

Interoffice Memorandum

21 November 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *Mitchell*

Donation from the Castro Lions Club

I spoke last night at the Castro Lions Club, and they made a \$50 donation to the CPC. A thank you letter will follow.

The sense that I get from the Steering Committee is that large donations are to go to the AIDS Health Project and smaller ones to the National Task Force on AIDS Prevention. I will be forwarding the check to the NTFAP unless I hear otherwise.

I learned that the Castro Lions Club has approximately \$6,000 in unencumbered funds to donate to community organizations. I would like to submit a request for \$1,000 to supplement the holdings of the CPC Resource Library. If you feel the request should be made for something else, please let me know.

The address of the Castro Lions Club is 584 Castro Street, No. 200, San Francisco, CA 94114.

Thank you.

STEERING COMMITTEE

- I. Opening Statements
- II. Wall Decorations at the CPC
- III. Response to Valerie Dorr
- IV. Castro Lions Club Grant
- V. Department of Social Services - Out Stationing Staff at CPC
- VI. CPC Invitation to Mayor-Elect Frank Jordan
- VII. Policies and Procedures
- VIII. Other Items
- IX. Adjournment

MEMORANDUM

18 April, 1992

To: Steering  Committee, Management Committee, Staff

From: Erik 

Site Usage Data

Attached are charts showing site usage monthly summaries by day and by hour for February, March, and April to date.

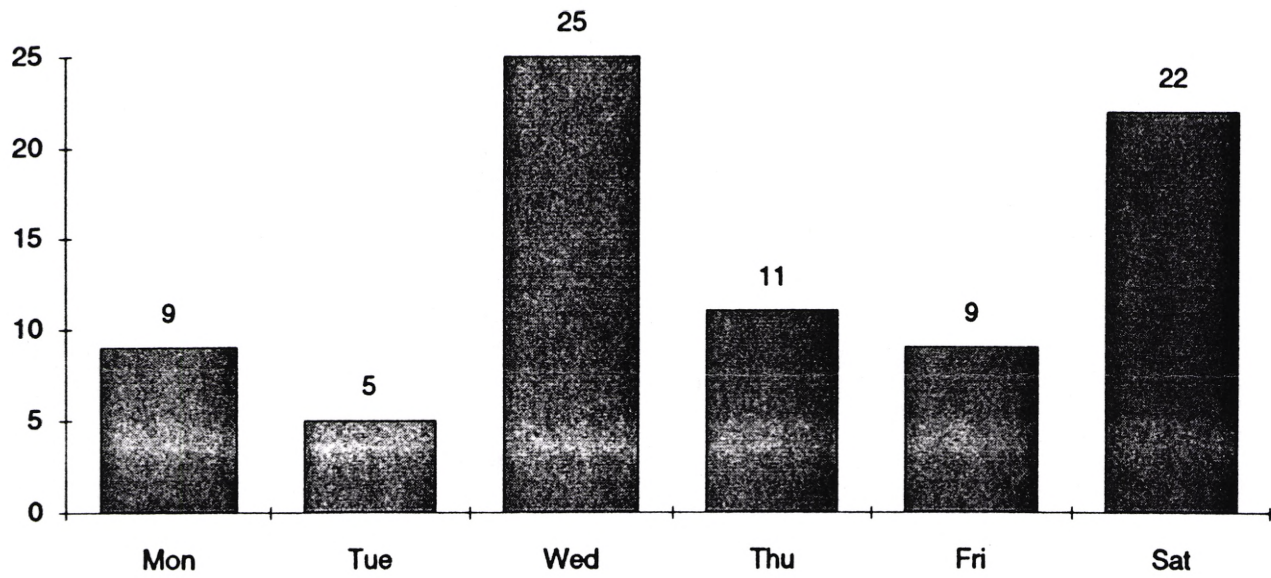
The numbers should speak for themselves. Thought you might like this data to help on the decision as to changing site hours.

Additional information:

Client intakes per month:

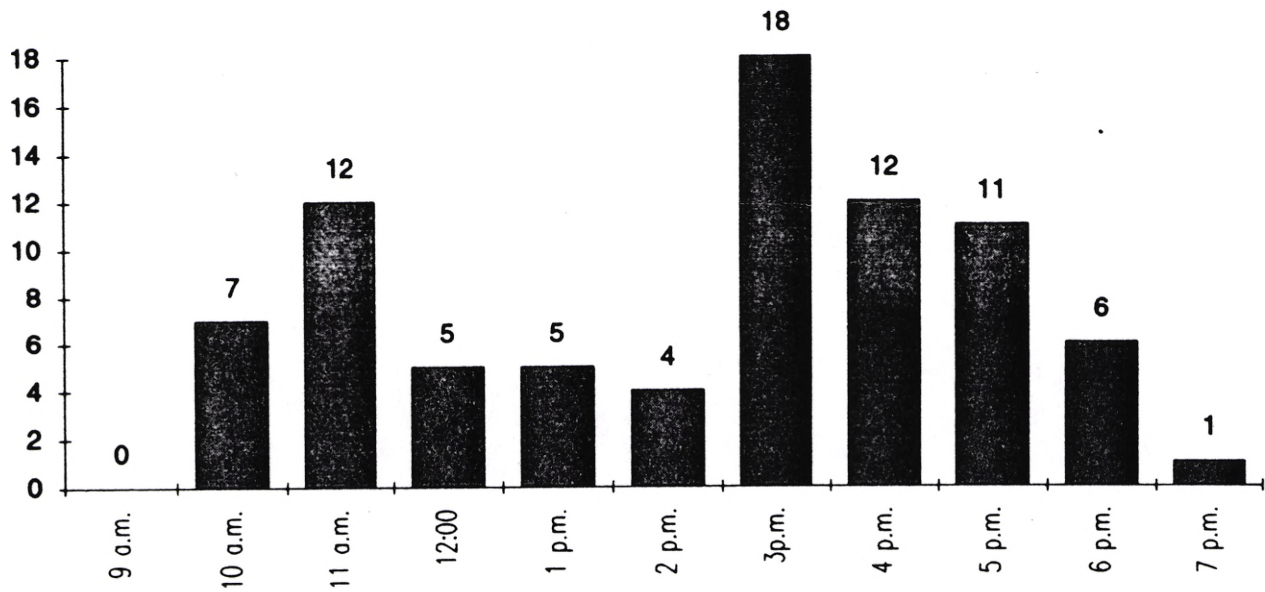
Jan 92	39
Feb 92	46
March 92	58
April 92	(not available)

