City and County of San Francisco **Department of Public Health**

Reggie — FYI!
PM

March 10, 1992

Randy Miller
GMOC/EACH
944 Market St., #210
San Francisco, CA 94109-4010

Dear Mr. Miller:

This letter confirms the date and time for the recently scheduled AIDS Office monitoring site visit at your agency.

Program to be monitored: Early Intervention

Date: March 17, 1992

Time: 8:00 a.m. -12:00 p.m.

AIDS Office Program Managers: Russ Zellers

Team Members: Russ Zellers Judith Weld

Dave White Ernest Andrews

If you have any questions on the monitoring visit, please contact your AIDS Office Program Manager.

Sincerely,

Sophia W. Chang

Sophia Chang, MD, MPH
Branch Chief, Health Services

cc: Reggie Williams

encl

021392new

AIDS OFFICE
25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102 - 6033
415 - 554-9000
FAX 415 - 431-7547

City and County of San Francisco

Department of Public Health

November 15, 1991

Roggie Williams
National Task Force on AIDS Prevention
of NABWMT
631 O'Farrell Street
San Francisco, CA 94109

Dear Reggie,

Per our discussion this afternoon I am forwarding the complete monitoring report for your review. There is one outstanding item: a deadline for completing a comprehensive organizational chart. I propose we edit the report to state that you will submit one by January 31, 1992, which is consistent with other deadlines set, and would be useful for renewing your CARE contract.

I appreciate your immediate response to this report. As I stated over the phone, we need a written response by Monday morning at 10:00 a.m. You could certainly fax a copy and then mail the original.

If you agree with each of the administrative section's recommendations and will comply by the date indicated you may offer a general response to that effect. The program report, however, needs your specific responses to each recommendation. In particular we would appreciate an update on your progress for those recommendations.

Your written response will be attached to the report when it is presented to the Health Commission. The monitoring report will remain confidential until it is presented to the Health Commission.

Please call me if you have any questions. I appreciate your prompt review and response.

Sincerely,

Judith

Judith Weld
Operations

cc: Maria Lemus, Operations
Russ Zellers, Health Services

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SFDPH/AIDS OFFICE
CONTRACTOR'S ANNUAL MONITORING REPORT
REVIEW YEAR 1990-91

CONTRACT AGENCY/PROGRAM: National Association of Black & White Men Together/National Task Force on AIDS Prevention/Early Advocacy and Care for HIV/Gay Men of Color Consortium
CONTRACT PERIOD: 6/5/90 - 6/30/91 SITE ADDRESS: 625 O'Farrell St. and 631 O'Farrell Street, San Francisco
SITE VISIT (date): 5/29/91 AGENCY REPRESENTATIVES INTERVIEWED: Wendell Carmichael, Reggie Williams, Jaime Geaga
MONITORING TEAM: Russ Zellers, James Loyce, Kandyce Collins, Carmen Vasquez, Judith Weld CONTRACT NUMBER(S): 83-00306 and 83-90313
AO BRANCH: Health Services
AO BRANCH CHIEF: Sophia Chang, MD AO PROGRAM MGR: Russ Zellers

I. ADMINISTRATION

A. Governing Body:

The organizational structure of this contractor is complex and multi-layered. In developing a clear picture of this structure the National Task Force on AIDS Prevention has engaged in many discussions with the AIDS Office. One focus of these discussions has been to clarify the use of contracting language in both legally correct and programmatically accurate ways. This report reflects the content of these extensive discussions.

The National Association of Black and White Men Together (NABWMT) is a national organization with chapters in various localities around the country. The National Task Force on AIDS Prevention (NTFAP) is a project (or wholly owned subsidiary) of NABWMT, and the Task Force operates both locally and nationally. In effect, NABWMT is the fiscal agent (or contractor of record) for this contract with NTFAP for service provided through the EACH program. NTFAP acts as the local administrative contact for the fiscal agent (NABWMT).

