

**Colorado STI/HIV Prevention Initiatives
Monthly Progress Report Form**

(Agency Name)	(Program Name)

(Service Month/Year)	(Date Submitted)	(Person(s) Completing Report)

(Do not enter Evaluation Web data here)

Primary Activity # 1: The Contractor shall establish a network of providers within or near the catchment area available to offer medical, behavioral and prevention services to individuals at risk for HIV.
(Complete this section from July 1, 2014 through December 31, 2014)

Deliverables for Primary Activity #1 (this is just a **reminder** - please check your contract for a **complete** list of deliverables.)

- ✓ Has your Network Coordinator been identified by August 1st or has changed?
- ✓ Has a network associate been identified for each of the required categories by September 30th?
- ✓ Is the Network Associate meeting calendar up to date? Have meeting minutes been submitted?
- ✓ Will client referral and data sharing protocols be complete by December 31st?
- ✓ Have copies of all Network Associate MOUs been submitted to CDPHE by December 31st?

1. Who is the network coordinator for your agency?

2. List all Network Associates and the current status of the MOU negotiations?

Network Provider/Associate (add rows as needed)	Provider/Associate type*	MOU/MOA Update- Provide an update of the status.	Date MOU sent to CDPHE CM

* Provider type- MH = mental health; SU = Substance Use Treatment ; Prev = Prevention Agency ; Med = Medical provider

3. Include or update the six-month Network Associate meeting schedule. Include location and time of the meetings.
If a meeting was held this month include a copy of the meeting minutes.
4. Provide an update on “client referral and data sharing protocols” development including challenges.

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5. Include or update the six-month Advisory Council meeting schedule.
6. What assistance can CDPHE provide your agency to assist with the network development?
7. Please provide additional narrative to identify and clarify work performed on this activity this month or any information regarding future planning for this activity.

Primary Activity # 2: The Contractor shall schedule and host a minimum of three (3) meetings between January 1, 2015 and June 30, 2015 to develop continuous quality improvement (CQI) protocols that focused on the improvement of network functionality and referral processes. CDPHE will provide indicators the network will use to develop protocols.

(Complete this section from January 1, 2015 through June 30, 2015.)

Deliverables for Primary Activity #2 (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Have any network associates changed or added for any of the required categories?
- ✓ Have copies of all Network Associate MOUs been submitted to CDPHE?
- ✓ Is the Network Associate meeting calendar up to date? Have meeting minutes been submitted?
- ✓ Are the Network Associates working on continuous quality improvement (CQI) protocols that will be in place by June 30, 2015?

1. What is the current status of your agency's provider network?
(Beginning Jan 1, 2015 cut and paste table of providers here and update as necessary)
2. Include or update the six-month Network Associate meeting schedule.
If a meeting was held include a copy of the meeting minutes.
3. Describe your agency's successes and challenges making and accepting referrals from Network Associates.

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4. Please provide an update on the “continuous quality improvement (CQI)” protocol development including challenges. Explain how the principles of “Act, Plan, Do, Study” are included in this process?
Has your agency received indicators from CDPHE for use with this process?

5. What assistance can CDPHE provide your agency to assist with improving the network?

6. Please provide additional narrative to identify and clarify work performed on this activity this month or any information regarding future planning for this activity.

Primary Activity #3: Update <The Contractor shall deliver evidenced-based STI, HIV and/or HCV risk reduction intervention with fidelity to.....>

Deliverables for Primary Activity #3 (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Has your curriculum been submitted and approved by September 30th?
- ✓ Has your plan for Quality Assurance been submitted & implemented by September 30th?
- ✓ Have you submitted the implementation plan for Mental Health and Substance Abuse screening by July 31st?
- ✓ Have you developed any new marketing materials that need approval?
- ✓ Is the intervention calendar up to date?
- ✓ Is all the related data entered in Evaluation Web within 10 days of the session?

< Name the intervention here >

1. Describe network referrals, outreach activities, recruiting, and marketing completed this month specifically for this intervention.
2. Include or update the Six-month intervention schedule.
Identify facilitation staff and session(s) to be covered on the schedule.
3. Were any scheduled sessions canceled changed or added to the planned schedule?

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If so, when and how were registered clients notified? Were any additional intervention sessions needed?