Totals by Day March 1992



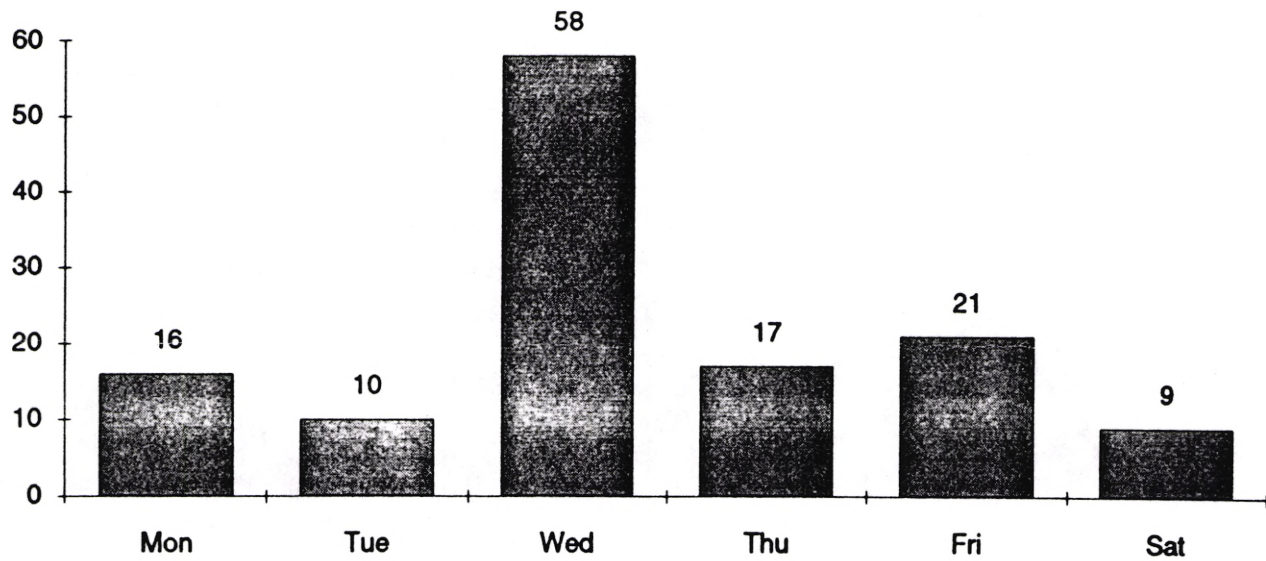
Total March Appointments = 81

Totals by Hour March 1992



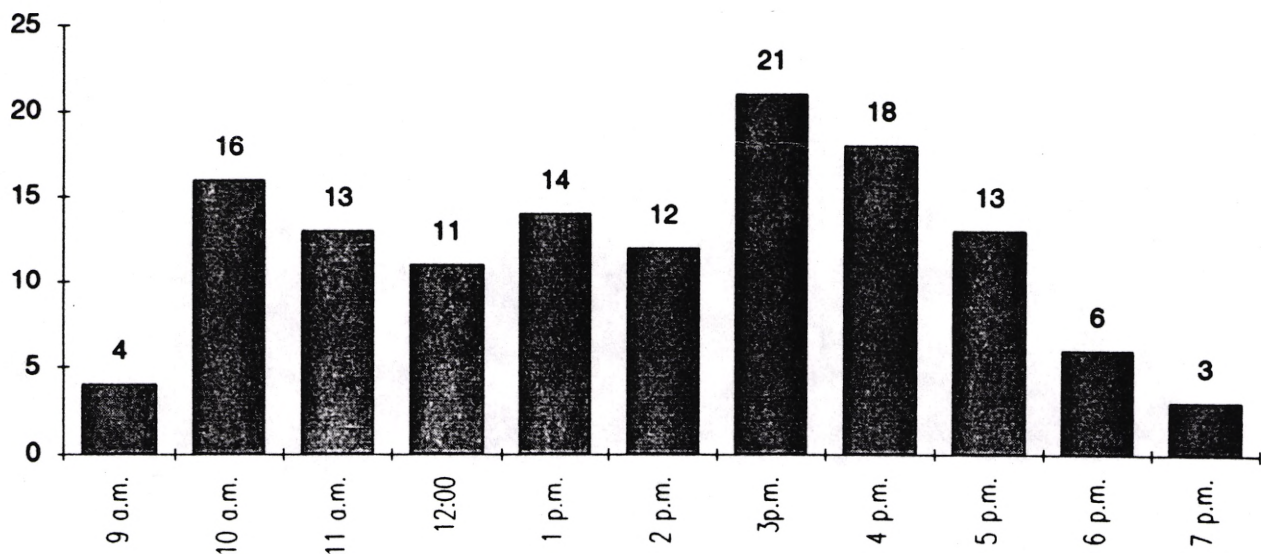
Total March Appointments = 81

Totals by Day February 1992



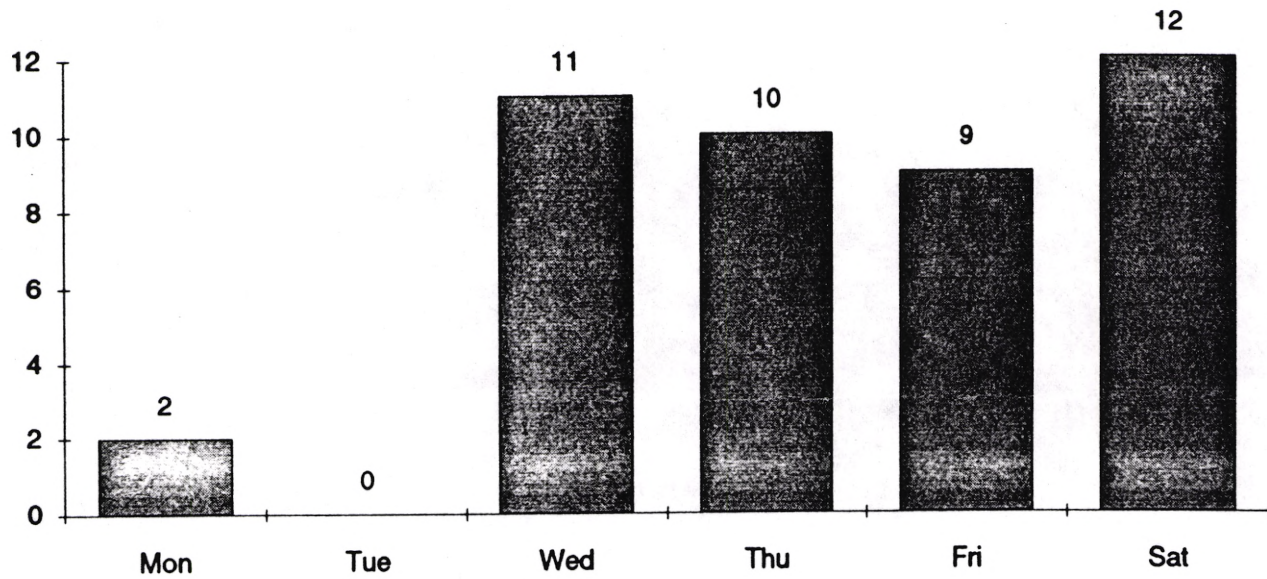
Total February Appointments = 131

Totals by Hour February 1992



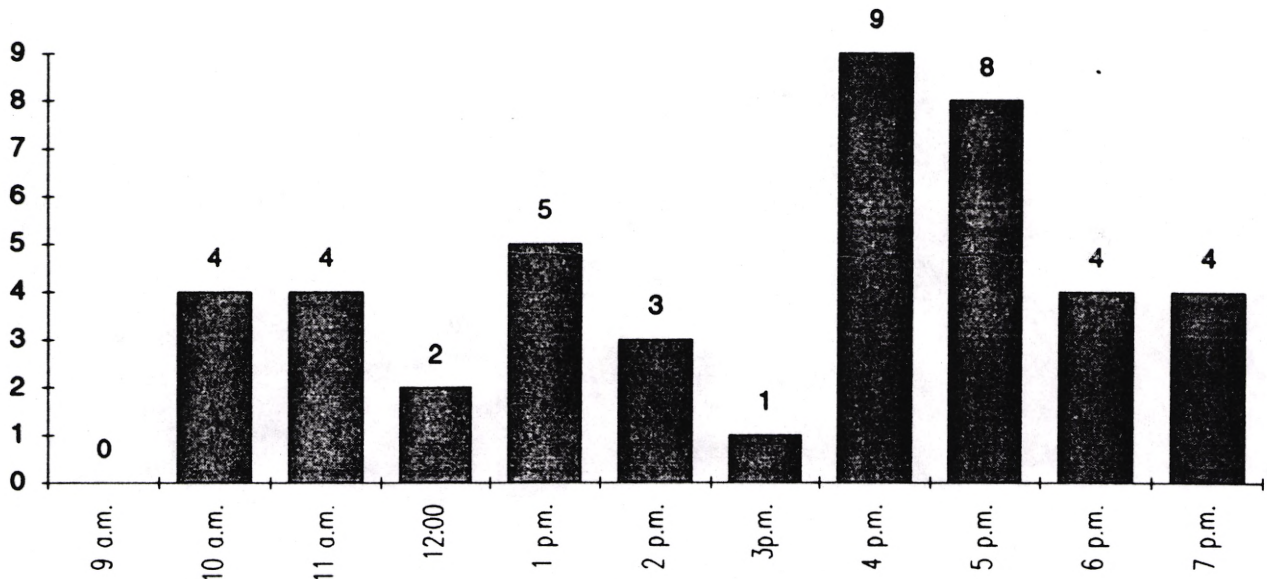
Total February Appointments = 131

Totals by Day April 1992 (through 4/18)



Total April Appointments = 44 (through 4/18)

Totals by Hour April 1992 (through 4/18)



Total April Appointments = 44 (through 4/18)

January 31, 1992

MEMORANDUM

TO: Steering Committee

FROM: Mike Mitchell

Job duties for Site Manager:

- Contact with Community Based Organizations in S.F. which offer services to persons with HIV
- Identify person with supervisory authority over case managers
- Attend all AIDS Office advisory board meetings
- Attend community activities which involve HIV
- Develop MOUs with CBO's to refer clients to CPC
- Media campaign for the CPC
- Continue monthly contact with collaborating agencies at the CPC - monthly meeting with E.D.s, supervising case manager, and their staff at the CPC
- Chair monthly Provider Meetings
- Attend Steering Committee Meetings
- Be CPC contact with Community Advisory Board - work with CAB co-chairs
- Work with staff to develop out-reach plans for their particular programs
- Chair weekly staff meetings
- Chair weekly Operations Team Meeting

Site Manager's responsibilities delegated to other Operations Team members:

- Maintaining weekly bulletin board of Center activities, 1st & 3rd floor
- Development and monitoring of Provider programs at the Center
- Development and implementation of staff in-service schedule
- Monitoring autonomous programs at the CPC (ATS, group meetings)
- Responsibilities regarding service coordinators activities
- Building maintenance
- Staff attendance and hours (developing weekly work schedules, approval of leave request)
- Day-to-day supervision of staff
- Counseling and discipline of staff, except as final site arbiter
- Scheduling use of conference rooms



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

ABCAHFA.I.D.SAIDS TREATMENT NEWSAIAKCALPEPCURASKACHNITH ST ITTFA-GCHPGLIDEHAFONTFAFPHREDA AHEAD/SFYSTAFSDPH AO

Interoffice Memorandum

27 February 1992

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *mm***FAXes to Jean Harris**

I spoke with Jean Harris this afternoon, and she acknowledged receiving FAXed copies of letters that were sent to Mayor Frank Jordan's staff. She indicated that she was in the process of setting-up a meeting with the Mayor.



Center for Positive Care
An HIV Early Intervention Resource Center

FAX 415-476-3655

.....
3180 18TH Street at Folsom San Francisco, CA 94110 415-476-3644

ABCAHPAID&AIDS Treatment NewsAIAICAL-PEPCURAS&ACH18TH Street ServicesPTAg-CHPGideHA/ONTYAPPHEIDAProject AHEAD/SPY&F&SF DPH AO

CENTER FOR POSITIVE CARE
HIV Early Intervention Resource Center
Steering Committee Pacinule Cover Sheet

TO: STEERING COMMITTEE

Jim Dilley
UCSF AIDS Health Project

Gloria Lockett
California Prostitutes Education Project

Reggie Williams
National Task Force on AIDS Prevention

FROM: Michael Mitchell, Site Manager

Number of pages: _____

Additional comments:



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

ABCAMPAIDSAIDS TREATMENT NEWSAIAICAL-PEPCURASACHISTH STREET SERVICESFTFAG-CHPGLIDENAFONTFAFPHREDAPROJECT AHEAD/SPYSGFAFSG DPH AG

January 2, 1991

T. J. Anthony

Chair, Health and Human Service Transition Committee

5 Third Street, Suite 424

San Francisco, CA 94103

Dear Mr. Anthony:

On behalf of the Center for Positive Care's staff, collaborating agencies' Executive Directors, the Center's Community Advisory Board and Steering Committee, I would like to extend an invitation to Mayor-Elect Frank Jordan to visit the Center. As San Francisco's HIV Early Intervention Resource Center, it is important that the Mayor-Elect and his support staff become familiar with the Center and its operations.

A visit to the Center would provide an excellent opportunity to view the facilities, meet with the administration and with directors of participating agencies and to receive a briefing on the Center's activities and plans for the future. The Center is an important resource in San Francisco's fight against HIV/AIDS and merits inclusion in the Mayor-Elect's HIV policy.

Thank you for your time. We look forward to meeting with Mr. Jordan.

Very truly yours,

Michael L. Mitchell, MHA

Site Manager

Encl.