In the case of this contract the service provider is actually the EACH program. The EACH program is governed by a management team representing the Gay Men of Color Consortium, of which NTFAP is a member. Each Consortium member has one vote on the Management team. The relationships between these various entities are defined in Memorandums of Understanding. These MOU's also show the relationship between Consortium members and the NABWMT Board of Directors as the governing body of the Consortium's lead/fiscal agent for this contract.

The NABWMT does not set program policy or govern program operation directly. The administrative section of this report, however, focuses primarily on the NABWMT and the NTFAP, since the report is reviewing the overall administrative systems of the contractor of record.

The NABWMT Board of Directors is representative of the service target population. The 17 member Board of Directors is composed entirely of gay men, 55% of whom are men of color.

In the past year, the governing body (i.e. the NABWMT Board of Directors) has changed slightly, in that the Project Management Committee was dissolved, and a Grants Oversight Committee was formed to ensure closer review of all grant applications. The Executive Director of NTFAP, who manages this contract along with the EACH Project Coordinator, is supervised by the Grants Oversight/Personnel Committee of the NABWMT Board.

The Personnel Policy of NABWMT further details the structure of management and accountability for these various organizations and projects.

*Recommendations:

The Personnel Policy should be updated to include the changes in the NABWMT Board structure and the changes in personnel titles. The AIDS Office recommends that this be completed by January 31, 1992.

The management relationship between NABWMT, NTFAP and the EACH program is complex and often confusing. While discussions conducted during this monitoring process have substantially clarified this structure, the AIDS Office encourages the contractor to continue to clarify it in all relevant documentation. For example, appropriate and consistently used contracting language will create greater clarity.

The AIDS Office also recommends that the contractor develop a comprehensive organizational chart which spells out the relationships between NTFAP and all its projects, including both EACH and BAHSES. This chart should include staff names and affiliations, and advisory boards or committees with names and affiliations. The AIDS Office recommends that this documentation be developed for the AIDS Office program manager as part of contract development. By 1/31/92

B. Personnel:

The Personnel Policies and Procedures will undergo a formal review process in June of 1991. Review of existing policies confirmed a comprehensive Personnel Policies and Procedures manual. Each new employee is given a copy of the Policies upon hire and they are reviewed by the employee with his or her new supervisor.

The staff of the EACH project reflect the demographics of the target population to be served. All staff members are gay/bisexual males and are people of color.

*Recommendations:

Please see the recommendation in Section A regarding revision of the Personnel Policy where it documents management structure and accountability.

A complete copy of the revised Personnel Policy should be provided to the AIDS Office by January 31, 1992.

C. Fiscal Management:

The NABWMT uses a modified accrual based accounting system, on the recommendation of their accountant. Expenses are, on an accrual basis, posted to the actual month of expenditure. Cash receipts are recorded on a cash basis, in the month when the payment was received. Year-end financial statements do include accrued revenue, such as payments which are due for contracted services but which have not yet been received in that fiscal year.

The Accounting Policies and Procedures document provided to the AIDS Office serves as a good basic fiscal management policy for the NTFAP. However, due to the changes in the Board structure and the position titles used by NTFAP, and the complex nature of the organization, this document is in need of revision. It also lacks the level of detail necessary to reflect fiscal agent, subcontractual and collaborative effort relationships. After discussions with NTFAP, the AIDS Office understands that:

1) The NABWMT's chief fiscal officer is the Board Treasurer. The National Task Force's chief fiscal officer is its Operations Manager.

2) The accountant for NTFAP is Mark Bowman, an independent contractor located in Washington, D.C., the former location of Task Force headquarters.

3) NABWMT undergoes an annual audit at the close of each fiscal year on September 30th. Since August 1988 this audit has been performed by Buck, Allmond & Co., located in Washington, D.C.

*Recommendations:

The AIDS Office requests that the NABWMT/NTFAP revise the fiscal management policy so that it more clearly explains the structure of fiscal authority at all levels, and clearly distinguishes NABWMT Board responsibilities, accountant responsibilities, NTFAP administrative staff responsibilities, and program staff responsibilities particularly in fiscal agent, subcontractual, or collaborative effort relationships. The revised fiscal management policy should be submitted to the AIDS Office by January 31, 1992.

Secondarily, the AIDS Office suggests that NABWMT/NTFAP consider separating the Accounting Policies and Procedures

document into a) fiscal management policy; and b) a detailed and expanded accounting manual. This manual should specify the actual tasks and procedures involved in day to day fiscal management undertaken by NTFAP and the independently contracted accountant. The AIDS Office requests that this suggestion be discussed and reviewed at the time of the next annual monitoring visit.

D. Accounting:

It is the understanding of the AIDS Office that all bookkeeping and accounting procedures, as well as financial reporting, are performed by the independent accountant located in Washington, D.C. However, NTFAP staff have daily responsibility for expenditure approval, processing of invoices to the accountant, and oversight of the financial status as reported by the accountant. Checks are cut by the accountant in Washington, but are reviewed and signed by NTFAP staff in San Francisco. This arrangement began when the NTFAP had offices in Washington, D.C., and has continued because of the accountant's satisfactory performance.

The major change in accounting policies and procedures in the past year has been the setup of separate program cost centers or departments. A separate accounting department is maintained for each individual service contract. All income and expenses are now tracked by and posted to the individual department (there are currently six departments and two more are in development). Program Directors are in training to assume responsibility for expense authorization and financial management of their respective programs.
Each individual department has its budget which corresponds to its contract budget and any additional anticipated receipts. These budgets are developed by the respective Program Director. Any modifications to department budgets are authorized by the Executive Director and the Operations Manager of NTFAP and, where applicable, by the funding/contracting agency.

The National Task Force accounting system maintains a project budget with clear separation of cost center and line items that correspond to the contract budget. There is a separation of restricted funding sources, with each contract or grant being posted to a separate account. Unrestricted income is posted to the General Fund.

There are reporting mechanisms which indicate the relation of the budget to actual income and expenses. The accountant prepares a financial report monthly for each program and/or contract. Each report shows the cumulative expenses compared with the budget for the program or contract.

The EACH program utilizes vouchers or "reimbursment requests" which transmit invoices and expenditure approval from the program director to the NTFAP Operations Manager, either en masse or individually. The "reimbursement request" form has pre-printed chart of account numbers and identifies the specific funding source to be charged.

*Recommendation:

The AIDS Office recommends that the Accounting Policies and Procedures document be revised and amplified as described in Section C.

The AIDS Office has expressed some concern to NTFAP that there are no copies of the books or check register available in the San Francisco office. During discussions in late October, NTFAP indicated that it shares this concern and is exploring various remedies. While NTFAP wishes to retain the services of its independent accountant, they may try to establish computer access to the books. A second possibility would be to do minimal duplicate bookkeeping in San Francisco. The AIDS Office requests an update on this issue from the NTFAP by January 31, 1991. The AIDS Office recommends that this issue be fully resolved by the time of the next annual monitoring site visit.

E. Fundraising:

The National Task Force currently is not conducting any fundraising efforts other than grants. Unsolicited individual contributions account for less than 1% of annual receipts. The overall annual budget is about 50% from federal sources and 50% from local sources, including the SFDPH AIDS Office.

At the time of the site visit, the EACH program had not received non-AIDS Office funds. As of 10/3/91 the EACH program had received a large corporate donation. The NTFAP receives a major share of its funding from the Centers for Disease Control. This grant will unfortunately be cut by 43% in 1992. As a result, NTFAP may engage in substantial new fundraising efforts in order to supplement the remaining grant funds.

The twelve month budget showing line items by funding source was not provided. However, NTFAP did submit a 7 month Expense Report by Funding Source which could easily be amended to meet the request for an organizational budget.

*Recommendations:

The AIDS Office requests that the NTFAP/NABWMT provide the budget in the format requested by January 31, 1992. The AIDS Office will provide any assistance needed in order to comply with this recommendation.

F. Fiscal Records Examination

The monitoring team was unable to examine supporting documentation for any particular expense related to this contract because original transaction documentation was located in Washington, D.C. The AIDS Office did examine a sample transmittal of invoices to the contracted accountant.

*Recommendations:

In order to comply with Department of Public Health contracting requirements the NABWMT will have to assure that sufficient fiscal records (especially copies of original transaction documents and ledgers) are maintained in San Francisco. This can be done either by computer access to the accountant's ledgers and minor paper documentation, or by duplicate manual or computerized bookkeeping in the San Francisco Office. The AIDS Office requests an update from NTFAP on this situation by January 31, 1992. Please see Section D for more information.

(UPDATE 11/12/91 - Subsequent to discussions with NTFAP, the AIDS Office feels satisfied that the contracted accountant is providing appropriate bookkeeping and financial reporting services. The AIDS Office is primarily looking for more accessible documentation in order to facilitate both the monitoring process and for NTFAP to have more daily contact with the bookkeeping as its sources of revenue diversify and become more complex. NTFAP's new Operations Manager is researching the possible approaches mentioned above. The AIDS Office is confident that NTFAP will continue to pursue this recommendation and provide an update by the deadline stated.)

II. CONTRACT PROGRAM COMPLIANCE and SERVICE INFORMATION

A. Contract Summary: The Early Advocacy and Care for HIV (E.A.C.H.) project is operated under contract with the National Association of Black and White Men Together. The project is managed by the Gay Men of Color Consortium. This service is funded for the period 6/5/90 - 6/30/91 in the amount of $57,500 plus $32,500 in start-up funds. This program is to provide one-on-one advocacy and service coordination. Treatment planning and advocacy consultations with clients are intended to provide access to other services and to assist the clients' decision making processes by providing information and allowing each client to make informed decisions regarding treatment. Contractor is targeted to provide 600 client contacts.

B. Client Target Population: HIV seropositive American Indian, African American, Asian/Pacific Islander gay and bisexual men in San Francisco. As an early intervention program, the population served is primarily asymptomatic individuals.

Although not specified in the contract, the E.A.C.H. Program Treatment Advocates are actively involved in outreach and case finding efforts. They have developed relationships with Health Center #2, St. Anthony's Clinic, South of Market Health Center, Mission Neighborhood Health Center, Ambassador Hotel, and AIDS Indigent Direct Services. Outreach is conducted to reach youth on Polk Street and recovering substance users at 12-step meeting sites. Advocates also provide a valuable service by accompanying clients to medical or other intake appointments if required. There is no waiting list for services. Through Federal C.A.R.E. funds, contractor has recently expanded targeted communities to include Latinos and indigent White gay and bisexual men. Contractor is serving 97% men and 88% People of Color (45% African-American, 31% Asian/P.I. (mostly Filipino), 6% Native American, 5% Latino, and 1% Other). A number of clients lost contact with the E.A.C.H. program following a major fire and relocation of the project offices during the start-up period of the contract.

*Recommendations:

(1) Contractor is encouraged to develop strong outreach and/or referral linkages with the S.F. homeless shelters and immigrant and refugee rights service organizations which serve a significant number of undocumented clients.

(2) A formal analysis of client length of stay in the program should be conducted by program staff, including the major reasons for individuals breaking contact with the program.

C. Program Management & Staff: As of April 30, 1991, contractor had provided 423 units of service, 88% of target for this point in time. Staff training and supervision, including regular case conferences and file reviews, appears to be effective. Staff received 260 hours of start-up orientation and training and a monthly in-service training program is in place. There has been very little staff turnover since the beginning of the program; one staff member left to take another position with one of the Consortium agencies. Languages spoken by staff include

Tagalog and Spanish. Written protocols, client information and educational materials, client records, forms and other data collection instruments, have been developed and appear to be utilized appropriately. Individual Treatment Advocates each have a separate area of expertise (including alternative treatments, housing, substance abuse) which serves as a resource for the other Advocates. The Program Coordinator sees "high risk" clients (e.g., severe substance abuse) who need assistance beyond the skill level of the Treatment Advocates. The program overall appears to be well planned and implemented, functioning well following a disruptive fire and relocation.

The program is strongly linked to the Gay Men of Color Consortium agencies: American Indian AIDS Institute, Gay Asian/Pacific Alliance Community HIV Project, National Association of Black and White Men Together, Community United in Response to AIDS/SIDA, and Bay Area HIV Support and Education Services. These agencies provide the program with client referrals, community input into the program, support groups and other services for clients, and expertise on cultural issues.

Critical problems reported by the Program Coordinator include insufficient staffing (somewhat alleviated with the addition of C.A.R.E. funds) and space, and an absence of housing resources, HIV experienced physicians from communities of color, and residential substance abuse services for clients. Program staff also note that there are few alternatives for asymptomatic clients who wish to access alternative treatments to Western medicine.

A comprehensive program evaluation, involving the member organizations which constitute the Gay Men of Color Consortium, is scheduled for completion at the end of the contract. The program also utilizes individual client satisfaction surveys with clients.

*<u>Recommendations:</u>

(1) Staff training in human sexuality should be completed by October 31, 1991. Carmen Vasquez from the D.P.H. is available to assist with this in-service training.

(2) The Gay Men of Color Consortium, the management group for this program, currently meets only once per month. It is recommended that the Consortium meet more frequently in order to more actively provide oversight to the program.

(3) Written materials are not submitted to the AIDS Office in a timely and thorough manner. Quarterly reports should be carefully reviewed and edited by the Program Coordinator and co-directors or management group prior to timely submission to the AIDS Office.

(4) The N.T.F.A.P. should submit a summary of results from client satisfaction questionnaires by September 15, 1991. The summary should include a copy of the instrument, the written evaluation procedure, number of clients surveyed, and time period for the report.

D. Relationship with other Programs & Agencies: The E.A.C.H. program reports good working relationships with other agencies. The program has a close working relationship with the collaborating agencies of the Gay Men of Color Consortium. A M.O.U. has been developed between the E.A.C.H. program and Mission Neighborhood Health Center. The E.A.C.H. Program has been involved in the training of other program staff including Project Inform, Shanti Project, and the Community Research Alliance. The E.A.C.H. program reports a close working relationship with Operation Concern for mental health referrals and consultations.

*Recommendations:

(1) Contractor is encouraged to continue cooperative efforts, especially with CARE funded and Early Intervention Resource Center providers.

E. Community Relations: The program utilizes community workshops, cross-cultural forums, advertising campaigns, and networking with other agencies involved in HIV/AIDS treatment and advocacy for informing the public about its services. Current client educational materials are in English but the program is actively involved with the S.F.A.F. in the development of "Positive News" (published in 4 languages) and will also be developing materials in Tagalog and Spanish with Federal C.A.R.E. monies. Advertising campaign materials are of high quality and have been effective, as reported by agency.

*Recommendations:

(1) Contractor is encouraged to continue outreach efforts. Contractor should also note that services are expanding with CARE funds which will require separate tracking of services for reporting purposes.

F. Quality Assurance: Staff have not been trained to date in universal precaution procedures. There has never been a client medical emergency but the agency maintains confidential files with the name of the client's physician.

A needs assessment is conducted at intake and a Treatment Plan is collaboratively developed for each client by the Advocate and client. The plan is reviewed by the Project Coordinator and updated as needed and related progress notes are maintained on each client. Cases are reviewed during case conferences meetings held twice monthly.

*Recommendations:

(1) Schedule staff training on universal precaution procedures by October 31, 1991.

G. Other: Contractor is commended for making a smooth transition from one location to another with minimum disruption in the delivering services to clients following a major fire.

*Recommendations: None

II. CONTRACT PROGRAM COMPLIANCE and SERVICE INFORMATION

A. Contract Summary: The Early Advocacy and Care for HIV (E.A.C.H.) project is operated under contract with the National Association of Black and White Men Together. The project is managed by the Gay Men of Color Consortium. This service is funded for the period 6/5/90 - 6/30/91 in the amount of $57,500 plus $32,500 in start-up funds. This program provides educational workshops and cross-cultural community forums/special events in an effort to reach HIV seropositive individuals, provide information, and direct participants into advocacy and treatment. Community workshops are small, intimate educational gatherings. Cross-cultural community forums/special events provide information related to treatment updates, treatment research information, new alternative treatments, nutrition, social services and medical benefits. A major point of entry for clients into Treatment Advocacy services is through the community workshops and special events. Contractor is targeted to serve 225 participants by providing 10 educational workshops and 3 cross-cultural community forums/special events.

B. Client Target Population: HIV seropositive American Indian, African American, Asian/Pacific Islander gay and bisexual men in San Francisco. As an early intervention program, the Population served is primarily asymptomatic individuals. This program is reaching a high number of Asian/Pacific Islander participants through community workshops (84% of participants for the period January - April, 1991). Only 16% of the clients served were African American.

Clients learn about the educational workshops and community special events in a number of different ways. Interested individuals are referred by Treatment Advocates and by other agencies as well as through client-targeted flyers, bar-card type handouts/leaflets, and other outreach materials.

*Recommendations:

(1) Community workshops appear to be underserving the African-American community. It is recommended that workshops be developed which focus on this community and that outreach to this community be strengthened.

C. Program Management & Staff: As of May 29, 1991, contractor had provided six (6) workshops serving 232 participants and three (3) forums serving 2,932 participants, much higher than the targeted number for this point in time. Examples of community workshops include house parties and hosted "get togethers" and peer support group meetings. Examples of cross-cultural special events include presentations at the American Indian Health Conference, AIDS Fair, and at several gay bars.

Staffing for this cost center are the same as individuals who provide treatment advocacy services. Staff received 260 hours of start-up orientation and training and an monthly in-service training program is in place. There has been very little staff turnover since the beginning of the program; one staff member left to take another position with one of the Consortium agencies. Volunteers appear to be actively involved in the program. Volunteers are providing client outreach, clerical support, and technical assistance to the program.

The program is strongly linked to the Gay Men of Color Consortium agencies: American Indian AIDS Institute, Gay Asian/Pacific Alliance Community HIV Project, National Association of Black and White Men Together, Community United in Response to AIDS/SIDA, and Bay Area HIV Support and Education Services. These agencies provide the program with client referrals, community input into the program, support groups and other services for clients, and expertise on cultural issues.

The E.A.C.H. program is moving toward integrating a clinical trials support and information exchange for gay men of color into a workshop format. The plan involves development of a forum for clients to express experiences and exchange information with other men of color involved in the clinical trials process.

A comprehensive program evaluation, involving the member organizations which constitute the Gay Men of Color Consortium, is scheduled for completion at the end of the contract. A written evaluation form is provided to workshop and forum/special event participants.

*Recommendations:
(1) The N.T.F.A.P. should submit a summary of results from participant satisfaction questionnaires by September 15, 1991. This report should include a copy of the instrument, the written evaluation procedure, number of clients surveyed, and time period for the report.

(2) Future estimates for units of service for this cost center should be much higher.

[SEE RECOMMENDATIONS UNDER "INDIVIDUAL TREATMENT ADVOCACY."]

D. Relationship with other Programs & Agencies: The E.A.C.H. program reports good working relationships with other agencies. The program has a close working relations with the collaborating agencies of the Gay Men of Color Consortium. The E.A.C.H. program also utilizes its relationships with AIDS educational organizations to increase staff knowledge regarding treatment issues and for educational presentations. Some of these agencies include Project Inform, Treatment Issues Committee, and the San Francisco AIDS Foundation.

*Recommendations: None

E. Community Relations: The program utilizes advertising campaigns, Consortium agencies, the Individual Treatment Advocacy program, and networking with other agencies involved in HIV/AIDS treatment and advocacy for informing the public about its services.

*Recommendations: None

F. Quality Assurance: N/A

*Recommendations: None

G. Other: None

*Recommendations: None