Community Based Prevention

FY 22 Provider Manual

Infectious Disease Bureau

Education and Outreach Office

FY 2022– JULY 1, 2021 – JUNE 30, 2022

Provider Manual

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Introduction

To our city agencies and providers,

The COVID-19 pandemic has highlighted the disproportionate impact of communicable diseases on our most vulnerable and marginalized communities across the City of Boston. We are deeply grateful for your ongoing efforts to provide prevention, health education, and treatment services to those who are most in need, particularly as we grapple with an ongoing syndemic of substance use, homelessness, poverty, and systemic racism. We are eager to welcome you to the new fiscal year (FY22) as we renew our unwavering commitment to community engagement, disease prevention, and health equity.

Attached you will find the Provider Training Manual for the Boston Public Health Commission (BPHC) Infectious Disease Bureau's Community Based Prevention contracts. Our data demonstrates the persistent burden of sexually transmitted diseases, HIV, and Hepatitis C on our communities of color and diverse neighborhoods, including Dorchester, Mattapan, and Roxbury. For this funding cycle, funded agencies are expected to lower incidence rates of HIV, hepatitis C and sexually transmitted infections, particularly chlamydia, gonorrhea, and syphilis, through provision of individual and/or group services, as well as innovative interventions to address the social determinants of health that place vulnerable Bostonians at ongoing risk for adverse outcomes.

The purpose of this manual is to provide your agency with the information, tools, and instructions needed to meet your contractual requirements and deliver high quality services to your clients. 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 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 will serve as an essential resource for training new staff and familiarizing them with your contract. Policies and procedures are revised each year and it is required that providers operate in accordance with all BPHC procedures, including all updates. Please be sure to review all sections of the manual. Particularly, in light of the COVID 19 pandemic, protocols and operational structure have changed and will continue to change and adapt to the needs of public health and safety. Please pay specific attention to Program Rules and site visit process sections. Please note that while this manual should be a point of reference for your contractual obligations, we strongly encourage all providers to contact us with any questions regarding BPHC policies and procedures. We are also available to provide technical assistance as needed throughout the year. **Please note that this is the final year of funding under current funding and contracts will not be eligible for extension beyond this 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 partnerships between BPHC and Community Based Prevention providers and we thank you for your commitment and dedication to your clients every day.

Sincerely,

Sarimer M. Sánchez

Sarimer M. Sánchez, MD MPH
Director, Infectious Diseases Bureau

Section 1

Program Overview
Program Rules - FY 2022

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 or for any other breach of your contract with BPHC.

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, including current and/or projected underspending, as well as plan to address such, (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 legal obligations to report specified infections to BPHC. BPHC may request additional information as needed to assess project effectiveness.

D. Awardees who have submitted corrective action plan(s) will be required to periodically report on progress in carrying out those plans. Activities being carried out using these funds must be clearly identified.

E. Quarterly progress reports for Major Grant recipients shall be submitted by the fifteenth (15th) day of the month following the reported quarter's end as detailed on page 4. Six and twelve-month reports for Mini Grant recipients shall, likewise, be submitted by the 15th day of the month following the period, as detailed on pg. 10. While Mini-Grant recipients are not required to submit a full progress report for each quarter, they are required to submit a one-page summary document at the end of Quarters 1 and 3 to provide a basic overview of activities conducted and issues arising between the 6 and 12 month report. This one-page summary will also be due on the 15th day of the month following the period. Details are below in the Mini-Grant reporting requirements section.

Monitoring:

Flyers, Promotional and Educational Materials:

A. 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 include the BPHC logo and/or acknowledgement of BPHC as funding agency. Materials must be submitted to BPHC for approval prior to being disseminated. At least 2 weeks must be allowed to finalize BPHC approval. BPHC will ensure that agencies have the currently approved logo for use.

Incentives

B. BPHC recognizes the effectiveness of incentives use by program staff for the purposes of recruitment and retention and they are an allowable expense under the contract with the following guidelines:

- **a.** Incentives can not be in the form of cash. Gift cards are acceptable

- **b.** Programs must adhere to all of their agency's policies regarding the tracking of incentives purchased and distributed, and BPHC must have a copy of those policies on file

- **c.** For Group Level Interventions, clients may receive an incentive of no more than $25 for signing up for and attending the initial session in a series, then receive an incentive of no more than $10 for each subsequent session attended in the series. If a client attends all sessions in the series, they may receive an additional $10 at the completion. Therefore, in a three-session series, the maximum amount a client may receive is $55; for a five-session series, the maximum amount a client may receive is $75 and for a seven-session series the maximum amount a client may receive is $95. While clients may attend more than one series in a year, they are only allowed to receive incentives for their initial participation. No client shall receive more than $100 in GLI incentives over the course of the fiscal year.

- **d.** For Individual Level Interventions, a client may receive an incentive of no more than $25 for the initial session. They may then receive an additional $25 for each session for which they return for follow up testing and at ISP review sessions at the 3, 6, 9 and 12-month intervals. No client shall receive more than $150 in ILI incentives over the course of the fiscal year.