MLM:its



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

ARCAIDPAIDBADS TREATMENT NEWSAJALCAL-PEPCURASEACHISTH STREET SERVICESPTFAG-CHPGLEDEHAFONTFAPFHREDAPROJECT AHRAD/SPY6FATF DPH AO

December 19, 1991

Mayor-Elect Frank Jordan
ATTN: Brad Wilson, Appointments Secretary
c/o PBN Company
3 Embarcadero
Suite 2210
San Francisco, CA 94111

Dear Mr. Wilson:

The Center for Positive Care, San Francisco's HIV Early Intervention Resource Center, would like to extend an invitation to Mayor-Elect Frank Jordan to visit with our administration and staff and to view our facilities.

As Mayor-Elect Jordan commences the formulation of his administration's HIV policy, the Center's on-site administration, collaborating agencies' Executive Directors, Community Advisory Board and Steering Committee would welcome the opportunity to provide a tour of the Center, a briefing on its current status and our vision for the future.

The Center would welcome Mayor-Elect Jordan's visit at his earliest convenience.

Thank you.

Very truly yours,

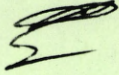
Michael L. Mitchell, MHA
Site Manager

MLM:its

MEMORANDUM

26 February, 1992

To: CPC Steering Committee

From: Erik 

Wednesday Report

Client Intakes by Month

10/91	73
11/91	48
12/91	38
1/92	26
2/92 (thru 2/24)	40

Client data for February has not been entered into the computer database. As soon as it has been entered I will produce an updated client data report. Note that our February intakes have gone up.

Compendium:

The last of the updating will be finished this week. We are looking to recruit a volunteer to do the rather tedious re-formatting and editing job. I will need a few more days to do final revisions and then off it goes to the AIDS office for the political check off.

Resource Brochure:

Sitting at the printers. We can print 1,000 with my credit at the printers. Richard McCormack is seeking some way to get the \$2400 to print 5,000 of them. Decisions must be made now. The material goes more out of date daily.

Computer On-Line Data Bases:

We have the equipment all connected and ready to go. I will complete instructions so people can actually connect to the AIDS Bulletin Board (a local service). Our membership to the National AIDS Clearinghouse Database is being processed and the materials should arrive this or next week.

Computer Network Installation:

Some cabling had to be run from the first to the third floor. This is probably being done today. After completion all we have to do is call the computer consultants and make a date to hook everything together. Figure next week for this.

Administrative items:

New scheduling forms have been implemented as have new reporting forms for Service Coordinator's attendance. I am implementing some team building and problem solving approaches to bring together the SC's as a unit. We are looking to come up with means to cover all contingencies in covering shifts at the CPC.

I have no report on staff attendance as I am using this and last week as models from which change can begin. Absences have been addressed individually.

CPC Administrative Personnel:

Irving's job duties are changing. He now reports directly to me and has begun to give 8 hours a week administrative support to the Women's Advocacy Program.

Walter is learning to use the computer and is setting up a database on the times and day clients use the center. He will also be computerizing the library's collection.

Viva leaves next week for her big adventure in the Amazon; she'll be taking a 3 week leave of absence. We are looking for either some volunteers or a temp to cover for her while she's gone. Upon her return Viva will begin to work on fund raising and developing a monthly bulletin of new resources, events, etc.

MEMORANDUM

26 February 1992

TO: STEERING COMMITTEE

FROM: MIKE MITCHELL

Agenda 2/26/92

CPC Statistics

- ✓ Department of Social Services
- ✓ MOU - Operation Concern
- ✓ Project Ahead/Special Services for Youth
- ✓ WAN - Susan Williams *- Mike to get more info*
- Outreach - 2/18 - 2/28
 - ✓ Seaton Medical Center, Mary Ann Fuller
 - ✓ DSS, Robert Berry
 - ✓ Catholic Charities, Bob Nelson
 - ✓ The Living Room - Stan Pugh
 - ✓ St. Luke's - Gena O'Neil
 - ✓ Project Inform - Tonisa Clardy
 - ✓ Metropolitan Community Church - Jim Glyer
 - ✓ Davies Medical Center - Brian Christianson
 - ✓ A.I.D.S. - Roz Leiser
 - ✓ AIDS Emergency Fund - Chris Veysey
 - ✓ St. Mary's - Kathryn Ruiz
 - SFGH Ward 86 - Peter Newman
 - FTFA - Jaime Gaega
 - ✓ Food Bank - Paul Lynch
 - SFGH General Medicine Clinic - Rosemary DePerez

Operation Concern

1853 Market Street
San Francisco, CA 94103
415/626-7000 V/TTY

MEMORANDUM OF UNDERSTANDING

February 14, 1992

Michael L. Mitchell, Site Director
Center for Positive Care
3180 - 18th Street
San Francisco, CA 94103

Dear Michael:

Our February 6th meeting was very helpful in formalizing how Operation Concern and Center for Positive Care can form a more collaborative relationship. I appreciate your coming over and meeting.

As we discussed, a coordinated effort between us seems to be a way of enhancing the services both agencies provide. In our meeting we came to a general understanding about how we can work together, as I've outlined below:

1. Operation Concern welcomes your referrals of low-income, HIV + lesbians and gay men, and especially those who are dual- and tri- diagnosed. These diagnoses can include psychiatric and substance abuse problems, as well as HIV. We will provide the clients you refer with quality mental health, substance abuse, and HIV- related services. These can be provided in individual, group, couples or family modalities and range from casemanagement, to psychiatric evaluation and monitoring, to psychotherapy. Services are culturally sensitive and can be provided in English and Spanish. The most expedient way to make a referral is for your staff or the client to contact me directly at 252-6062. I will then arrange for an intake to be scheduled with the client. We agree that, whenever possible, we will give priority to CPC referrals. If we are keeping a waiting list at the time of referral, we will move your client through the waiting list as quickly as possible. Your clients can also gain immediate access to services through our program's drop-in group. This

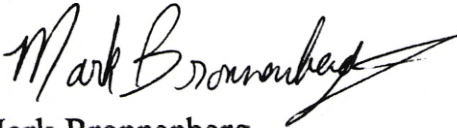
MEMORANDUM OF UNDERSTANDING
PAGE 2

group meets every Tuesday evening from 5:30 to 7:00 at Operation Concern. It is led by staff clinicians and does not require prior registration or intake. Inability to pay a fee is never a barrier to receiving these services.

2. Operation Concern will, in turn, be utilizing Center for Positive Care as a referral resource for our clients. I will continue to update our staff on your services and referral procedures. I understand that Michael Thompson will be the most appropriate contact person with whom to coordinate referrals in either direction.

Thanks again for taking the time to meet and discuss these issues. I anticipate that both OC and CPC can benefit from the coordination of our services. If you have any additions or changes you would like to make to these arrangements, please let me know. Best wishes in your work.

Sincerely,



Mark Bronnenberg
Program Coordinator
HIV Mental Health Services



Center for Positive Care
An HIV Early Intervention Resource Center

FAX 415-476-3655

.....
3180 18TH Street at Folsom San Francisco, CA 94110 415-476-3644

ABOAHPAIDS AIDS Treatment NewsAIAICAL-PEFCURAS EACTH Street ServicesTTFA-CHPGideHAFONTFAPPHREDA Project AHEAD/SPY8FAP8F DPH AO

CENTER FOR POSITIVE CARE
HIV Early Intervention Resource Center
Steering Committee Facsimile Cover Sheet

TO: STEERING COMMITTEE

Jim Dilley
UCSF AIDS Health Project

Gloria Lockett
California Prostitutes Education Project

Reggie Williams
National Task Force on AIDS Prevention

FROM: Michael Mitchell, Site Manager

Number of pages: 4

Additional comments:

NTFAP CDC Grant Application

Steve Feeback inquired whether the cost of housing NTFAP personnel at the CPC in relation to a CDC grant application could be waived. Gloria reported that CAL-PEP's current CDC grants include monies for rent.

Media

Mike reported that there is a need for media to promote the CPC.

Project Ahead/Special Programs for Youth

Mike reported that Ron Henderson had not formally informed him about the status of Project Ahead at the CPC.

Review of CPC Hours

The CPC Operations Team has recommended that the CPC hours not be changed at this time. Gloria wants to review utilization in one month.

Medical Component at the CPC

There is the need for the Steering Committee to formulate its position on a medical component at the CPC.

Gloria requested that the following items be placed on next week's agenda:

ATS, CURAS personnel at the CPC, Build-out and the CAB.

Gloria requested that the time of the Wednesday weekly Steering Committee meeting be changed from 2:00 PM to 2:30 PM due to a standing commitment that would prevent her from attending the meeting on time.



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

ABCANPAIDS AIDS TREATMENT NEWSAIAI CAL-PEP CURAS EACH 18TH STREET SERVICE RTTAC-CMPGLIDE HAFONT FAPPHRED A PROJECT AHEAD/SPY/STAF/DPH AO

Interoffice Memorandum

23 January 1992

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *Mike*

Minutes Steering Committee Meeting 1/22/92

Present: Gloria Lockett

Supervising Case Manager

The position of supervising Case Manager was discussed. The matter is being addressed at the NTFAP. Mike Mitchell reported that Michael Thompson had been recruited by Richard Daquioag and Gloria indicated that she supported Michael Thompson for the position.

Evaluation of the CPC: Clients, Staff, Providers, & CAB

Mike reported that evaluation forms of the Center had been distributed, and the results were being tabulated and returned.

Staff Turnover

Openings

Substance Use/Abuse Advocate - Haight-Ashbury Free Clinic
Service Coordinator - CAL-PEP

Mike reported that Stephen Fitzhenry had been terminated by Haight-Ashbury Free Clinic.

Since the opening of the Center, nine employees have voluntarily or involuntarily terminated their relationship with the CPC. Five of those employees are employed by CURAS.

Department of Social Services

DSS has informally agreed to out-station one of their employees at the CPC. DSS will relocate its employee at the AIDS Foundation to the CPC. The CPC will have to submit a written request to the DSS for this to happen.

