Ryan White.

**Program Director/Financial Authorization**

Prepared by (Please print): ___________________________   Phone: _______________________

**Contact Name & phone Number:**

**Please sign in blue ink.**
E. Budget Revisions

Contract budgets are not changed without the approval of the Boston Public Health Commission. A revised budget request in the same format as the contract budget accompanied by line item explanations of proposed revisions is required. If the budget revision does not match the most up to date contract budget, it will be returned to the agency. Complete instructions are available under the budget revision section of the manual.

Agency requests to revise contract budgets are made in writing to:

Greg M. Lanza, Senior Coordinator
Infectious Disease Bureau Director
Boston Public Health Commission
1010 Massachusetts Ave, 2nd Floor
Boston, MA 02118

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.

Generally, appropriate requests are those which propose using different means to accomplish the specific program features which were approved and detailed in the original Scope of Services. In general, adding new line items is not an acceptable request. With prior approval, agencies are allowed to shift funds between existing line items due to evolving service needs.

Budget revisions will **not be accepted after April 1, 2015.**
September 17, 2014

Greg M. Lanza
Senior Coordinator
Infectious Disease Bureau
Boston Public Health Commission
1010 Massachusetts Ave, 2nd Floor
Boston, MA 02118

Dear Mr. Lanza,

Our Program Coordinator, Ms. Jones after 3 months has recently resigned. We have gone through the hiring process for the position and quickly filled the position with Mr. Valdez. We would like to replace Ms. Jones with Mr. Valdez on the budget and increase the FTE. To do this we would like to decrease Program Coordinator Davis due to new funding we have recently received and decrease our Office Supply line. We would like to request the following changes:

+$2642.50 to new Program Coordinator Valdez, replacing Jones and 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.

-$2560 to Program Coordinator Davis, decreasing that FTE from 1.00 to .92. We recently received new funding from Funding Source A, who will now be paying .08 FTE for this position.

-$83 to the Office Supplies line, decreasing the annual total to $917.

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@(agencyname).org.

Sincerely,

Project Director
(Agency Name)
### Budget Revision Request

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Staff</th>
<th>Salary</th>
<th>FTE</th>
<th>Mos</th>
<th>Annual</th>
<th>Change</th>
<th>New Salary</th>
<th>New FTE</th>
<th>New Mos</th>
<th>New Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator</td>
<td>Jones</td>
<td>$35,000</td>
<td>0.75</td>
<td>12</td>
<td>$26,250</td>
<td>($19,688)</td>
<td>$35,000</td>
<td>0.75</td>
<td>3</td>
<td>$6,562</td>
</tr>
<tr>
<td></td>
<td>Valdez</td>
<td>$22,313</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>Davis</td>
<td>$32,000</td>
<td>1.00</td>
<td>12</td>
<td>$32,000</td>
<td>($2,560)</td>
<td>$32,000</td>
<td>0.92</td>
<td>12</td>
<td>$29,440</td>
</tr>
<tr>
<td>Peer Leader</td>
<td>Brown</td>
<td>$25,000</td>
<td>0.25</td>
<td>12</td>
<td>$6,250</td>
<td>$0</td>
<td>$25,000</td>
<td>0.25</td>
<td>12</td>
<td>$6,250</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$64,500</td>
</tr>
<tr>
<td><strong>FRINGE</strong></td>
<td></td>
<td></td>
<td>29.30%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$18,899</td>
</tr>
<tr>
<td><strong>PERSONNEL TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$83,399</td>
<td></td>
<td></td>
<td>$83,481</td>
</tr>
<tr>
<td>Office Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,000</td>
<td>($83)</td>
<td>$1,000</td>
<td></td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>Educational Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$200</td>
<td>$0</td>
<td>$200</td>
<td></td>
<td></td>
<td>$200</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$500</td>
<td>$0</td>
<td>$500</td>
<td></td>
<td></td>
<td>$500</td>
</tr>
<tr>
<td><strong>EXPENSE TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,700</td>
<td></td>
<td>$1,700</td>
<td></td>
<td></td>
<td>$1,617</td>
</tr>
<tr>
<td><strong>PROGRAM TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$85,099</td>
<td></td>
<td>$85,098</td>
<td></td>
<td></td>
<td>$85,098</td>
</tr>
<tr>
<td><strong>INDIRECT</strong></td>
<td></td>
<td></td>
<td>10.00%</td>
<td></td>
<td>$8,510</td>
<td></td>
<td>$8,510</td>
<td></td>
<td></td>
<td>$8,510</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$93,608</td>
<td></td>
<td>$93,608</td>
<td></td>
<td></td>
<td>$93,608</td>
</tr>
</tbody>
</table>

Following are terms related to budget revisions. “Change” is the difference between the Annual and the New Annual (Change = Annual – New Annual). “New Salary” is the Full Time Equivalent (1 FTE total) salary. If there is a salary adjustment from the original “Salary”, back-up documentation is required (e.g., hire letter). “New FTE” is the new percentage of time that the position listed will be paid through this contract. “New Months” indicates the new number of months that the employee will work; the number would differ from the original budget when a staff person is added or removed from a budget based on hiring or departure. “New Annual” is the updated total salary amount that will be paid for by Part A based on changes made to the salary, FTE, or months in the budget revision. “New Annual” for a staff member who is being removed from a budget must be the actual amount expended base on monthly invoices submitted to date.
Sample Budget Justification

CITY OF BOSTON
INFECTIOUS DISEASE BUREAU
FY 2015
JULY 1, 2014 – JUNE 30, 2015
Community Based Prevention
Play Safe Always

0.75 FTE Program Coordinator (3 months): Jones
Conduct one-on-one prevention counseling sessions and Group Level Interventions with high-risk individuals. Coordinate street and neighborhood outreach activities.