- **e.** For Community Level Interventions, specifically Community Events, clients may receive an incentive of no more than $25 for attending an event. If food is provided at the event, the client may receive no more than $10 in incentives, in addition to the cost for public transportation to and from the event. Clients may attend more than one event in a fiscal year, but shall receive no more than $50 in CLI incentives over the course of the fiscal year. Until it is deemed safe to engage in public settings, BPHC requires Community Events to be conducted virtually whenever possible.

Data Reporting:

- **C.** As a condition of funding, both Major and Mini grant recipients must submit data for all activities conducted as part of their contract on a monthly basis. Data are due by the 15th of the month following the month in question (e.g. April's data are due May 15th). Instructions in the Data Reporting Manual.

Standards and Requirements:

- **D.** 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-community-engagement/Documents/Intervention%20Specific%20Standards.pdf

- **E.** By signing the contract, agencies agree to abide by the standards included in this packet, and any additional standards which may be required.

Compliance:

- **F.** Failure to adhere to reporting and fiscal guidelines, including narrative and data reporting deadlines, 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 only and will not involve subcontractor(s).

- **G.** If an agency is deemed to be in non-compliance, they will receive a letter which details the issues that have placed the agency in non-compliance as well as a deadline to correct the issues in order to have the non-compliance lifted. Most deadlines will be two weeks from the date of receipt, though BPHC reserves the right to amend the deadline timeframe if deemed necessary.

- **H.** If the deadline is not met and the agency remains in non-compliance, or if the agency falls into non-compliance for a second consecutive quarter, the agency will be placed on probation, wherein they will have six months or the remainder of the fiscal year, whichever comes first, to correct the issues and bring themselves into contract compliance. Failure to do so by the deadline provided will result in the contract being suspended, or in the contract being terminated outright.

Best Practices Meetings:

- **I.** 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.

Conflict of Interest:

- **J.** As a condition of funding, Awardees are expected to adhere to their institutions' conflict of interest policies regarding accepting funding or items of significant value from companies where such a funding or items may present a potential or perceived conflict of interest.

- **K.** In addition, as a condition of funding, agencies may not allow staff while on BPHC funded time to attend or participate in events, activities or trainings provided by pharmaceutical companies unless such an activity is in compliance with the institution's conflict of interest policy and has been approved in advance by BPHC.

Program Reporting Overview – Major Grants

Submission Requirements

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

Greg M. Lanza
Senior Coordinator
Infectious Disease Bureau
Boston Public Health Commission
Email address: 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 - Sept 30	Oct 15, 2021
2	Oct 1 - Dec 31	Jan 15, 2022
3	Jan 1 - March 31	April 15, 2022
4	April 1 - June 30	July 15, 2022

Note:

Each progress report should reflect only those activities conducted during the first three months included in that quarter. While the first progress report is due on October 15, it should only cover activities which occurred between July 1 and September 30. All data for the period must be entered by the reporting due date for Progress Reporting to be considered compliant. Monthly data must be entered 15 days after the close of the reporting month.

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 three-month period 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 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 must continue addressing this issue in each 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
Quarter Report
First Quarter: July 1, 2021 - September 30, 2022
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 MSM of color under the age of 30 at high risk for HIV. 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.

For a detailed review of our progress in meeting our contractual outcomes, please see the attached Scope of Service Tracking Log.

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 have previously been receiving services at our drop-in center, with the other half new to the program this quarter.

The program staff has been meeting with staff at other health centers to explore ways to work collaboratively. They discussed ways of supporting clients using *4th gen rapid 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 HIV. It is important for the clients to have access to early treatment of HIV if testing positive, or PrEP and other prevention efforts if testing negative. 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 referred to Ryan White funded Case Management Services.

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:
8/15/2021: "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
- 50 condoms, 75 brochures (sample attached) and 30 safer sex kits distributed

8/25/2021: "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

9/5/2021: "What is PrEP? Is It For Me?"
- Forum at Club Café
- 40 people attended this forum intended to raise awareness for MSM
- 100 condoms, 75 brochures distributed

9/17/2021: "HIV: Yes, It's Still a Big Deal"
- Conducted at the Stanhope Drop-In Center
- 30 young MSMOC, aged 17 – 25 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 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 8/11/2021 and concluded on 9/22/2021. 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:

	Scheduled:	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

To see our progress in meeting the outcomes associated with our contract, please see the attached Scope of Service Tracking Log for details.

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 training. The rate of HIV and HCV infection among clients is increasing at the STD clinic and among active drug users. As most of these clients have sex partners, we need to integrate the HIV 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 services.

As mentioned, we have seen a steady increase in the number of Latino clients using the Drop-In center this quarter. This is something that has been tracked over several consecutive quarters. 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 quarter progress reports.

Counseling/Testing/Screening

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.