MINUTES

Operations Team

16 January 1992 Meeting

- I. Lighting in workstations nearest 3RD Floor counseling rooms is being looked into.
- II. Parking - the formalities of invoicing and paying are being worked out with CAL-PEP and Plant
- III. The Providers suggested the clients and staff be asked for their evaluation on the Center. Input is being asked of all clients and staff, as well as CAB.
- IV. Denny is putting out a memo on administrative part of Case Management. He suggested that the administrative part of Supervising Case Management be handled by another person (even a volunteer or admin. person) other than the SCM.
Denny suggested a sign-in sheet for clients to identify first-time clients.
He met with first volunteer who can work with him in handling the admin. duties.
Denny's inservice will take place on 28 January on volunteer services.
- V. Queta requested a file cabinet. She was offered the credenza in storage room for now.
- VI. Need for in/out boards upstairs to determine who is in their workstations. Eddy will take care of refurbishing donated boards in storage room.
- VII. The storage room needs to be rearranged to resemble supply room. Credenzas need to be set up.
- VIII. There is a need to update the opening and closing procedures since we have moved to the 3RD Floor. Erik to draft a check-list.
- IX. Client files cabinet key - one to be kept at Queta's desk, one in Mike's desk.
The file cabinet is to be opened in the morning and locked at closing. Also, closed when there is public traffic on 3RD Floor.
- X. The I/C numbers need to be added to Staff Extension List. Ellen's number needs to be corrected. Irving to draft new list.
- XI. Downstairs buzzer is to connect to Irving's phone.
- XII. Suggestion was made to publicize Center client success stories anonymously. Paul Gausey and Richard McCormack to be pursued for press releases. Staff to be asked to render some stories.
- XIII. Suggested to have CPC Forum like the *Living with HIV Public Forum* conducted on a regular basis, perhaps even weekly. We do have the Center ORIENTATION conducted weekly. February calendar will be published and distributed shortly. Suggested the reverse side of the calendar contain small anecdotal descriptions of some Center events, especially the ORIENTATION which we would like to rename *Open Forum*.
The February calendar will also be included in AHP's February mailings.
- XIV. Ellen's job duties are being altered to concentrate on the budgetary matters and providing early intervention training to Providers. All other matters are being delegated.
- XV. Eddy is concerned about staff isolation on the 3RD Floor since we now have workstations, not an open floor. He would like to see more staff events and check-in at each staff meeting.
- XVI. The room next to the kitchen on 3RD Floor is a staff lounge. We will have couches and hold more events in it to join staff during the day.
- XVII. First service coordinator team meeting was yesterday. Teams are very important to the development of service coordinators. More experienced staff is able to share more directly with the less experienced staff.

*23 January 1992 Meeting***Problems voiced by Ops Team:**

- | | | |
|----|---------|--|
| A. | Erik - | none |
| B. | Ellen - | none |
| C. | Queta - | there are five staff members not recording client appointments with the reception desk |
| D. | Eddy- | concerned over the lack of client flow |
| E. | Irving- | voiced that January/February are slow months all around; everyone is just settling down after holiday season |
| F. | Denny- | none |

- I. Eddy reports that the client use of van has declined a considerable amount since the beginning of the year. Use is down to an average of 15 client transports per week. Concerned over client flow to the Center.
- II. Problem identified as lack of publicity/advertising. The official Brochures have arrived and distribution will begin next week to the agencies and care providers. Plan being formulated.
- III. Denny voiced that we are not receiving that many new clients. Most of the client flow at this time is repeat appointments, as opposed to walk-ins.
- IV. Erik assured that January is traditionally a slow month for ATS appointments.
- V. Next Wednesday, the Steering Committee is to decide on the most effective media approach for advertising the Center.
The general feeling amongst the Ops Team was that the monies would be best spent on newspaper ads and flyers.
- VI. Queta voiced that most clients are referrals from: 1-Swords to Plowshares, 2-Urban Health Studies, 3-SFGH Ward 86, 4-Project AWARE (in that order).
- VII. Media people from the SENTINEL will be coming into the Center at 5:30 today to do a write-up on the Center. It was expressed that this is an excellent way to do no-cost advertising.
- VII. Question was raised whether we are on-line with the AIDS networks/bulletin boards. AIDS Treatment News has not responded.
- VIII. Suggestion made that case studies/success stories are attention catching advertisers. We should ask staff for their stories and publicize these.
- IX. Mike voiced that the CAB expressed their concern over the high turnover of staff at the Center mostly in terms of the quality of service to clients being diminished. He expressed that in his meeting with Gloria yesterday, she voiced that she did not feel it was a high turnover.
- X. Mike voiced that CAL-PEP should have their replacement staff member in place by next week. Haight-Ashbury has begun the interviewing process already for their staff member.
- XI. Discussion took place concerning the need for a document shredder. The consensus or explanation for need was that the staff had expressed a need. Ripping documents by hand is not always effective for the safeguard of confidentiality.
- XII. Concern was expressed over the use of sensitive documents in recycling paper (making copies on one side used paper).
- XIII. Erik reports that Microsoft Word 2.0 and Spanish Spellchecker are here. We will wait for the conversion to the mainframe (Novell Network) for the installation of this software.
- XIV. Erik's resource brochure has been returned to him for the final editing and should be ready for distribution very soon.
- XV. For the February calendar--changes, deletions, additions should be submitted to Erik before he leaves on vacation, or to Irving after that. Erik will leave the mailing list to Irving.
- XVI. Ellen suggested a citywide forum on the CDC guidelines change to take place at the Center. A date needs to be suggested and appropriate speakers invited.
- XVII. At a meeting with Ward 86/ASAP, Ellen recognized concern over the relationship of the Center with them and their clients.

- XVIII. Weekend of 31 January, Bay Positives to hold retreat at Wildwood for youths with HIV to leave on Friday, returning Sunday. Request was made for use of the Center van. Mike expressed approval because it did not interfere with Center activities. His concern was Eddy's time and pay. Eddy to discuss with Gloria once he receives a letter from Bay Positives requesting van use including exact dates, times and number of persons.
- XIX. There may be a time next week when we will have to vacate 3RD Floor for permit visit.
- XX. Mike has spoken with practically all staff to discuss the termination process and to discuss any lingering feelings from this week's staff meeting.
- XXI. *Code of Ethics* draft produced by Mike approved by Ops Team. Will next be forwarded to Providers for input, then to Steering Committee.
- XXII. *Use of Conference Rooms* policies and procedures directed to staff following an incorrect protocol. Changes in or new policies and procedures should be drafted, routed to Ops Team, then to Providers, then to Steering Committee. Once Steering Committee approves, can be incorporated into MANUAL.
A suggestion was made that instead of distributing the extended policies and procedures to staff, it could have been communicated verbally or in shorter form. There is no need to distribute the comprehensive procedures to staff. However, we do need the comprehensive procedures in place in the MANUAL.
Suggested that a greater deal of freedom of use of rooms be conveyed to staff.
Irving voiced that this was expressed in the section on impromptu meetings, and that despite the outcry on the procedures that staff has not had a problem with asking him which room to use for meetings and to coordinate with Queta for the use of rooms.
- XXIII. Eddy voiced the need for a child car seat. He will check with Gloria.
- XXIV. Denny expressed the need to delay volunteer inservice and incorporation of volunteers into the Center. Erik stated that he needed a volunteer now to assist with cleaning up old records.
- XXV. This led to the discussion--is the Inservice Schedule really needed. Unanimous decision to do away with inservices until the Center is in full swing.
- XXVI. Need was expressed for data sheets on the clients in the Women's Advocacy Program.



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

ABC AIDS TREATMENT NEWS/ALCAL-PEPCUR/9EACH/18TH STREET SERVICES/STFA-G-CHD-CLID/HA/CONIYAP/PHKED/PROJECT AHEAD/SPY/STAF/DPH AU

Steve Feeback
National Task Force on AIDS Prevention
621 O'Farrell Street
San Francisco, CA 94109

Dear Steve,

I appreciate the hard work and dedication that you demonstrated as interim Co-chair of the Center for Positive Care's COMMUNITY ADVISORY BOARD. Your leadership facilitated defining the role of the Board and assisted in its transition from a start-up body to an active participant in the decision making process of the Center.

I look forward to continuing our work together for the future of the CPC. On behalf of the staff, the Service Providers, the Community Advisory Board and the Steering Committee, I thank you for your continuous support.

Very truly yours,

Michael L. Mitchell
Site Manager

cc: Steering Committee



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

ABOAIIPADS AIDS TREATMENT NEWSAIAICAL-PPCURARRACHINTH STREET SERVICESSTFAG-CHPOLIDEMAFONTEAPPHIREDA PROJECT AHEAD/SPY8FA68F DPH AO

Susan Williams
AIDS Benefits Counselors
217 Castro Street
San Francisco, CA 94114

Dear Susan,

I appreciate the hard work and dedication that you demonstrated as interim Co-chair of the Center for Positive Care's COMMUNITY ADVISORY BOARD. Your leadership facilitated defining the role of the Board and assisted in its transition from a start-up body to an active participant in the decision making process of the Center.

I look forward to continuing our work together for the future of the CPC. On behalf of the staff, the Service Providers, the Community Advisory Board and the Steering Committee, I thank you for your continuous support.

Very truly yours,

Michael L. Mitchell
Site Manager

cc: Steering Committee

Steering Committee Minutes**2/12/92**

Renetia Martin reported that her committee was establishing its presence at the Center and was looking at the fact that there were not enough clients, no staff morale, and the way the Center is being run. The committee has determined that there are two functions: programmatic and marketing/operations. The programmatic functions involve in-house oversight, quality assurance, professionalism and staff development.

Marketing/operations and facilities management: The administrative support staff is now meeting separately from the Operations meeting and the meeting is being chaired by Erik Wheaton. The Operations meeting will continue to be held on Thursdays at noon.

Michael Thompson will need clinical guidance and supervision. He can work with Jim Dilley or Renetia.

AHP plans to offer two noon day mini-Living with HIV Forums. There will be two noon day meetings which will be educational events. One may be offered in the financial district.

The volunteer therapists will be moved to the Center.

It was agreed to rent six spaces to the AHP. Rent payment will begin in the next fiscal year.

It was agreed that Project Ahead should be offered rent free space until the beginning of the new fiscal year. A formal MOU must be developed before Project Ahead staff is permitted to occupy space at the Center.

Doris Morris is the new CAL-PEP services coordinator. She has been a substance abuse and private counselor.

The Steering Committee expressed interest in having Howard Moffet present educational programs at the CPC and arrange for CPC clients to be seen by him.

The monitoring report for Part A of the contract has been completed, and there is a meeting at the NTFAP to work on Part E on Friday, February 14, 1992. Denny Paterno is to be invited to attend the meeting.

The issue of the promised letter from Valerie Dorr was raised. She was to explain the counting of units of service and maintaining duplicate charts.

