A Proposal to
Burroughs Wellcome, Co.
Made By
The Early Advocacy & Care for HIV Program (EACH)
&
AIDS Indigent Direct Services (A.I.D.S.)

PROPOSAL ABSTRACT

This proposal is a collaborative effort between two organizations that serve two distinct and difficult to reach HIV infected populations — gay men of color and indigent people , most of whom have substance abuse issues. Together, EACH and A.I.D.S. utilize a unique and successful strategy of intervention in order to reach their target populations. This strategy utilizes professional peers to act as Treatment Advocates for the target population. These Treatment Advocates are specially trained in all HIV treatment strategies and are able to assist clients in developing a treatment plan appropriate for their medical, emotional, psychosocial and practical needs. These plans are culturally competent and supportive, in a non-judgemental way, of clients' lifestyles and present economic and social circumstances. The overall goal of the program is to make accessible HIV early intervention opportunities that would otherwise not be available or accessed due to systemic problems of health care access and utilization. EACH and A.I.D.S. are asking for a total of $50,000 to be used to augment funding for two (2), 50% time Treatment Advocates and to augment and increase existing cooperative Treatment Advocate training.

INTRODUCTION — THE NEED

Presently, in San Francisco, there are approximately 19,000 people who are HIV positive, at least 3,000 of whom have diagnosed AIDS and an equal or larger number of people who are suffering from symptomatic HIV infection (1989). According to a study done by the *San Francisco Chronicle* and SF Department of Public Health (1989), it was determined that at least one third of all people living with diagnosed AIDS in SF were indigent and at-risk of becoming homeless, if not already homeless. This survey also determined that most of these people were living in the Tenderloin district. Extrapolating these figures, we can estimate that a minimum of 6,300 HIV positive people are at risk of becoming homeless if not already homeless. Furthermore, it is estimated that at least 42% of those testing HIV positive are people of color. The conclusion to be drawn from these statistics is an obvious but alarming one — as the numbers of symptomatic persons with HIV increases, the numbers of gay and bisexual men of color and indigent people needing access to early intervention treatment will increase

It is well documented through-out the United States that gay men of color and "hard-to-reach" indigent people are presently the populations most at-risk for HIV infection and suffer from lack of access to and utilization of early intervention and treatment. Thus, these populations continue to move faster than the general population through the HIV disease spectrum to symptomatic HIV infection (ARC) and to full-blown AIDS. A tragic cycle is

created by the large number of seropositive men and women who have minimal access to primary care, testing and counseling until they become seriously ill. Valuable information on treatment options and the advantages of early intervention are almost non-existent for the target population of this proposal. Racism, sexism, and homophobia exist as barriers, as seropositive gay men of color and indigent people experience isolation within the gay, people of color and mainstream communities, and will not readily seek out information and direct services. Furthermore, substance abuse, limited resources, inadequate housing and other problems often exist, creating barriers to accessing mainstream services.

An important need in stemming the fatal course of HIV is providing effective, culturally competent advocacy interventions. For indigent uninsured and underserved populations, this means providing on-site, face-to-face treatment strategy consultation and case management services that assist and guide an individual through the complex maze of living with HIV. These services would complement behavioral and psychosocial support interventions focused on modifying risky behavior, and integrating an affirmative attitude which supports individual action towards well-being—"taking charge of one's health." More importantly, it begins to build a context for preventative health maintenance that often does not exist for indigent people.

TARGET POPULATION DESCRIPTIONS—

Gay & Bisexual Men of Color

Gay men of color are presently one of the populations most at-risk for HIV infection and have perhaps the greatest suffering from lack of access and utilization of early intervention and treatment. Thus, this population will continue to move faster through the HIV spectrum to full blown AIDS and ARC than the general population. Gay men of color also experience shorter periods of living with an HIV diagnosis than the general population. A vicious cycle is created by the large number of seropositive men who do not seek primary care, testing and counseling until they become seriously ill.

A dilemma exists among people of color and gay men of color in particular — beyond the provision of HIV testing and counseling, needed early intervention follow-up services are not readily available, nor accessible. This problem stems from the uneven development of HIV prevention services to various populations and the lack of coordination of available services with various community based efforts. Just as HIV prevention efforts to gay men of color have lagged behind efforts reaching the mainstream gay community, valuable information on treatment options and the advantages of early intervention targeting gay men of color are almost non-existent. Racism and homophobia exist as blocks, as seropositive gay men of color often experience isolation within the gay and people of color communities, and will not readily seek out information and direct services.

Indigent People in the Tenderloin

Because indigent people do not have adequate means of support or have only limited resources, the level of care which they receive to manage HIV infection is often

substandard. This problem is further compounded by the fact that many indigent people have histories of substance abuse, homelessness, mental illness and other problems and issues which further undermine their ability to achieve financial stability and gain access to needed services.

Indigent people, while ethnically and racially diverse have one thing in common — poverty. Poverty, compounded by any number of the other chronic problems listed above, has a measurable effect upon service access. This effect is both cultural and geographic. Culturally, indigent people experience extreme degrees of classism when trying to access maintsream services. Indigent people often do not look or behave in ways that are acceptable to many professional service providers. This discrepancy in value creates a chasm of judgement that separates indigent people from the services they need. The effect of classism on service delivery is further compounded by racism and cultural insensitivity.

Geographically, indigent people are often separated by distance from available services. Distance creates two specific barriers: 1) Indigent people often do not have the capacity or money to travel to other locations outside of their neighborhoods; and, 2) Indigent people will not travel outside of their neighborhoods because of a fear of being treated poorly or unfairly by strangers in a strange neighborhood. It is a documented fact that poverty, as well as illness, reduce the scope and size of the world in which people feel safe to move and travel.

ORGANIZATION DESCRIPTIONS —

Early Advocacy & Care for HIV (EACH)

EACH is a program of **The Gay Men of Color Consortium (GMOC)**, founded in 1988 in order to view and address the problems and needs of people of color with HIV. All its member organizations are community-based service providers and currently operate in San Francisco. They include:

- American Indian AIDS Institute (AIAI)
- Bay Area HIV Support and Education Services (BAHSES).
- Community United In Response to AIDS/SIDA (CURAS)
- Gay Asian Pacific Alliance Community HIV Project (GCHP)
- National Task Force on AIDS Prevention (NTFAP)

EACH was started in 1990 with a grant from SFDPH in order to develop and implement a creative strategy to deliver culturally competent early intervention treatment information to gay and bisexual men of color. The strategy developed was one that relied upon specially trained peer counselors from different ethnic/racial groups called Treatment Advocates. To date, this program strategy has proven to be highly successful and is a model of early intervention service delivery being replicated by other programs throughout San Francisco and the country.

The EACH Program also relies upon culturally focused special events used to promote early HIV testing and follow-up care in order to address the effect of HIV in the various communities.

Recently, EACH was awarded federal Ryan White C.A.R.E. funding in collaboration with Project Inform to augment its programs and provide a Treatment Advocate for women.

The EACH Program serves gay and bisexual men of color including: African Americans, Asian & Pacific Islanders and Native Americans. The EACH Program will begin serving Latinos and underserved gay white men in May of 1991.

AIDS Indigent Direct Services (A.I.D.S.)

As a registered nurse working with Westside Mental Health, Michael Freeman-McGuire, A.I.D.S.'s founder, recognized early on that indigent people with HIV disease did not receive the medical, early intervention, nursing, practical or emotional care they needed to help them manage their HIV infection. He saw many many people slipping through the cracks in the social services system, not getting plugged into those services that were available because those services were not sensitive to the diverse and varied special needs of indigent people — nor were these services on-site, located in the neighborhoods and hotels in which indigent people live.

Being a Black man, Mr. Freeman-McGuire was especially concerned about the disproportionate number of people of color who were sick and dying without any services available to alleviate the symptoms of their disease and slow its course. Mr. Freeman-McGuire was more than concerned — he was angry. Without a second thought, he turned his anger into action and loaded the trunk of his car with supplies and started to park outside of the Ambassador Hotel, a residence hotel in the Tenderloin with a high per capita number of HIV infected people.

After six months of delivering what services he could out of the trunk of his car during his free time, Mr. Freeman-McGuire gathered together various individuals including health care providers, nurses, doctors, health educators and other concerned individuals to volunteer their time to deliver desperately needed direct services using a small room in the Ambassador Hotel. This group of people comprised the beginnings of AIDS Indigent Direct Services. The agency provides a full spectrum of direct services that include: Early intervention treatment advocacy, nurse case management, housing referral, attendant care, emotional and practical support, individual and group counseling, HIV prevention education and substance abuse counseling.

A.I.D.S. is a U.S. Conference of Mayors demonstration pilot project providing a spectrum of services that includes HIV early intervention treatment advocacy using a registered nurse and ancillary mental health services to begin to address the often accompanying mental health issues with which clients struggle. A.I.D.S. was recently awarded federal Ryan White C.A.R.E. funds in order to provide transitional housing and nurse case management services to its HIV infected clients.

Generally, client demographics are estimated to be:

Gender	**Sexual Orientation**	**Ethnicity**
80% men	60% homo/bisexual	31% African American
20% women	20% heterosexual	14% Latino
	20% transgender	40% white
		10% American Indian
		5% Asian/Pacific Islander

At least 50% percent of the clients are active substance abuser, most of whom are injection drug users (IDU's).

PROPOSED PROGRAMS

Program Goal: To provide early intervention education and HIV treatment advocacy to underserved populations of HIV infected San Francisco residents including: 1) Latino men who have sex with men; 2) Indigent Tenderloin residents including specifically: Women, injection drug users, gay and bisexual men of all colors, transvestites and transsexuals.

Both the EACH Program and A.I.D.S. are proposing to continue their Treatment Advocacy Programs using a grant from Burroughs Wellcome. EACH's Treatment Advocacy Program currently has one full time African American, one full time American Indian, one full time Asian/Pacific Islander, one full time gay white male and one half time Latino Treatment Advocate. A.I.D.S. currently has one half time Registered Nurse/Treatment Advocate, funding for which expires in August of 1991. The EACH Program is asking for funding to increase their half time Latino Treatment Advocate to full time. A.I.D.S. is asking for funding to continue their half-time Treatment Advocate for another 12 months. Both programs will also use resources from this funding to augment their series of Treatment Advocacy trainings in order to be able to increase their capacity to disseminate vitally need early intervention information.

As mentioned earlier, the Treatment Advocate methodology used by both programs is one that is extremely innovative. It is based on a peer counseling model that presumes that information is transmitted most effectively, resulting in real and measurable behavior change, by specially trained peers. In this case, the peers are ethnic/racial specific gay or bisexual men of color for the EACH Program and an African American woman who is in recovery from substance abuse for A.I.D.S.

The Treatment Advocate Trainings component of the program augment training already received by the Treatment Advocates, helping them to become even more skilled in providing counseling, developing treatment plans and disseminating often complex information. This component will also produce additional materials and/or events to be used by the Treatment Advocates in disseminating information to clients.

Need to work up New Budget

PROJECT BUDGET

AIDS INDIGENT DIRECT SERVICES and EARLY ADVOCACY & CARE FOR HIV
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SALARY	% FTE	Salary	REQUEST
Program Director (EACH)	0.10 FTE	$40,000	$4,000
Program Director (A.I.D.S.)	0.10 FTE	$40,000	$4,000
Treatment Advocate (EACH)	0.50 FTE	$26,000	$13,000
Treatment Advocate (A.I.D.S.)	0.50 FTE	$26,000	$13,000
	FTE		$0
	FTE		$0
Subtotal Salaries			**$34,000**
Benefits	0.25 %		$8,500
SUBTOTAL PERSONNEL			**$42,500**

OPERATING	
Rent (EACH)	$2,500
Rent (A.I.D.S.)	$2,500
Phone (EACH)	$250
Phone (A.I.D.S.)	$250
Printing/Reproduction	$1,500
Supplies	$500
SUBTOTAL	**$7,500**

TOTAL BUDGET **$50,000**

ACTIVITIES — SCOPE OF WORK

This proposal is a request for ~~***$50,000***~~ $45,000. The money will be applied towards each agency's program to achieve the following objectives:

Objective #1: ***Community Workshops:*** *Within the program period, Treatment Advocates will conduct 6 community workshops on HIV early intervention treatment information to members of the targeted populations.*

Objective #2: ***Individual Counseling*** *Within the program period, Treatment Advocates will complete at least 1000 individual client encounters with seropositive clients.*

Objective #3: ***Treatment Plans:*** *Within the program period, Treatment Advocates will complete at least 200 treatment plans with seropositive clients.*

Objective #4 ***Case Management:*** *Within the program period, Treatment Advocates will provide on-going early intervention case management to at least 100 people*

EVALUATION OF OUTCOME

The success of these objectives will be measured by:

1) Timely completion of all program objectives;
2) Behavior change including adoption of some facet of the treatment plans by clients as reported in Evaluation Assessment Forms;
3) Increased client access to early intervention treatments and medical follow-up as reported in follow-up questionnaires;

CONCLUSION

Both EACH and ~~A.I.D.S.~~ are emerging, grass roots, people of color organizations that were formed by members of their respective communities in response to a clear and measurable gap in services and access to services. These organizations are both committed to action — action that will save the valuable and irreplaceable lives of their clients. It is in this commitment to action that the integrity of these programs can be found. Despite lack of significant funding and fundraising potential, these two organizations continue to serve literally hundreds of people who would otherwise not be served. But there are hundreds more that will continue to go unserved unless funding is received to continue and increase staffing. Now, in the 1990's *it is possible to live with HIV*, to live long, health and productively. But the tools to do so must reach those who most need them. It is this task that EACH and ~~A.I.D.S.~~ are committed.