0.85 FTE Program Coordinator (9 months): Valdez
Conduct one-on-one prevention counseling sessions and Group Level Interventions with high-risk individuals. Coordinate street and neighborhood outreach activities.

0.92 FTE Program Coordinator: Davis
Conduct one-on-one prevention counseling sessions and Group Level Interventions with high-risk individuals. Coordinate street and neighborhood outreach activities.

0.25 FTE Peer Leader: Brown
Co-Facilitates Group Level Interventions with Program Coordinator, required as part of the curriculum chosen for this intervention.

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.

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 2015

### Administrative Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anita Barry</td>
<td>Director, Infectious Disease Bureau</td>
<td><a href="mailto:ABarry@bphc.org">ABarry@bphc.org</a></td>
</tr>
<tr>
<td>Regis Jean-Marie</td>
<td>Bureau Administrator, ID Bureau</td>
<td><a href="mailto:RJeanmarie@bphc.org">RJeanmarie@bphc.org</a></td>
</tr>
<tr>
<td>Craig Regis</td>
<td>Project Manager</td>
<td><a href="mailto:CRegis@bphc.org">CRegis@bphc.org</a></td>
</tr>
</tbody>
</table>

### Program Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greg M. Lanza</td>
<td>Sr. Program Coordinator</td>
<td><a href="mailto:GLanza@bphc.org">GLanza@bphc.org</a></td>
</tr>
<tr>
<td>Andrew Solomon</td>
<td>Project Manager</td>
<td><a href="mailto:ASolomon@bphc.org">ASolomon@bphc.org</a></td>
</tr>
<tr>
<td>Chavon Hamilton</td>
<td>Project Manager</td>
<td><a href="mailto:CHamilton@bphc.org">CHamilton@bphc.org</a></td>
</tr>
</tbody>
</table>

### Fiscal Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julianna Pham</td>
<td>Fiscal Manager</td>
<td><a href="mailto:JPham@bphc.org">JPham@bphc.org</a></td>
</tr>
<tr>
<td>Monica Araujo</td>
<td>Fiscal Coordinator</td>
<td><a href="mailto:MARaujo@bphc.org">MARaujo@bphc.org</a></td>
</tr>
</tbody>
</table>

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

### Phone/Fax:
(617) 534-5611 / (617) 534-5905

### Website:
www.bphc.org
Additional Information

World Wide Web Resources

Local Resources

**Boston Public Health Commission, Infectious Disease Bureau**
www.bphc.org/IDB

- Overview of Award Allocation Process
- Universal and Intervention Specific Standards
- Provider Summaries
- Required forms and templates
- Fact Sheets and other educational materials on infectious diseases

**Boston Public Health Commission, Infectious Diseases A-Z**
www.bphc.org/AZ

A comprehensive collection of over 100 infectious disease fact sheets for Boston, including many fact sheets translated in 5 or more languages.

**Boston Public Health Commission: Health Data**
http://bphc.org/healthdata/other-reports/Pages/Other-Reports.aspx

The Infectious Disease Bureau regularly releases reports on the statistics, trends, and overall epidemiology of communicable diseases. You can access these reports below, organized by disease. Check back frequently for the most up-to-date data.

**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

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.

Massachusetts Health Promotion Clearinghouse
http://massclearinghouse.ehs.state.ma.us/

The Massachusetts Health Promotion Clearinghouse provides free health promotion materials for Massachusetts residents, health care providers, and social service providers.

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
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 Program 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
www.kaisernetwork.org

Kaisernetwork.org provides information related to legislative, political, legal, scientific, and business-related HIV/AIDS developments. The site 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.
HIV/AIDS, Sexually Transmitted Infections (STI) and Viral Hepatitis (B&C) by Neighborhood: Boston 2013*

**HIV:**

The data for 2012 suggest that eight Boston neighborhoods have HIV incidence rates that exceed the overall Boston rate of 25.7. Those neighborhoods are the South End, North Dorchester, Roxbury, East Boston, Mattapan, Hyde Park, Roslindale, and South Dorchester.

**Hepatitis B:**

The South End had the highest incidence rate of Hepatitis B infection in 2013.

**Hepatitis C:**

The South End, Charlestown, Roxbury, East Boston, and South Boston had the highest incidence rate of Hepatitis C infection in 2013.

---

*HIV data available only for 2012*
HIV/AIDS, Sexually Transmitted Infections (STI) and Viral Hepatitis (B&C) by Neighborhood: Boston 2013 (cont’d)

Sexually Transmitted Infections:

Though chlamydia rates in Boston decreased 13% in 15-24 year olds and 8% overall from 2012 to 2013, it is still the most frequently reported infectious disease in the city.

North Dorchester, South Dorchester, Mattapan, and Roxbury had the highest incidence rates of chlamydia and gonorrhea.

From 2012 to 2013, syphilis and gonorrhea rates rose 35% and 18%, respectively.

East Boston and the South End reported the highest syphilis rates in 2013, each reporting incidence rates of over 100 cases per 100,000.

- Back Bay includes the North End, the West End, and Beacon Hill.
- Rate Per 100,000 = Incidence Rate.
- Note: Data for all cases were reported between January 1st and December 31, 2013

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