ATS services at the Center were discussed.

Reggie Williams raised the issue of preparing a funding grant to several major corporations to raise money for a media campaign.

The Steering Committee requested that Marisa Davis be asked to have Jeff Cotter or Linda White to attend the SWAN meetings and for Clint Nix to go to the SFGH discharge meetings.

Approval was granted to Rest Stop for 90 days to have a group meeting at the Center.

Interoffice Memorandum

21 January 1992

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *mm*

6 January-11 January Week's Activities

I met with the following people:

Richard Daquiaoag, *Interim* Supervising Case Manager
Denny Paterno, Volunteer Services Coordinator
Ellen Goldstein, Contract Liaison
Chris Collins - Department of Social Services
Richard McCormack, Funding Development Consultant
Laura Birch & Peter Newton, Ward 86 Social Workers
Roz Leiser, Alice Spencer - AIDS Indigent Direct Services
Valerie Dorr - SF DPH AIDS Office
Erik Wheaton, Information & Resources Coordinator
Ed Diaz - ATS
Randy Miller, New Project Director of EACH

I attended meetings with the following:

CPC Staff
CPC Steering Committee
CPC Operations Team

I prepared a dinner for the Operations Team on Sunday, 12 January.

MLM:its

Interoffice Memorandum

21 January 1992

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *Mike*

13 January-18 January Week's Activities

I met with the following people:

Reggie Williams
Michael Robinson - SF Community Clinic Consortium
David Silven - AHP
Valerie Dorr - SF DPH AIDS Office
Barry Lawlor, Stephen Fitzhenry, Muneer Hassan - Haight-Ashbury Free Clinic
Roz Leiser, Michael Thompson - A.I.D.S. & Clint Nix - AHP
Don Gile - Olsten Health Care
Cannon Hatton - Swords to Plowshares
Celia Sampayo, CURAS Service Coordinator

I attended meetings with the following:

CPC Staff
CPC Service Providers
CPC Operations Team

I attended the following meetings:

Asian Pacific AIDS Coalition
AIDS Health Services Advisory Committee - at CPC
People of Color Advisory Committee - at CPC

I gave a presentation at:

Living with HIV Forum - at CPC

MLM:its

MEMO

To: Steering Committee

From: James Dilley, MD

Date: Jan 18, 1992

RE: CPC Matters/Plans

A couple of issues before I escape for a week:

1. Planning

Given our recent discussions about difficulties with leadership at the Center and our existing plan for tightening up reporting and supervision of the activities of the center, I have an additional proposal to suggest. I propose that I ask Renetia to work with the Center staff, on a trial run basis of 45 days, during which time we would ask her to focus on the development and conceptualization of center programs and activities. She would, of course, work closely with Mike and Denny in this process, and hopefully provide direction and influence the thinking and the process of developing a client centered operation. At our regular Wed. meetings, then, the three of them (Denny, Renetia and Mike) would report to us about the activities/success/failure/needs of the center seen from their various perspectives. Mike would be asked to focus on the building itself (true site management), outreach and re-assess operations.

I think the site management job as we originally conceived it is overall too much for one person and, especially in the start up phase, requires additional help and oversight, which, as we've repeatedly said, none of us really have the time to do.

I was hoping to talk with you about this before I left, but no such luck. (Gloria, sorry to hear about your family emergency). If, however, you two are in general agreement, I would ask that Reggie discuss the plan with Mike and we move forward ASAP. Please feel free to call Renetia to discuss it with her as well. Of course her suggestions, plans for activities at the Center would be subject to our approval.

2. Donations to the Center

See attached for your information.

3. Outreach Materials

The brochures have arrived (finally), and, though not perfect look good. (My middle initial is wrong!) I especially like the photographs....! You can get copies from us here at AHP, or at the Center.

4. I'll be back on Mon 1/27. Also, I can be reached in Hawaii if need be. Dorothy has the number

See you soon.

Memorandum

20 March 1992

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *mm*

Agenda
3/13/92

Supervising Case Manager - Michael Thompson

Transfer of Clients to Center Collaborating Agencies

AIDS Office Request for Follow-up of Center Client's w/o Medical Care Provider

- On-Site Provider Planning Meeting

- HIV Testing (Requested by Gloria 3/6)

Lesbian/Gay Freedom Day Parade

Updates:

Jean Harris

- Steering Committee Soiree - tentative date April 8, 1992

- Van

- Outreach

Westside Community Health Center

Immune Enhancement Center

Program/Activities Networking Committee

Asian Pacific AIDS Coalition

California Pacific Medical Center

Bay Pacific (HMO)

Counseling and Testing Quarterly Meeting

Department of Social Services Advisory Committee

Healing Alternatives Foundation

Doris Morris

Ozanam Reception Center

Glide Memorial Church

Tenderloin AIDS Resource Center

BAHSES

Health Outreach



Center for Positive Care

Steering Committee

James Dilley, MD § Gloria Lockett § Reggie Williams

cordially invite you to attend an Open House & Reception

Wednesday, 8 April 1992

Forum 5:00 to 6:30 PM

Reception 6:30 to 8:00 PM

3180 Eighteenth Street at Folsom
San Francisco, California 94110.

RSVP by Friday, 3 April to Irving Sambolin, 415-476-3674.

MEMORANDUM

12 February 1992

TO: STEERING COMMITTEE

FROM: MIKE MITCHELL

Agenda 2/12/92

Updates

- DSS
- Operation Concern
- Outreach
- SFAF - Call from M. Lee with Request for Lunch w/Pat Christen +
- Supervising Case Manager - Michael Thompson

Child Care - Women's group February 2

Rest Stop

- monthly report +
- data systems
- clients
- marketing
- A/A service provider Mtg -
- fund development -
- media -
- WOS.

(parking) 17th + Folger

Outreach February, 1992

February 5, 1992

Carmen Cumpa
Erik Olson

Rainbow Groceries re: discount card for clients
Rest Stop Support Center re: closer cooperation

February 6, 1992

Mark Bronnenberg
Cecil Williams
Randy Miller

Operation Concern re: MOU on referrals
Glide Church
E.A.C.H.

February 7, 1992

Dominic Capello

Stewart Gurtman
Town Hall w/Nancy Pelosi

The S.F. Sphere re: news reporting of Center
P.O. Box 14846, San Francisco, CA 94114
DSS re: GA and Food Stamp intake worker at Center
Sponsored by ABC & SFAF

February 10, 1992

Clinical Practice Guidelines
for HIV+s
Mini Forum FTFA

Holiday Inn Golden Gate

Jaime Gaega

February 11, 1992

Gwendolyn Edgar-Miles
George Friou
Dorothy Wang

South of Market Health Clinic
St. Anthony's Clinic
Asian AIDS Project

February 12, 1992

Mike Schriver
Erik Olson
Steve Lew
DSS
SFAF

18th Street Services
Rest Stop Support Center
GCHIP
HIV Advisory Committee
Cole Hall

February 13, 1992

Bob Potter
GCHIP Fundraiser

Health Center #2

February 14, 1992

Laura Thomas
Lee Woo
Rolph Shanabuck
CURAS

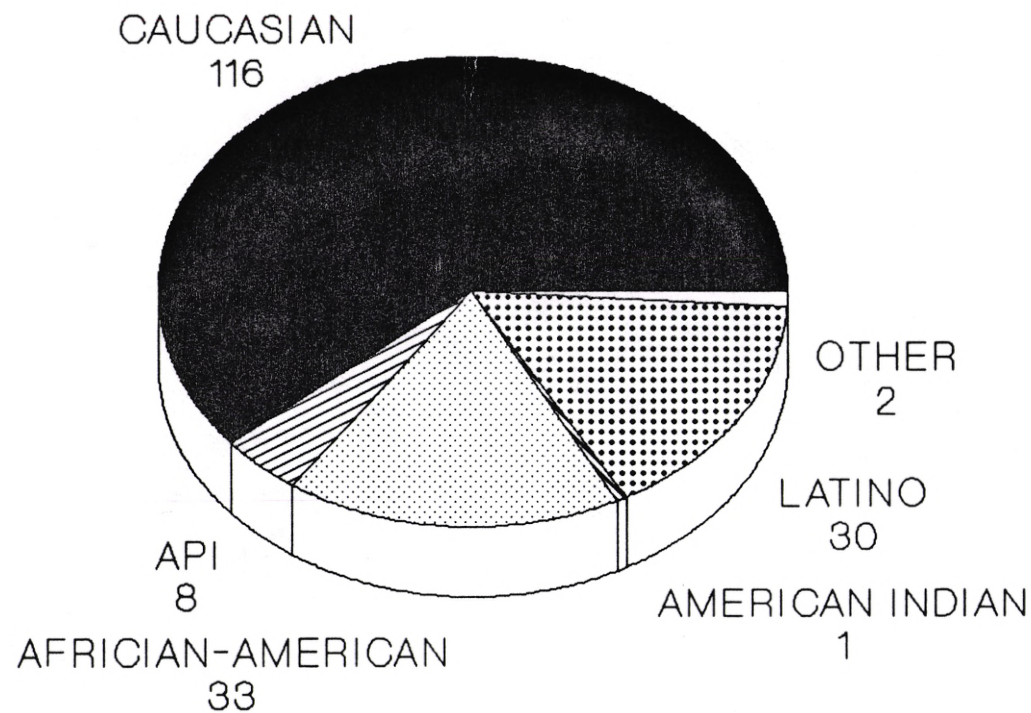
AIDS Treatment News
BASHES
AIDS/HIV Nightline
2 Hours of Love

February 16, 1992

Howard Moffet

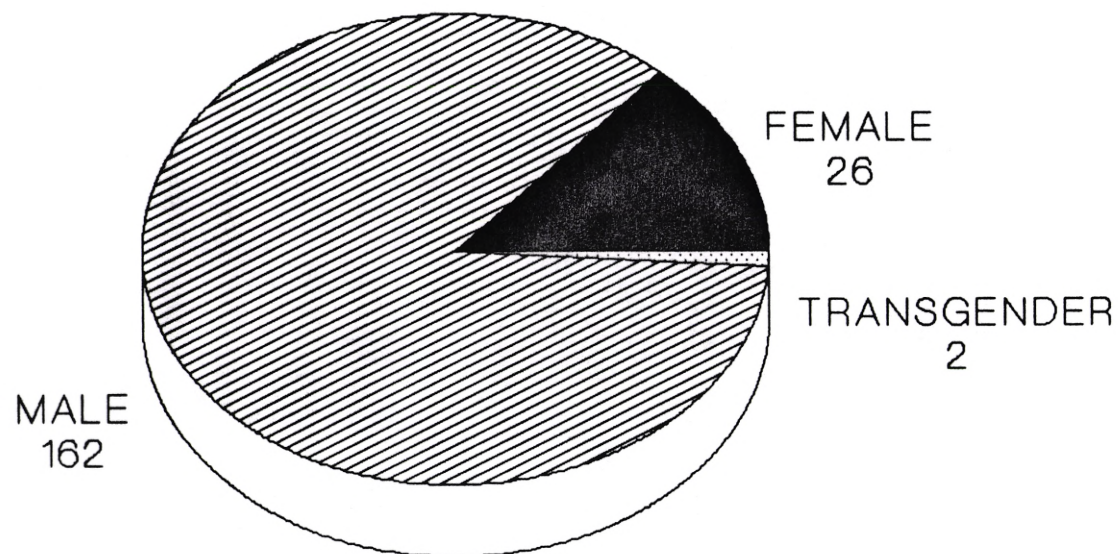
Open House

CPC INTAKE AND ASSESSMENT CLIENTS OPENING THROUGH 2/8/92



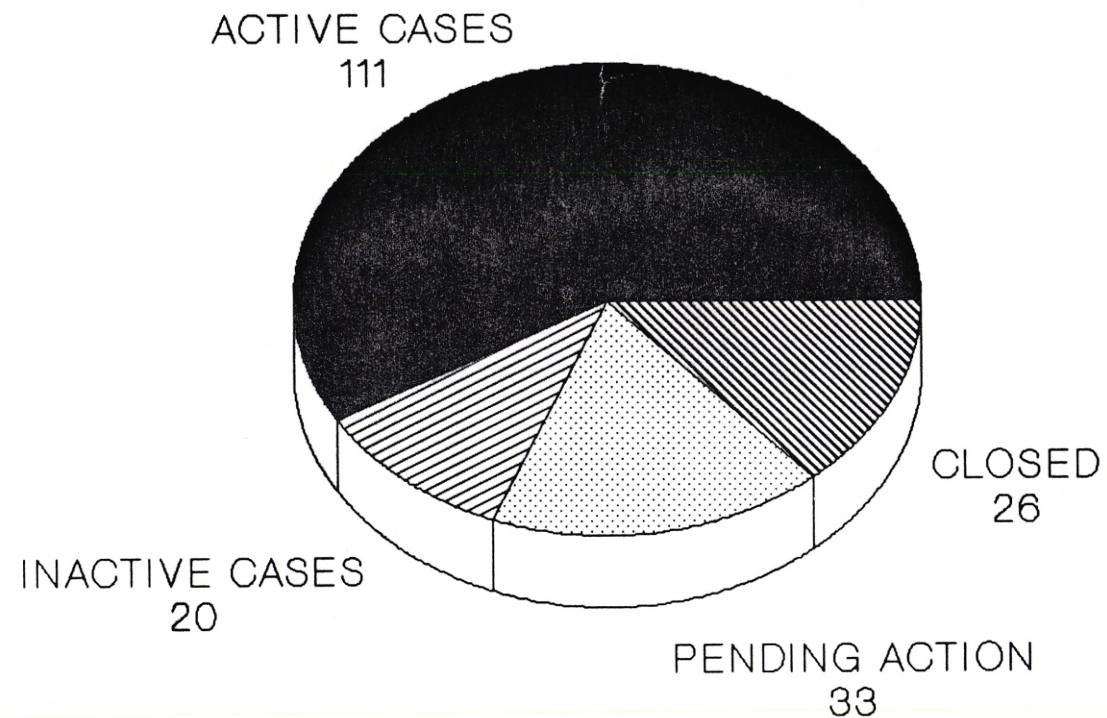
TOTAL NUMBER 190

CPC I&A CLIENTS BY GENDER OPENING THROUGH 2/8/92



TOTAL NUMBER 190

CASE STATUS - CPC



TOTAL NUMBER 190



CENTER FOR POSITIVE CARE

.....
An HIV Early Intervention Resource Center

TO: ERIK WHEATON

FROM: Queta Rodriguez (X-3644) *en*

RE: Summary of incoming calls from week of 02/03 - 02/08/92

269 - CALLS PLACED TO STAFF (*NOTICE THAT THERE WAS NO DIRECT TALLY ON CALLS
COMING DIRECTLY TO STAFF'S LINES.)

34 - OUTSIDE CALLS (WANTING INFORMATION)

5 - CLIENTS (DROP-IN)

- 1 - Latino Males
- 0 - Latina Females

- 2 - Caucasian Males
- 0 - Caucasian Females

- 2 - African-American Males
- 0 - African-American Females

- 0 - Asian/Pacific Islander Males
- 0 - Asian/Pacific Islander Females

- 0 - Native-American Males
- 0 - Native-American Females

39 - Clients Seen with APPOINTMENTS

- 4 - Appointments cancelled

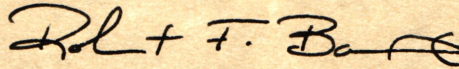
- 7 - "NO SHOWS"

- 0 - Referrals

*Steering Committee : Center for Positive Care
cc: Doris Morris*

In the past nine months I have had the pleasure of working with a wide variety of persons here at the Center for Positive Care. About four months ago a woman by the name of Doris Morris was brought on through Cal-Pep. In the following months our relationship as co-workers has grown tremendously. I look to Doris for support, advise and help with the wide range of clients I work with here. Not once has Doris not given 100% of herself in trying to assist me in my job as a Substance Abuse Councilor. I find that her experience in the field of Substance abuse is above average and her insight into the Psychosocial aspect of my clients is always clear and precise. Beyond this her personality makes it extremely easy for others to get close to her which I feel is of major importance in the endeavor in which we are taking here at the Center for Positive Care. I feel honored to have Doris consider me a friend and not only a co-worker.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. F. Baxter". The signature is fluid and cursive, with a large initial "R" and a stylized "B".

*Robert Foster Baxter
Substance Abuse Treatment Liaison
18th Street Services*



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

INTER-OFFICE MEMORANDUM

26 August, 1992

To: Steering Committee
Reggie Williams
Jim Dilley
Gloria Lockett

From: Erik Wheaton 

Coverage at CPC on 8/29

Alfredo Armendariz is the scheduled intaker for Saturday August 29. He indicated to me today that he will not be covering his shift at the CPC due to an all day retreat at his home agency (C U R A S)

I called Michael Thompson and asked him about this and he stated that Alfredo was well aware of the schedule weeks ago.

I have no options and we do have a client scheduled on Saturday who does not have a telephone number.

On behalf of the CPC clients I insist that some action be taken.

cc Renetta Martin

CPC STAFF & INTAKE SCHEDULE

WEEK OF: **AUGUST 10 - 15, 1992**

DAY	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.
Alex G.	9-1 INTAKE	1-5 BACK-UP				
Alfredo A.		11-1 INTAKE				
Barbara G.			12-4 INTAKE			
Billie						
Bobby B.	1-5 INTAKE					
Jeff C.			12-4 BACK-UP		9-1 INTAKE	
Laurens V.			4-8 BACK-UP	4-8 INTAKE		
Montana J.	9-1 BACK-UP					
Pat Ennis					1-5 INTAKE	
Pat N.		1-5 INTAKE		4-8 BACK-UP		10-2 INTAKE
Paul S.			4-8 INTAKE			
Valentin A.					1-5 BACK-UP	

version 8/3/92.1

memorandum

date: 8/14/92

to: All CPC Staff

from: Michael T.

re: **Scheduling accountability**

If you are not going to be at the CPC during your regularly scheduled hours or if, for some reason, you are going to miss an intake shift for which you are scheduled, call BOTH Renetia and Erik so that they can address back-up provisions.

As always, everyone is responsible for the intake shifts for which they are scheduled and only last minute emergencies or illness is a justifiable excuse for absence.

Please check the existing schedules for the next three weeks now so that you can resolve any scheduling conflicts in advance. Communicate these conflicts to Erik and Renetia.

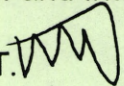
Erik: 476-3671
Renetia: 476-476-3666

Michael-

memorandum

date: 8/13/92

to: CPC Staff and Interim Managment Team

from: Michael T. 

re: **Support, coverage and back-up after my last day**

As you all know, Friday, August 14 will be my last regular day in my position at the CPC. Since my position will be vacant for a period of time, I want to try to establish some back-up procedures that will support your continued good work and keep things running smoothly at the CPC.

I will be available to you through August 28 and will probably put in about 8 hours/week at the CPC, so if you have questions, concerns or problems that can wait until those times, we can address them when I am here. I will also continue to do chart review (and catch up on chart review!) and will establish intake schedules through the month of August and into September. While the schedule will not change significantly from what it has been, please make sure you review it when it comes out so that you can discuss any gaps, conflicts or problems with times you may have been scheduled. If you are sick the day that you are scheduled for an intake shift, please let Erik W. know so that he can relate this information to the reception staff. Given our short staffing, we will have to probably reschedule any intakes. Also, let him know the names of any clients you have scheduled to see so that they can be called as well to reschedule.

Team Meetings will continue to meet on Monday at 2:00 PM with Jeff Cotter as team leader. The Wednesday meeting will also continue - the time may however, be changed to 3:00 PM to allow Renetia to be there. Please continue to bring all of your intakes to those meetings. If for some reason you don't have a team leader, continue with the Team Meeting and review your intakes with your team.

I am also going to make myself available by being on-call. If you have a situation come up that requires my immediate input or involvement, please page me. I should be able to respond immediately. My pager number will remain the same until 8/28: 719-1945.

Do not hesitate to contact me over the next two weeks. My work phone number will be: 777-5500.

Thank you for your work with me and for the experience of being a part of the CPC.

Michael-

THE
**AIDS
HEALTH
PROJECT**

A project concerned
with AIDS Prevention
and Health Promotion

TO: Reggie Williams
FROM: Renetia Martin *RM*
DATE: August 24, 1992
RE: National Task Force : Subcontract : Case Management

I regret the issues among us are so confusing and difficult. It is painful. I will miss our collaborative spirit. I am writing in response to the recent AIDS Office monitoring and our previous agreement regarding case management, intakes, and assessment coverage and scheduling.

I would like to reinstate our current understanding of AIDS Health Project staff coverage of intakes and clinical oversight, given the recent departure of Michael Thompson. During the past eight months, we have had an informal understanding that the AHP would support the Centralized Case Management through the services of Jeff Cotter, Clint Nix, Marisa Davis, and myself. As of August 31, this will end per our instructions from the AIDS Office.

Jeff will no longer be available for intake; Marisa will be unavailable for back-up or on-call; Clint will not be available for team meetings or individual supervision or on-call crisis intervention; I will no longer be available for my clinical oversight.

This will necessitate your developing a staffing plan that will replace Michael Thompson as the Supervising Case Manager, and coverage of the sub-contract requirements in this program area. The plan will be effective September 1, 1992.

I am enclosing a copy of the on-call clinical schedule, intake schedule, and a memo from Michael Thompson describing the transition plan, so it is clear what needs to be covered.

The monitoring report made it clear that the AHP has been too involved in client services and needs to redirect its attention to the areas we are contracted to perform: Fundraising, Site Administration, Linkage, and Training. It is also clear the community is no longer interested in what we have to offer.

Should you have further questions, please call me. It would be helpful to have your written response by August 31. Thank you.

cc: Jimmy Loyce
Valerie Dorr
Sandra Hernandez

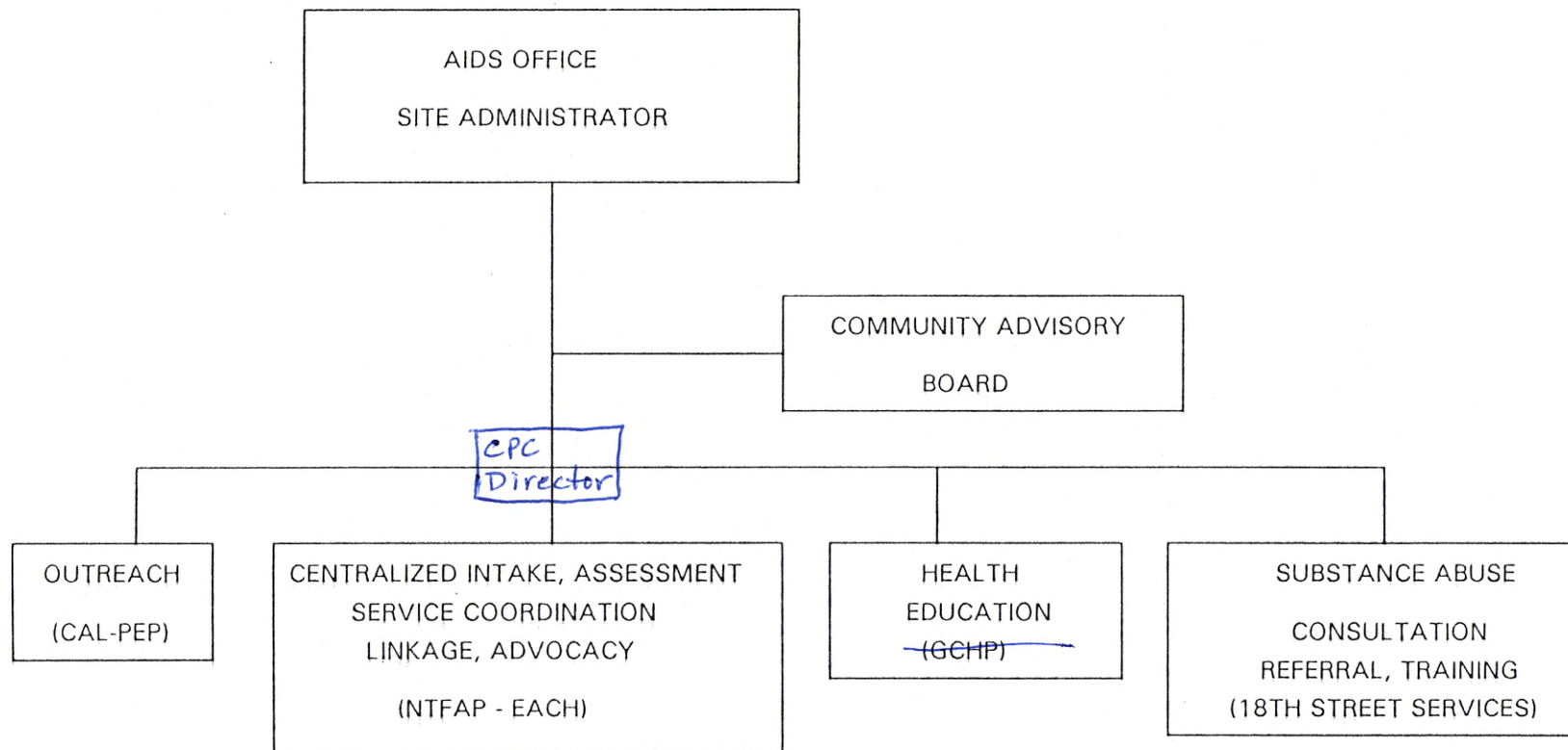
ATS
Address Correspondence To: UCSF AIDS Health Project • Box 0884 • San Francisco, CA 94143-0884

Administrative Offices: 1855 Folsom Street • Suite 506 • San Francisco, CA 94103 • (415) 476-6430

Administrative Office Fax: (415) 476-7996 • Fiscal Unit Fax: (415) 476-3613

Affiliated with the University of California, San Francisco

PROPOSED ORGANIZATIONAL CHART FOR THE CENTER FOR POSITIVE CARE



When not "intaker of the day" or on-duty, Service Coordinators will perform on-going case management work for their existing client load. Each Service Coordinator should be able to carry 30-40 active clients. They should be able to complete and close at least five cases per week.

Quality Assurance: QA will be multi-faceted and will consist of intake, random and closure chart review performed by the Program Coordinator/Director; weekly Peer Review meetings at which Service Coordinators will bring all of their new intakes for presentation and review; and one-on-one clinical supervision provided by the Clinical Supervisor.

Service Model: The approach to case management and service coordination is one that relies upon thorough and complete assessment with a client-centered focus. It is the Service Coordinator's goal to help clients understand and acknowledge their needs and establish goals in a treatment plan. It is then the Service Coordinator's role to help clients examine the options they have for referral, make the referrals and follow-up on the referrals to encourage and ensure successful follow-through.

It will also be the role of the Service Coordinator to establish a "peer advocate/counselor" relationship with the clients when possible to help to empower the client to assert self-determination and achieve the goals of the treatment plan.

In most cases, clients should not need to be carried for longer than 2-3 months. Those clients with substance abuse and/or mental health issues may require longer periods of time.

The current manual of protocols, procedures and resources that was developed will soon be finalized. This manual will establish the standards of care, the basic procedures to follow and the mechanisms for quality assurance and evaluation. Staff will receive on-going training in each of the protocols and procedures and will also receive skills-building training. Such trainings will include: counseling skills; addressing recidivism; transference/counter transference; confidentiality; etc.

Protocol Development
Staff Training
Evaluation/Research
Back-up On-call
Scheduling/Coverage

- 6 @ 1.0 FTE Case Managers/Service Coordinators (standardized salaries)
Each of them would carry:
1 Intake/Assessment shift per week (8-hr. shift); and
1 On-Duty shift per week (4-hr. shift: crisis referral/crisis clients)

Case Manager's Sub-contracts—Salary and fringe rate, plus a percentage for indirect based on salary/fringe only. No agency management-related line items will be provided because supervision is centralized at the CPC. Potential Sub-contractors are:

CURAS
FTFA
AIAI
A.I.D.S.
Planned Parenthood/PHREDA
AHP
Cal-PEP
AIDS Benefit Counselors

Four Case Managers/Service Coordinators are already in place through agencies ready to become sub-contractors — Barbara Garcia, Alfredo Armendariz, Pat Norton, Alex Gaite. NTFAP can provide continuity of services to on-going CPC clients and can integrate additional staff.

III. Operations:

Client Intake: One Service Coordinator will be scheduled as "intaker of the day" to perform intake each day the CPC is open. This responsibility will revolve between Service Coordinators. The intake shift will be an 8-hour shift allowing for 4-5 scheduled intakes per day. 90 minutes will be allotted for each intake/assessment. It is assumed that most intakes with full initial assessment and proper referrals will take approximately 60 minutes. The 30 additional minutes are for charting and paperwork.

On-Duty: Each day the CPC is open, one Service Coordinator (not "intaker of the day") will be designated "on-duty" for a four-hour shift. The shift will generally be the last four hours the CPC is open for that day, e.g. either 1-5 PM or 4-8 PM. The on-duty person will be responsible for performing brief intake, assessment and referral for new or existing clients presenting with crisis conditions. This system will increase the CPC's capacity to systematically address crisis and emergency needs of people recently testing HIV positive as well as HIV+ people encountering crisis. In any given week, a Service Coordinator will be expected to be scheduled at least one intake shift and one on-duty shift.

National Task Force on AIDS Prevention Plan for Service Coordination Program

NTFAP seeks to effectively serve people with HIV disease, including those who are underserved and disenfranchised: gay men of color, women, IDUs, bisexual men, the homeless and youth. Service methodology and service delivery must be multilingual and multicultural. Of equal importance is a standardized approach to intake, assessment, referral, and overall service coordination. Consistent relationships to sub-contractors and their services must be established.

Within the context of the CPC, our goal is to define the Service Coordination program to include efficient intake, sensitive assessment, very concrete referral networks, and cooperative client advocacy. We will provide technical assistance and training to staff in areas such as team-building, multi-cultural collaboration, coordination, and conflict resolution.

I. Organizational Capability: Why NTFAP?

NTFAP has a history of providing effective peer-based models of service delivery to gay men of color, nationally and in San Francisco.

NTFAP has an ability to facilitate partnerships among communities of color, CBOs and AIDS service providers. Effective coalition-building and the sharing of our program models has benefitted communities of color in general. The CPC is a coalition of CBOs, and NTFAP's approach to team-building is a necessary component if the CPC is to be successful.

