

Program Reporting Overview – Mini Grants

Submission Requirements

Narrative Progress Reports are to be submitted via email to the attention of:

Greg M. Lanza
Senior Coordinator
Infectious Disease Bureau
Boston Public Health Commission
Email: glanza@bphc.org

Progress Reports are to be submitted by 5:00pm on the following dates:

Progress Reports are due by the 15th of the month following the end of the reporting period.

Progress Report Period	Reporting Period	Due Date
1	Jul 1 – Dec 31, 2020	Jan 15, 2021
2	Jan 1 – June 30, 2021	July 15, 2021

In addition, Mini-Grant recipients are required to submit their data monthly, by the 15th of the month that follows (e.g. February's data will be due March 15th) and submit a one page summary document at the end of Quarters 1 and 3, updating BPHC on activities conducted and issues present between the 6 and 12 month period. This document should provide a very brief overview of the services provided, problems and/or challenges in providing those services and how they were overcome, and any and all personnel or spending issues that may result in over or underspending of the contract.

Note:

The six-month progress report (due January 15) should reflect only those activities conducted during the first six months (Jul 1 – Dec 31). The twelve-month progress report (due July 15) should include both a section on the 2nd six-month period (Jan 1 – June 30) and an overall review of the twelve-month program period.

Play Safe Always

Quarter Summary Report

First Quarter: July 1, 2020 - September 30, 2021

Community Based Prevention Funding

In the past three months, our CBP funded staff have provided 15 Individual Level Interventions, 3 Group Level Interventions, 8 knowledge assessments, 2 Community Events (one – time workshops) and 10 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 provided services in English, Spanish, Vietnamese, and Creole within the first quarter. We have made 69 and confirmed 49 referrals for various services. 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 have previously been receiving services at our drop-in center, with the other half new to the program this quarter.

Community Events:

8/15/2020: “What Your Children Need to Know About HIV”

- Conducted at Community Center A
- 27 people attended this forum aimed at educating parents on risk factors

8/25/2020: “Staying Negative: Avoiding Infection”

- Co- sponsored by the Gay Alliance at the Connection.
- Peer leadership program for teens ages 14 – 18
- 24 people attended

During the first quarter, the agency recruited 10 MSMOC 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 8/11/2020 and concluded on 9/22/2020. Of the 10 recruited, 8 successfully completed the cycle and attended all 3 sessions. Post-test 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.

During the first quarter, the agency provided 15 ILI sessions with 5 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.

During the first quarter, the agency conducted 10 Mobile Encounters reaching 200 members of the target population. Mobile Encounters occur three nights a week. The schedule was emailed to the BPHC coordinator.

Melissa Miller has left us to take a position with the World Health Organization. We welcome Darren Johnson as her replacement. A budget revision 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.”

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.

Counseling/Testing/Screening

	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%

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 outcomes as described in your Scope of Services. Please include actual numbers for each outcome over the six- and twelve-month periods in the required Scope of Service Tracking Log and attach to the report.

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. Please provide actual numbers based on the approved workplan (e.g. # of sessions conducted, number of clients served by intervention type, number of tests conducted, etc.).

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 meet the outcomes 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.