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, 2022
2	Jan 1 – June 30, 2021	July 15, 2022

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, 2021 - 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:
8/15/2021: "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

8/25/2021: "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 8/11/2021 and concluded on 9/22/2021. 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.

Play Safe Always
Six Month Report
First Period: July 1, 2021 - December 31, 2021
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 MSM of color under the age of 30 at high risk for HIV. 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 six 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 have previously been receiving services at our drop-in center, with the other half new to the program this quarter.

The program staff has been meeting with staff at other health centers to explore ways to work collaboratively. They discussed ways of supporting clients using *4th gen rapid 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 HIV. It is important for the clients to have access to early treatment of HIV if testing positive, or PrEP and other prevention efforts if testing negative. 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.

For a detailed review of our progress in meeting our contractual outcomes, please see the attached Scope of Service Tracking Log.

Program Activities of Play Safe Always

During the first six months, 6 Community Events were conducted, the peer leadership cycle was completed, 7 Group Level Interventions were provided, and 30 Mobile Encounters were conducted.

Community Events:
8/15/2021: "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
- 50 condoms, 75 brochures (sample attached) and 30 safer sex kits distributed

8/25/2021: "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

9/5/2021: "What is PrEP? Is It For Me?"
- Forum at Club Café
- 40 people attended this forum intended to raise awareness for MSM
- 100 condoms, 75 brochures distributed

9/17/2021: "HIV: Yes, It's Still a Big Deal"
- Conducted at the Stanhope Drop-In Center
- 30 young MSMOC, aged 17 – 25 attended this session designed to increase risk factor awareness
- 50 brochures (sample attached) were distributed

10/15/2021: "Syringe Services and Needle Exchange: Are They the Same?"
- Conducted at the Stanhope Drop-In Center
- 25 young PWID/PWSUD MSMOC, aged 17 – 25 attended this session designed to provide clarity
- 50 brochures (sample attached) and 50 clean syringes were distributed

11/22/2021: "I'm Negative and He's Positive – Can We Have Safe Sex?"
- Conducted at the Stanhope Drop-In Center
- 15 young MSMOC, aged 17 – 25 attended this session designed to increase risk factor awareness
- 25 brochures (sample attached) were distributed

Group Level Interventions
During the first six months, 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 8/11/2021 and concluded on 9/22/2021. 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 six months, 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. 3,300 condoms and lube, 2,000 pieces of educational materials and 200 bleach kits were distributed. 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

During the first six months, clients were assisted with the following services through referral:

	Scheduled:	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
HIV Drug Assistance Program	2	1
Housing	8	6
MassHealth	2	2
Peer Support Groups	3	3
Total:	65	46

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 training. The rate of HIV and HCV infection among clients is increasing at the STD clinic and among active drug users. As most of these clients have sex partners, we need to integrate the HIV 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 services.

As mentioned, we have seen a steady increase in the number of Latinx clients using the Drop-In center over the first six months. In the next year we will find ways 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 progress report.

Counseling/Testing/Screening

During the six months, 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.

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:___________________________

SECTION A: AGENCY INFORMATION

<table>
<tr><td>Agency Name:

Administrative Address:

Site Visit Location:
(if different than admin address)

Phone:

Fax:</td><td colspan="3"></td></tr>
<tr><td>Web Site:</td><td colspan="3"></td></tr>
<tr><td>Executive Director:</td><td colspan="3"></td></tr>
<tr><td>Funded Service Categories:</td><td colspan="3"></td></tr>
<tr><td>Agency's Hours of Service:</td><td></td><td>Are these prominently displayed?</td><td>Yes ☐ No ☐</td></tr>
<tr><td>BPHC Program Coordinator:</td><td colspan="3"></td></tr>
<tr><td colspan="4" align="center">Agency staff present during site visit</td></tr>
<tr><td align="center">Name and Title</td><td colspan="3" align="center">Email and Phone</td></tr>
<tr><td></td><td colspan="3"></td></tr>
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</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)*	
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.	
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 ☐ 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: 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:
☐ Community Forum ☐ Listening Circle ☐ Consumer Advisory Board ☐ Survey ☐ Other (please specify)
3. How often is this process completed?

SECTION H: EVALUATION OF SERVICES

1. Describe methods used to evaluate services. (For example: *Individual Agency Reports, Client Satisfaction Surveys, data, etc.)*		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.	
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 ☐ No ☐	*Why or why not?*
3. Have there been any significant shifts in the program's client population?	
Yes ☐ No ☐	*Please describe:*

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.)*	
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 ☐ 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:	**Funded for:**	**Where provided:**	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	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Individual Level Interventions	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Community-Level Interventions	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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

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:

Section

2

Fiscal Overview
Fiscal Rules - FY 2022

Boston Public Health Commission

Infectious Disease Bureau - Community Based Prevention

FY 2022 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. Funded agencies will only be reimbursed for deliverables that have been approved in their Scope of Services and Budget upon receipt of appropriate invoices and supporting documentation. Agencies that wish to revise their Scope of Services 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 or not. 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. Contract

a. A complete and signed contract packed should be returned by the agency to BPHC promptly after it's received. BPHC will generate a Purchase Order (PO) number within 30 days of receipt of the signed contract.