4. Has your agency had any change in staffing that affects this intervention?
Does your agency have any staff training needs?
5. <remove if no subcontractors> Have your agency supervisors completed any staff/sub-contractor observations this month?
Please give details or send a copy of the observation report.
6. Include an Evaluation Web printout to identify clients that have attended/graduated this intervention.
Please explain any Evaluation Web and/or data entry concerns.
Only information from Evaluation Web will be considered when evaluating progress for this intervention. Do not duplicate Evaluation Web data on this monthly report.

<If there are more intervention activities copy the above questions here to get information for each intervention.>

Primary Activity XX: The Contractor shall deliver HIV <delete if not conducting> and HCV> risk reduction intervention with fidelity to <_____>.

Deliverables for Primary Activity XX (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Has your CTR Quality Assurance Plan (including rapid testing protocols) been submitted & implemented by September 30th?
- ✓ Have you developed any new marketing materials that need approval?
- ✓ Is the testing calendar up to date?
- ✓ Is all the related data entered in Evaluation Web (including MISBIRT screening results) within 10 days of the session?

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1. Describe network referrals, outreach activities, recruiting, and marketing completed this month specifically for testing.
2. Include or update the Six-month testing schedule.
Identify testing staff, places and times on the schedule.
3. What staffing changes have occurred that affects testing?
What training does your staff need regarding testing?
4. **<remove if no subcontractors>** Have your agency supervisors completed any staff/sub-contractor observations this month?
Please give details or send a copy of the observation report.
5. Include an Evaluation Web printout to identify the number of people tested.
Please explain any Evaluation Web and/or data entry concerns.
Only information from Evaluation Web will be considered when evaluating progress for this intervention. Do not duplicate Evaluation Web data on this monthly report.

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6. Please fill out this table

Counseling, Testing & Referral Service Tracking

	1	1a	2	2a	3	4	5
	Total Number of Individuals Tested	Total Number of Individuals Tested and Informed of Status	Total Number of Individuals Identified as HIV Positive and Informed of Status	Total Number of Individuals Identified as HIV Positive, Informed of Status And Referred into Care	Total Number of Individuals Identified as HIV Positive and NOT Informed of Status	Total Number of Individuals Identified as HIV Negative and Informed of Status	Total Number of Individuals Identified as HIV Negative and NOT Informed of Status
Prior FYTD Total							
Present Month Total							
Cumulative Total							
**** This table is to be completed only by programs that have an HIV Testing Component							

Primary Activity #4: The Contractor shall develop a written plan for distribution of risk reduction materials (RRM) to effectively reach individuals considered to have a high risk of HIV infection or through venues located in areas of high sexually transmitted infection (STI)/ HIV epidemiological significance.

Deliverables for Primary Activity #4 (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Is the risk reduction material distribution plan still current?
- ✓ Is all the related data entered in Evaluation Web?

1. Enter the date you submitted your quarterly plan

	July – Sept 2014	Oct – Dec 2014	Jan – March 2015	April – June 2015
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	Due by July 31	Due by July 31	Due by July 31	Due by April 30
Date of Quarterly RR Material Dist. Plan Submission				

2. What changes have been made to the approved plan this month?
3. What Risk Reduction Materials did you order from CDPHE this month?
4. Include an Evaluation Web printout to identify the zip codes where risk reduction materials have been distributed. Only information from Evaluation Web will be considered when evaluating the minimum requirements for this intervention. Do not duplicate Evaluation Web data on this monthly report.

Please add additional narrative to identify and clarify work performed on this activity this month or any information regarding future planning for this activity.

Budget/ Invoice

1. With the exception of staff cost, provide a brief description of all purchases made this month. Identify the primary activity each purchase is associated with. If a purchase is not identified in your approved budget you will need prior approval from your Contract monitor before incurring the cost.

Quarterly Deliverables Progress

*****If the minimum number of expected monthly and/or quarterly deliverables are not met, a written resolution plan to address the each deficiency and reach quarterly goals must be completed below until the deficiency is resolved.***

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Contract Quarterly Goals	A	B	C	D
	First quarter goal	Second quarter goal	Third quarter goal	Four quarter goal
List intervention(s)				
Testing				
Condom goals by quarter here.				

Proposed Resolution Plan:

Resolution Plan Progress update:

Resolution Plan Outcome: