

## 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, 2020 – June 30, 2022). Due to the COVID pandemic and required changes in operating procedure, site visits will be conducted in a split format: monitoring tool review and program progress discussion will occur virtually with all required parties in attendance; subsequently, an on-site file review will be conducted which will require your Program Coordinator private access to the program files. BPHC program coordinator will follow all required safety protocols and the staff of the agency in question will be required to do so as well. BPHC will comply with state and City regulations regarding COVID-19 and may alter site visits accordingly.

Prior to the site visit, the Program Coordinator will contact your agency to schedule a date. A packet of information will be emailed 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: \_\_\_\_\_

<b>SECTION A: AGENCY INFORMATION</b>
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<b>Agency Name:</b>  <b>Administrative Address:</b>  <b>Site Visit Location:</b> <i>(if different than admin address)</i>  <b>Phone:</b>  <b>Fax:</b>  <b>Web Site:</b>			
<b>Executive Director:</b>			
<b>Funded Service Categories:</b>			
<b>Agency's Hours of Service:</b>		Are these prominently displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>BPHC Program Coordinator:</b>			
<b>Agency staff present during site visit</b>			
<b>Name and Title</b>	<b>Email and Phone</b>		

**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)*

<b>Agency</b>	<b>Description of Association</b>

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

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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 infection clinics, HIV counseling & testing, Viral Hepatitis vaccines, screening and treatment, 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 G: CONSUMER INPUT**

1. Describe the agency's process for soliciting consumer input in the development, implementation and evaluation of intervention activities and client service.
2. From the following list, check all methods that apply:
<input type="checkbox"/> Community Forum <input type="checkbox"/> Listening Circle <input type="checkbox"/> Consumer Advisory Board <input type="checkbox"/> Survey <input type="checkbox"/> Other (please specify)
3. How often is this process completed?

**SECTION H: 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 submitted data and discuss.

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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>
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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>
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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.

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**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>	
3.) How does the agency ensure culturally competent services are provided for members of the LGBTQ community?	

**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?	

<b>Interventions funded:</b>	<b>Funded for:</b>	<b>Where provided:</b>	After School Program	Bar/Club	Clinical Setting	Community Based Organization	Correction/ Detention Facility	Drop-In Center	Drug purchasing/ using environment	Hair Salon/Barber	Private Home/ Residence	Public/Commercial Sex Environment	Detention Facility	Other
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"/>	<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"/>	<input type="checkbox"/>
Community-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"/>	<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. Do staff members have working knowledge of the applicable behavior change theory, and of HIV, hepatitis B &amp; C and STIs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><i>Describe how this is assessed. Are training certificates on file?</i></p>
<p>3. 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>4. 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>5. Does staff 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:
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**Follow-up site visit required?** Yes  No  If Yes, due date: \_\_\_\_\_

Comments:
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