B. Invoicing

General Information

1. Agencies must use the standard invoice template 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 billing, remaining balance, and unique invoice number. Payments are cost reimbursement and are based on the approved budget. Invoices must be formatted by computer; hand written invoices are not acceptable. Only line item budgeted expenses are reimbursed.

2. Agencies must have their invoices signed by a program representative or a contract specialist before submission for payments to BPHC.

3. Invoices should be submitted monthly, within 15 days of the month's end. Each day thereafter will be considered late, therefore non-compliant. Invoices must represent actual monthly expenses. The final invoice must be submitted by **July 15, 2022**.

4. Invoices without the required information or documentation will not be processed for payment. Instead, the agency will be informed of the deficiency to be corrected, and the invoice will be deleted from our system. The agency will need to resubmit the invoice. Corrected invoices will not be given payment priority.

5. 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; an invoice with a $0 month total must be submitted**.

6. An invoice requesting payment for **stipend** reimbursement should have the staff's name, the dates, place and hours of services, and a copy of the check. **Cash stipends are unallowable**.

7. An invoice requesting payment for **incentives** reimbursement should have a list of all the clients that received the incentives, the cost per client (cost should be in accordance with the current approved budget and scope of service), the date of distribution and proof of receipt by the client. Agencies with incentives must have a policy on how incentives are distributed and tracked at the agency level. Said policy must be available for review by BPHC at any time during the fiscal year.

8. Any revised or supplemental invoices are to be clearly labeled as such by including the word **"Revised"** or **"Supplemental"** in the **"Invoice Number"** notation and incorporated within the unique invoice number (i.e., SUPPJUL2021). Under any circumstances an invoice number should exceed 20 characters. 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.

9. Monthly invoices containing all required information will be paid within 30 days of receipt. 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 or if fiscal documentation is incomplete; agencies are informed in writing.

Invoices are sent to:

IDBinvoices@bphc.org

Cost Reimbursement

1. Appropriate supporting documents for monthly cost reimbursement invoices include:
   - Payroll registers and labor distribution 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 illustrate the exact **approved contract budget**. The name of each staff member must be noted next to each position on the invoice. 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. If any of these are incorrect 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 56.3%. 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, agency must specify if they are requesting payment for a portion of the invoice and where the remaining portion of the bill is being charged to.

8. Project funds may not to be used to pay City citations, tickets, taxes or fines. BPHC will not reimburse these items.

C. Fiscal Compliance

1. An agency may be held in non-compliance at the end of each month if they do not meet the invoicing requirements. This includes non-submission of invoices, or late invoices. If the invoice is incorrect and/or incomplete, it will be returned to the agency and the agency will be required to submit new corrected information.

2. 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.

3. 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.

4. Funds awarded in one fiscal year may not be used in a subsequent fiscal year.

D. Audits

Agencies must perform a **single audit** of their financial records as described in the 45 CFR Part 75 Subpart F if they expend $750,000 or more in federal funding in a fiscal year. For agencies that spend less than $750,000 in federal funding for the fiscal year, the agency is exempt from the Federal Audit requirement for that year, but records must be available for review or audit by the official of HRSA, BPHC, and Government Accountability Office (GAO).

When completed, this audit must be sent to:

grants@bphc.org

If electronic submission is impossible, send paper audits to:

Post-Award Grants Manager
Boston Public Health Commission
1010 Massachusetts Ave, 6th Floor
Boston, MA 02118

E. Payments

Agency invoices will be paid only by ACH – Direct Deposit. Agencies will have the opportunity to enroll in direct deposit anytime throughout the year if they have not previously completed the form. Agencies may request this form from the Sr. Program Coordinator. Completed ACH – Direct Deposit forms should be sent to the Boston Public Health Commission via **Vendor@bphc.org**.

F. 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. Budget revisions will **not** be accepted after **April 1, 2022.**

Budgets

Following is a description of the terms used on agency budgets. Budgets cover a **twelve-month** period and are presented in whole dollars (no cents).

