**Maine Department of Health and Human Services**

**COVID-19 Community Based COVID-19 Prevention Response and Vaccine Equity Program**

**Reporting Instructions**

**Updated April 13, 2022**

**Summary of Changes for January - December 2022 Program Reports:**

* Added specific questions related to testing and vaccination work in 2022, while questions about social supports that duplicate information already part of the referral process were reduced.
* Removed questions that led to duplicate information or that were not clear enough or did not add value to our reporting at the Federal level.
* Organizations will receive an automatic email response with the completed report for their records instead of having to manually request the report from DHHS.
* To prevent data-quality issues, organizations cannot edit responses after submitting the report. If a correction is needed, please email [CDC-OPHE-Support@maine.gov](mailto:CDC-OPHE-Support@maine.gov)
* **We have added a section that defines terms used in this document.**

**Reporting Timelines for Community Care:**

* January- March 2022, Due April 30th
* April 2022, Due May 15th
* May 2022, Due June 15th
* June 2022, Due July 15th
* July 2022, Due August 15th
* August 2022, Due September 15th
* September 2022, Due October 15th
* October 2022, Due November 15th
* November 2022, Due December 15th
* December 2022, Due January 15, 2023

**Reporting Timelines for Vaccine Equity:**

* January- March 2022, Due April 30th
* April 2022, Due May 15th
* May 2022, Due June 15th
* June 2022, Due July 15th

**Reporting Process Summary:**

* Organizations submit ONE program report per month for BOTH contracts (Community Care - social support and/or testing, and Vaccine equity).
* Organizations include sub-recipients and fiscally sponsored organizations in their report (the report is for the entire contract).
* This word document is provided for organizations that wish to share the information internally before submitting to DHHS and to use as a working document.
* Each organization will receive an email link on the 1st of every month to complete the report. Only one person can receive this email, but it can be shared within the organization. Only one person should submit the report. To change who receives the email for your organization, email [CDC-OPHE-Support@maine.gov](mailto:CDC-OPHE-Support@maine.gov).

**Definition of Terms Used in Monthly Reporting**

* **Event Organizer –** Organization/Agency or group of agencies that organized, promoted, supported and were present at a testing or vaccine event.
* **Vaccination Event or Pop-Up Clinic** – A vaccination event organized by agencies or community-based organizations with vaccine providers present to administer COVID-19 vaccines.
* **Coaching (COVID-19 Testing)** – Guiding individuals to self-administer rapid antigen tests.
* **Testing Event or Pop-up Clinic** - A testing event organized by community-based organizations where individuals are coached to self-administer COVID-19 tests.
* **Testing Educational events** - On-line or in-person events organized by community-based organizations to promote and educate community members about COVID-19 testing.
* **Vaccine Educational events** – On-line or in-person events event organized by community-based organizations to promote and educate community members about COVID-19 Vaccinations.
* **Virtually coached Testing** – This applies to organizations who are coaching community members to self-administer COVID-19 tests using an on-line platform such as zoom, facetime, WhatsApp video, etc.
* **Home Kit Distribution** – The mailing and distribution of COVID-19 Home Kits to community members and clients. This includes ordering, purchase or access to Home Kits COVID-19 home kits through the Federal program, The Rockefeller Foundation initiative, retail outlets, FQHCs and other means.

**Required Questions in Blue/ Optional Questions in Green**

**Section 1: Outreach & Education Activities**

Instructions: Please provide the approximate number of community members to whom you provided information about testing, isolation, quarantine, vaccination, and/or COVID-19 education during the reporting period (either in-person, virtually, or through events).

* If you did not provide education/outreach with any community members this month, please enter ‘0’ for each item.
* If you provided education/outreach about both community care and vaccine topics, you should duplicate the counts for those questions.

1. Required/Community Care – Number of Educational Events – Number of educational about Covid-19 that you organized. This includes virtual and/or in-person events. [Number only]
2. Required – Describe Educational Materials- Please tell us about educational materials developed and/ or translated including documents, flyers, videos, social media post, etc.. How were they distributed? (Note: topic may be vaccine, testing and/or general COVID-19 prevention). [Free text, No word limit].
3. Required - Number of People Provided Information via Education Event or Outreach- Number of people provided information at an educational event or direct one-on-one outreach about COVID-19 testing, vaccination, isolation, and or/quarantine (For example, in-person conversation or zoom.) (Not including social media or adverting) [Number only]

**Section 2: COVID-19 Testing Activities**

Instructions: Please provide the approximate number of community members whom you directly coached to self-administer COVID-19 tests, during the reporting month(s).

* Please do not include education/outreach in this section.
* If you did not work with any community members to coach testing this month, please enter ‘0’

1. Required – Number of Tests- Direct Encounters – Number of Covid-tests where community members were engaged through direct encounters and were coached on-site by your organization to administer a COVID-19 test (in-person) [Number only]
2. Required – Number of Tests- Virtual Encounters- Number of COVID-19 tests that you virtually coached a client to self-perform, for example, over Facetime, Zoom, WhatsApp. [Number only]
3. Required - Number of COVID-19 tests Mailed/Distributed- Number of COVID-19 tests mailed or distributed to community members (this includes purchase/distribution or access to free kits. [Number only]
4. Required – Number of Events w/Test Coaching- Number of testing events in which your organization provided on-site COVID-19 test coaching to individuals. [Number only]

**Section 3: COVID-19 Vaccine Activities**

Instructions: Please provide the number of community members that you directly assisted in receiving a COVID-19 vaccine.

* For this section, we are referring to community members who RECEIVED a COVID-19 vaccination in the reporting month(s) through an event that you organized.
* If you collaborated on an event with another organization, you should both report on the event numbers (it is OK that they are duplicated).
* If you did not work with any community members to receive a COVID-19 vaccine this month, please enter '0'.

1. Required – Number of Events w/ Vaccines Available- Number of events that you organized where COVID-19 vaccines were available. [Number only]
2. Required – Number of Vaccines Administered at All Events- Number of total vaccines doses administered for all vaccine events you organized. [Number only]
3. Required – Number of People Supported to Receive Vaccine- Non- Event- Number of community members that you supported receiving a vaccine OUTSIDE of the events listed ( for example: helping to schedule an appointment, providing transportation, etc..)

**Section 4: Community Care Referrals**

Instructions: Please provide the number of referrals that you received and accepted from DHHS during this month, including any referrals that your organization submitted. Each referral with a unique referral number should only be counted one time (do not include “duplicates”).

* If you have provided services to a community member that did not have a referral, you must submit the referral to DHHS now (\*select the referral date to be the month that support was given) before completing this report.

1. Required – Total number of referrals received and accepted this month (includes social supports, testing, vaccination, events): [Numbers only]

**Section 5: Program Impact**

Instructions: Please share with us what impact the program(s) had in your community this past month. Suggested word count: 150-300 words.

1. Required - What has gone well? What accomplishments are you most proud of? [Free Text, No Word Limit]
2. Required – What have you learned this month? [Free Text, No Word Limit]
3. Optional – Other thoughts about impact? [Free Text, No Word Limit]

**Section 6: Conclusion**

1. Optional - What technical assistance would your organization like to have in the future? [Free Text, No Word Limit]
2. Optional - Did members of your organization attend any meetings with Maine DHHS this month? If so, do you have any feedback that you would like to share with us? [Free Text, No Word Limit]
3. Optional - Additional comments/notes that you want to share with DHHS regarding this report: [Free Text, No Word Limit]