- The "**Direct Cost**" column indicates the position title.
- The "**Personnel**" column indicates the name of the staff person occupying the position. Revisions should be submitted with staff first initial and last name (e.g., J. Smith). Enter "TBH" if the position is currently vacant.
- The "**Salary**" column reflects a Full Time Equivalent (1 FTE total) salary.
- The "**FTE**" column is the percentage of time (carried to no more than **two** decimals) that the position listed is paid for by the grant. To meet audit requirements, employees cannot exceed a total FTE of 1.0 across all funding sources.
- The "**Months**" column is the number of months the position listed will be occupied in the contracted period.
- The "**Annual**" column is the total salary amount that will be paid by the grant in a twelve-month budget period for the listed position based on the given "**FTE**" and "**Months**."

$$\frac{\text{Salary}}{12} \times \text{FTE} \times \text{Months} = \text{Annual}$$

- The "**Fringe**" rate must be the agency's internal audited fringe rate, with a maximum of **56.3%.** 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.
- The "**Other Direct Cost**", expense line items' titles should be specific (e.g., Food, Office Supplies, etc.).
- The "***HHS Indirect Approved Rate"*** line item is capped at 12%. agencies who wish to use an indirect rate must provide documentation of Certificate of Indirect Costs that is **HHS-negotiated**, signed by an individual authorized to sign on behalf of the Subrecipient. Any other Federal or State agency that has conducted and issued an audit report of the Subrecipient's indirect cost rate that has been developed in accordance with the requirements of the cost principles contained in 48 CFR part 31 will also be accepted.
- The "***Administrative Costs"*** line items should be specific. These costs include recognized over-head activities, including rent, utilities, and facility costs. It also applies to the costs of management and oversight of the specific program funded. It includes program coordination, clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care. Administrative Costs are funded at a maximum rate of 12% of the total direct program costs. Agencies are responsible for preparing a project budget that meets administrative cost guidelines and provides expense reports that track administrative expenses.
- The ***"Service Award Total"*** is the sum of the direct care total and the administrative or indirect rate cost total.

A sample budget can be found on the following page.

Sample Budget with Indirect Rate Cost

Boston Public Health Commission
Infectious Disease Bureau
Community Based Prevention
FY 2022
July 1, 2021 - June 30, 2022
Agency Name
EDUCATION & OUTREACH

Direct Cost	Personnel	Salary	FTE	Months	Annual
Health Outreach Worker	M. Jones	$32,000	1.00	12	$32,000
Administrative Assistant	J. Smith	$25,000	0.50	12	$12,500
		SUBTOTAL	1.50		$44,500
		FRINGE	29.30%		$13,039
		PERSONNEL TOTAL			$57,539
Other Direct Cost					
Incentives					$1,500
Office Supplies					$1,500
Educational Supplies					$2,500
		SUBTOTAL			$5,500
		DIRECT COST TOTAL			$63,039

HHS Indirect Approved Rate		69.50%	Annual
BPHC Community Based Prevention Indirect Cap		12%	$7,565
	INDIRECT SUBTOTAL		$7,565
	DIRECT COST TOTAL		$63,039
	INDIRECT COST TOTAL (12% Cap)		$7,565
	E&O SERVICE AWARD TOTAL		**$70,603**

Sample Budget with Administrative Cost

Boston Public Health Commission
Infectious Disease Bureau
Community Based Prevention
FY 2022
July 1, 2021 - June 30, 2022
Agency Name
EDUCATION & OUTREACH

Direct Cost	Personnel	Salary	FTE	Months	Annual
Health Outreach Worker	M. Jones	$32,000	1.00	12	$32,000
Administrative Assistant	J. Smith	$25,000	0.50	12	$12,500
		SUBTOTAL	1.50		$44,500
		FRINGE	29.30%		$13,039
		PERSONNEL TOTAL			$57,539
Other Direct Cost					
Incentives					$1,500
Office Supplies					$1,500
Educational Supplies					$2,500
		SUBTOTAL			$5,500
		DIRECT COST TOTAL			$63,039

Administrative Cost	Personnel	Salary	FTE	Months	Annual
Program Manager	J. Doe	$63,273	0.05	12	$3,164
		SUBTOTAL	0.05		$3,164
		FRINGE	29.30%		$927
		SUBTOTAL			$4,091
Other Administrative Cost					
Accounting Cost					$825
Financial Reporting Costs					$2,000
Payroll Costs					$649
		SUBTOTAL			$3,474
		ADMIN COST TOTAL			$7,565

DIRECT COST TOTAL	$63,039
ADMIN COST TOTAL **(BPHC Community Based Prevention Cap (12%))**	$7,565
E&O SERVICE AWARD TOTAL	**$70,603**

Budget Revision Request Guidance

Agencies are required to submit budget revision requests for prior approval when proposing to use different means to accomplish the original agreed-upon goals and objectives outlined in the Scope of Services post-award notification.

Program budgets may only be revised with the written approval of the Education and Outreach Office. In order to receive written approval, agencies must follow the procedure below:

1. Submit a budget revision request via email to **glanza@bphc.org**, attention:

Greg M. Lanza
Senior Program Coordinator
Education and Outreach
Community Engagement Division
Boston Public Health Commission

2. A budget revision request must include the following:
   a. **A Budget Revision Request Form** – A form that agencies must complete to outlines each change being proposed and how it will support the agency in achieving the funded service goals and objectives. (Please see Budget Revision Request Form Instructions below.
      - If proposing to change personnel, the explanation should include: the last name of the employee involved or if a position is vacant, the estimated date of hire, and a brief description of the position's duties and responsibilities as they relate to the Education and Outreach program.
      - If proposing to change Other Direct Care Cost items (e.g., food, program supplies, staff training, staff travel), explanations should incorporate quantities whenever possible. Explanations should state why an expense item is necessary and how it will be used. For example, travel expenses must specify who, where when and why the travel is necessary.
      - Any program proposing to add a consultant line or to move money into an existing consulting line must:
        a) Provided a detail description of the services/activities performed by the consultant with the budget revision
        b) Add the Consultant's Last Name to the invoice coversheet, after approval of the consultant line.
      - In general, adding new line items to a budget are not acceptable requests. Agencies may be allowed to shift funds between existing line items due to evolving service needs.

   b. **A Budget Revision Excel Form** – A current budget with the proposed changes made in the same format as the award budget. The proposed changes should be listed to the right of each personnel and/or other direct care cost line items in the excel template. If the budget revision does not match the most up to date award budget, it will be returned to the agency.

   c. **Supporting Documents –** including but not limited to staff qualifications (resume), proof of annual salary such as offer letter or payroll statements, job description of the duties and responsibility as they relate to the Education and Outreach funding, etc.

You do not need to submit a budget revision request for prior approval in the following circumstances. In these circumstances, just send an invoice with appropriate back-up documentation.

1. Personnel changes for replacing a TBH line with the name of a new employee at the SAME salary, FTE, and months that was originally proposed in the award budget.

2. Changing the title or name of an employee.

3. Overbilling a direct cost budget category (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) while staying within the 10% leeway.

Please note that all information regarding staffing updates, including a CV, and offer letter should be sent to the Senior Program Coordinator, Greg M. Lanza, prior to an invoice that includes such update is submitted for payment. These documents may also be sent as back-up with the invoice.

3. Once the Education and Outreach office reviews a budget revision request according to our internal review protocol, we will notify the agency if there are questions or information needed to approve, if approved, or denied.

4. Initial appeals of denied budget revision requests are made, in writing, to **Greg M. Lanza** (**glanza@bphc.org**), **Senior Program Coordinator, Education and Outreach Office.** Further appeals may be submitted, in writing, to Dr. Sarimer Sanchez (ssanchez@bphc.org), Bureau Director, Infectious Diseases Bureau.

5. Budget revisions will be accepted until **April 1, 2022**. Revisions submitted after this deadline will only be considered to fill vacant positions, and for legal name, position, and title changes.

Budget Revision Request Form Instructions

Procedures:

1. Submit and Complete the Budget Revision Request Form FY22
2. Complete the Budget Revision Excel Form
3. Include all required supporting documents.
4. Submit the forms to **glanza@bphc.org**.

Considerations:

- It is recommended that the program and finance staff at the agency coordinate the submission of all budget revisions.
- The authorized representative is considered any contact that is listed for your agency.
- BPHC Education and Outreach staff will reach out to your program or fiscal contacts for additional information regarding your request if needed.

Agency and Submission Information:

- **Agency:** Enter the name of the agency ***(Required)***
- **Service Category:** Enter "**Education and Outreach"** ***(Required)***
- **Date of Request:** Enter the date submitted ***(Required)***

Is this a resubmission of a previous Request:

- **Yes = If** additional information is required or the last revision was denied
- **No =** If this is an original request

- **Date of the original Request:** Enter the date the initial request was denied

Direct Cost or Admin. Personnel Revision:

Note: *Enter only the changes relevant to your request into the form. If your budget requires personnel lines to be split, add only the information you are requesting to be added to the form and not the effects of the adjustment on the line item of the original budgeted amount.*

- **Start Date:** Enter the date a change in personnel will effectively start. **(Required)**
- **End Date:** Enter the date a change in personnel will effectively end**.** **(Required)**
- **Position:** Enter the correct position title. **(Required)**
- **Personnel Name:** Enter the legal name of the personnel **(*Required)***
- **Salary:** Enter the new wage of personnel.
- **FTE:** Enter the new FTE of the personnel.
- **New Annual:** Enter the latest annual budget amount.
- **Justification:** Enter the reason for the adjustment or change of the line. **(*Required)***
- **Additional Comments:** Describe any other information that will contextualize your proposed adjustments.

Other Direct Cost or Admin. Budget Lines:

- **Line Item:** Enter the assigned line item. ***(Required)***
- **Original Budget:** Enter the amount budgeted for the line item. ***(Required)***
- **Expended:** If any funds have been invoiced to BPHC, list the culminated amount found on the most recently submitted Monthly Cost Reimbursement Invoice. ***(Required)***
- **Adjustment (+) or (-):** Enter the proposed change (Budgeted – Expended ± Adjustment = New Budget) (***Required)***
- **Justification:** Enter the reason for the adjustment or change of the line. ***(Required)***
- **Additional Comments:** Describe any other information that will contextualize your proposed adjustments.

Community Engagement Division/Education & Outreach
Budget Revision Request Form
Fiscal Year 2022

Agency	
Service Category	
Date of Request	
Is the Budget Revision a resubmission?	☐ Yes ☐ No

For BPHC Use Only	**Date**	**Initial**
Program Review/Approval		
Bureau Direct Approval		
Fiscal Processing		
Approval Letter Sent		

1. **Change of Position, FTE, Salary, and Titles:** Include only the adjustment, removal, or addition of employee. Complete the Budget Revision Excel Form to account for financial adjustments. **Do not include additional lines created from line-item splits in the excel document on this form. Check yes to indicate a line was split for the respective position.**

Line Split	Start	End	Position	Personnel Name	Reason for Change
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					
☐ Yes ☐ No					

2. **Changes of Other Direct Cost or Administrative Cost:** Include any budgetary adjustments.

Line Item	Current Budget	New Budget	Reason for Change

3. **Supporting Document:** Check yes for supporting documents attached with this form.

Attachment	Document Type	Comments
☐ Yes	**Offer Letter**	
☐ Yes	**Job Description**	
☐ Yes	**Resume**	
☐ Yes	**Quotes or estimates**	
☐ Yes	**Vendor Description**	
☐ Yes	**Payroll Forms**	
☐ Yes	**HHS Negotiated Rate**	
☐ Yes	**Other:** __________________	
☐ Yes	**Other:** __________________	
☐ Yes	**Other:** __________________	
☐ Yes	**Other:** __________________	

4. **Signatures:** Sign this document by completing the section below.

Name of Authorized Representative	
Title	
Email	
Signature	

For BPHC use only:

Sr. Program Coordinator Review Comments	
Bureau Director Review Comments	
Fiscal Review Comments	

Sample Budget Revision

Boston Public Health Commission
Community Based Prevention
FY 2022
July 1, 2021- June 30, 2022
(Agency Name)
Education & Outreach

EXAMPLE

Budget Revision Request

Direct Cost	Personnel	Salary	FTE	Mos	Annual	Change	New Salary	New FTE	New Mos	New Annual
Program Coordinator	Jones	$35,000	0.75	12	$26,250	($19,688)	$35,000	0.75	3	$6,563
	Valdez					$22,313	$35,000	0.85	9	$22,313
Program Coordinator	Davis	$32,000	1.00	12	$32,000	($2,560)	$32,000	0.92	12	$29,440
Peer Leader	Brown	$25,000	0.25	12	$6,250	$0	$25,000	0.25	12	$6,250
	SUBTOTAL		2.00		$64,500	**SUBTOTAL**		2.77		$64,565
	FRINGE		29.30%		$18,899	**FRINGE**		29.30%		$18,918
	PERSONNEL TOTAL				$83,399	**PERSONNEL TOTAL**				$83,483
Other Direct Cost										
Office Supplies					$1,000	($84)				$916
Educational Supplies					$200	$0				$200
Food					$500	$0				$500
	SUBTOTAL				$1,700	**SUBTOTAL**				$1,616
	DIRECT COST TOTAL				$85,099	**DIRECT COST TOTAL**				$85,099
HHS Indirect Approved Rate			**69.50%**		**Annual**					
BPHC Community Based Prevention Indirect Cap			12%		$10,212	$0		12.00%		$10,212
	INDIRECT SUBTOTAL				$10,212	**INDIRECT SUBTOTAL**				$10,212
	DIRECT COST TOTAL				$85,099	$0				$85,099
	INDIRECT COST TOTAL (12% Cap)				$10,212	$0				$10,212
	E&O SERVICE AWARD TOTAL				**$95,310**	$0				**$95,310**

In this example, Program Coordinator Jones has left the agency after 3 months on the E&O contract. Program Coordinator Valdez has replaced Jones for the remaining 9 months of the fiscal year. The agency has decided to raise the new Program Coordinator's FTE from .75 to .85 on the contract. In order to cover the additional dollars, the agency had to reduce Program Coordinator Davis's FTE from 1.0 to .92 and remove $84 dollars from their Office Supplies line to put into the new Program Coordinator's line. The agency's original budget is reflected in the first six columns. Items and staff names may be added if new staff has been hired. For example, a new line has been inserted to reflect the hiring of Program coordinator Valdez.

Following are terms related to budget revisions. "Change" is the difference between the Annual and the New Annual (Change = New Annual – 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, personnel action form). "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 the grant 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 based on monthly invoices submitted to date.

Sample Budget Justification

CITY OF BOSTON
INFECTIOUS DISEASE BUREAU
FY 2022
JULY 1, 2021 – JUNE 30, 2022
Community Based Prevention
Agency Name

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.

Sample Invoice with Admin Cost

BPHC City Funding

Monthly Invoice

Agency Name:	**ENTER AGENCY NAME HERE**
Pay To:	**WRITE COMPLETE AGENCY NAME**
Address:	**ENTER AGENCY ADDRESS HERE**
Bill To:	Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118
Funded Service:	**EDUCATION & OUTREACH**
Activity#:	**6226007**
BPHC PO#	**Enter new PO#**

INFECTIOUS DISEASE BUREAU USE ONLY *APPROVED FOR PAYMENT*	
Date:	

Funding Source:	**City of Boston**
Program:	**Community Based Prevention**

Invoice Submission Date:	**Enter submission Date**
Billing Period:	**Enter Billing Period**
Invoice #:	**EO(MONTH)FY22**

PERSONNEL	*FTE*	*Budget (A)*	*Amount this Invoice (B)*	*Cumulative Billing (C)*	*Remaining Balance (D)*
Program Director	*0.00*	*$0*	*$0*	*$0*	*$0*
Health Educator	*0.00*	*$0*	*$0*	*$0*	*$0*
Public Health Navigator	*0.00*	*$0*	*$0*	*$0*	*$0*
		$0	*$0*	*$0*	*$0*
Sub-total	*0.00*	*$0*	*$0*	*$0*	*$0*
Fringe	*30.00%*	*$0*	*$0*	*$0*	*$0*
Personnel Totals		***$0***	*$0*	*$0*	*$0*
OTHER DIRECT COST					
Local Travel		*$0*	*$0*	*$0*	*$0*
Educational Supplies		*$0*	*$0*	*$0*	*$0*
Office Supplies		*$0*	*$0*	*$0*	*$0*
		$0	*$0*	*$0*	*$0*
Sub-total		*$0*	*$0*	*$0*	*$0*
DIRECT COST TOTAL		*$0*	*$0*	*$0*	*$0*
ADMINISTRATIVE COST (BPHC Cap 12%)					
Program Director	*0.00*	*$0*	*$0*	*$0*	*$0*
Fringe	*0%*	*$0*	*$0*	*$0*	*$0*
ADMINISTRATIVE COST TOTAL	*12.0%*	*$0*	*$0*	*$0*	*$0*
TOTALS EXPENSE		***$0***	*$0*	*$0*	*$0*

Invoice Amount ***$0***

I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.

Prepared by:	*Authorized by:*
Contact Name:	**Name:**
Phone:	**Title:**
Email:	**Signature (blue ink):**

Sample Invoice with Indirect Rate Cost

BPHC City Funding

Monthly Invoice

Subrecipient Name:	ENTER AGENCY NAME HERE	INFECTIOUS DISEASE BUREAU USE ONLY APPROVED FOR PAYMENT	
Pay To: **Address:**	WRITE COMPLETE AGENCY NAME ENTER AGENCY ADDRESS HERE	Date:	
Bill To:	Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118	Funding Source: Program:	City of Boston Community Based Prevention
		Invoice Submission Date:	Enter submission Date
Part A Service:	EDUCATION & OUTREACH	Billing Period:	Enter Billing Period
Activity#:	6226007	Invoice #:	EO(MONTH)FY22
BPHC PO#	Enter new PO#		

PERSONNEL	FTE	Budget (A)	Amount this Invoice (B)	Cumulative Billing (C)	Remaining Balance (D)
Program Director	0.00	$0	$0	$0	$0
Health Educator	0.00	$0	$0	$0	$0
Public Health Navigator	0.00	$0	$0	$0	$0
		$0	$0	$0	$0
Sub-total	0.00	$0	$0	$0	$0
Fringe	30.00%	$0	$0	$0	$0
Personnel Totals		**$0**	$0	$0	$0
OTHER DIRECT COST					
Local Travel		$0	$0	$0	$0
Educational Supplies		$0	$0	$0	$0
Office Supplies		$0	$0	$0	$0
		$0	$0	$0	$0
Sub-total		$0	$0	$0	$0
DIRECT COST TOTAL		$0	$0	$0	$0
HHS INDIRECT APPROVED RATE	0.0%				
BPHC Indirect Rate Cap	12.0%	$0	$0	$0	$0
HHS INDIRECT APPROVED RATE COST TOTAL (12% Cap)		$0	$0	$0	$0
TOTALS EXPENSE		**$0**	$0	$0	$0

Invoice Amount ***$0***

I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.

Prepared by:	*Authorized by:*
Contact Name:	Name:
Phone:	Title:
Email:	Signature (blue ink):

Section

3

BPHC Administrative Information

Staff Contact List – FY 2022

Administrative Contacts

Dr. Sarimer Sanchez	Director, ID Bureau	SSanchez@bphc.org
Regis Jean-Marie	Bureau Administrator, ID Bureau	RJeanmarie@bphc.org

Program Contacts

Greg M. Lanza	Sr. Program Coordinator	GLanza@bphc.org

Fiscal Contacts

Frantzsou Balthazar-Toussaint	Fiscal Manager	FBalthazar@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) 534-5905

Website:
www.bphc.org

Section

4

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 facts 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/HIV

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 Field Epidemiologists, 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/eid

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.

Kaiser Family Foundation
www.kff.org

Kff.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.