NTFAP is strong on multi-cultural programming, culturally-sensitive technical assistance, leadership training and peer models based on self-esteem and psychosocial support.

II. Staff Plan:

CPC DIRECTOR (1.0 FTE)

Responsible for overall Contract Compliance, Program and staff supervision for all four components

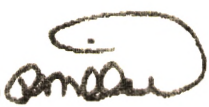
CLINICAL SUPERVISOR (MSW, at least)

One-on-one Supervisor
Peer Review/Team Meetings
Primary On-call Clinician
Assistance/TA Protocol
Development & Training

PROGRAM COORDINATOR/DIRECTOR (extensive coordination and management experience)

QA: chart review (intake, closure, and random)

**EACH****EACH PROGRAM, EARLY ADVOCACY & CARE FOR HIV**

From: Randy Miller, CPC (Interlm) 

To: Reggie Williams, National Task Force on AIDS Prevention
Jim Dilley, AIDS Health Project
Gloria Lockett, CAL-PEP

re: Agreements Regarding Close-Out Procedures for the CPC

Date: 9-22-92

This is just to keep you updated regarding ongoing agreements concerning the closure of the CPC.

The Management Team has agreed that AHP staff will take primary responsibility for physical shutdown of the site. NTFAP staff will take primary responsibility for closure and referral with clients of the CPC.

In terms of the client intake and referral process, the Management Team has agreed to the following schedule:

- October 1 Client intake procedures will be abbreviated and focus on referral of clients to appropriate service agencies in the city. Staff will be scheduled to handle
- October 6 Special In-service on Close-out procedures with clients.
- October 8 By this date a press release will be sent out to announce the closure of the CPC.
- October 15 Staff will begin closing out and referring current client caseloads. Referrals will be to staff "home" agencies where appropriate and other agencies as needed.
- October 30 Final Close-Out Procedures

Please note that this schedule is based on receiving notice of contract termination by October 1. By contract stipulation, we will have 30 days after that notice before the contracts can be terminated. If the termination date is later, the schedule will be suitably adjusted to reflect any changes in the close-out date.

Program of Gay Men of Color Consortium
National Task Force on AIDS Prevention
American Indian AIDS Institute
(CURAS) Community United in Response to AIDS/SIDA
GAPA Community HIV Project
(BAHSES) Bay Area HIV Support & Education Services

CPC Close-out Memo
Page 2

Also, when we receive the contract termination notices, we have discussed terminating the evening and Saturday hours of the CPC due to possible staff scheduling problems. We will review this decision at a later date.

Finally, the remaining CPC staff would like to hold a staff luncheon as a final close-out event. After all that they have been through the staff deserves this. The Management Team is proposing that we use the CPC discretionary fund managed by the National Task Force to pay for this event. Currently there is approximately \$200.00 in this account. If you have concerns about the discretionary fund being used in this matter, please contact me at 403-3800 or the appropriate staff-person from your agency.

That's all for now. We'll continue to keep you updated.

cc: CPC Management Team

CPC Model #6

Structure by "Service Area"

What follows is a chart of the model that was developed at the last CPC Provider Agency meeting with the addition of the input from the CPC staff.

This model divides the operational areas of the CPC into distinct service/contract areas. These service/contract areas include: Outreach; Client Services; Legal & Benefits; Resource Development and Site Administration. The mission that ties these service areas together is: *The CPC will provide intake, resources, assessment, referral and linkage for people with HIV concerns with the intent to get people into appropriate medical and psychosocial care as EARLY as possible.*

SERVICE/CONTRACT AREAS

Client Services

- ◆ Case Management
- ◆ Treatment Advocacy
- ◆ Linkage to Mental Health
- ◆ Interim Group & Individual Counseling
- ◆ Substance Abuse Counseling
- ◆ Linkage to Substance Abuse Tx
- ◆ Health Education
- ◆ Nutritionist
- ◆ Support Groups

Legal & Benefits

- ◆ SSI Advocacy
- ◆ Predisability Counseling
- ◆ GA Enrollment & Advocacy
- ◆ Legal Assistance & Counseling
- ◆ Housing Voucher
- ◆ Housing Advocate/"Expert"
- ◆ Childcare Vouchers
- ◆ Clothing Vouchers

Outreach

- ◆ Multicultural/lingual Media Campaigns
- ◆ Marketing
- ◆ Fundraising (?)
- ◆ Van Service

Resource Development

- ◆ Client Database & MIS
- ◆ Resource Compendium
- ◆ Referral Database/Network

Site Administration

- ◆ Physical Plant Maintenance
- ◆ Reception and Front Desk
- ◆ Computers, office supplies, desks, keys, lightbulbs, etc.

Despite general consensus around the service/contract areas and the services that each ideally would include, there was a great deal of discussion around what would be the "overlay structure" by which operations would function smoothly, in a coordinated fashion and with appropriate accountability and authority.

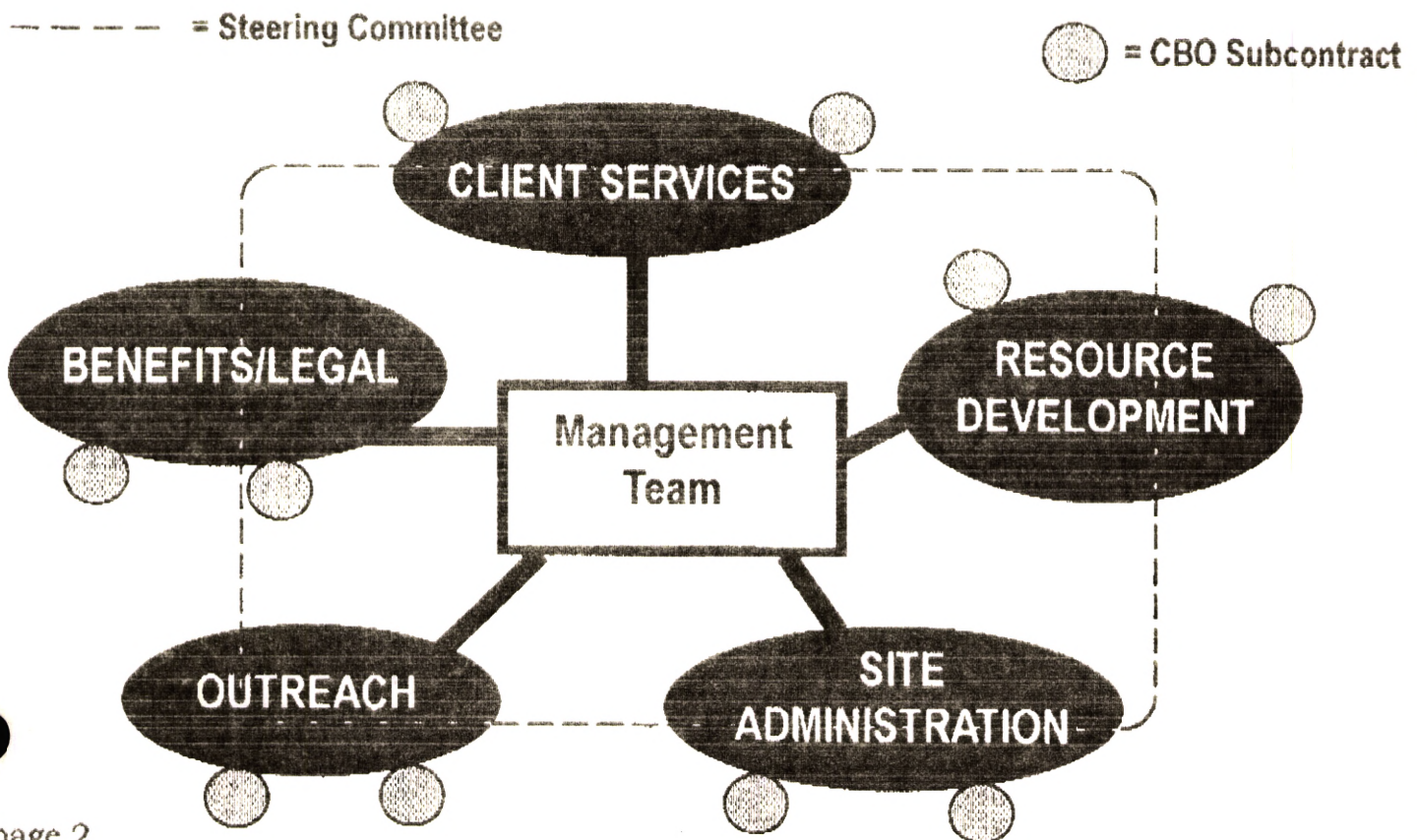
Discussions among staff members indicated that a Management Team could be comprised of the lead program person from each service/contract area with Management Responsibilities included in their job descriptions. The Steering Committee would then be comprised of the Directors of the Contracting agencies.

It was also pointed out in discussions that this model did not allow for the full implementation and involvement of small, grass-roots CBOs to be full participants and that the "new" CPC might lose some of its multicultural nature. One possible solution to this issue is that the prime contractor work in collaboration with and subcontract to other CBOs for some of the services in the Service/Contract area.

There were also these caveates included:

- ❖ That each service/contract area had a prime contractor;
- ❖ That the new structure remain multicultural;
- ❖ That there contractually be built in an "overlay structure" for accountability;
- ❖ That the contractors be contractually obligated to collaborate;
- ❖ The roles and responsibilities of the Management Team were clearly spelled out;
- ❖ That units of service be standardized and defined according to type of service.❖

It was pointed out that the "Model" would look something like this:



Minutes of the June 5, 1992**CPC STEERING COMMITTEE**

Attending: Gloria Lockett, Reggie Williams, Renetia Martin, Ellen Goldstein, Doris Morris, Marisa Davis, Michael Thompson, Erik Wheaton.

- 1) Reggie related that he had met with Sandra Hernandez of the AIDS Office about the CPC and the anticipated changes to its structure and contracts. Sandra will be out of town until the beginning of July. During that time, Russ Zellers and Valerie Dorr will be finishing the contract monitoring reports and discussing them with the CBOs.

When Sandra returns, she will be holding several meetings: With the Steering Committee, with the CAB and with the Provider Agencies.

The changes in the CPC structure and contracts and contract holders will probably not take effect until the end of the continuing resolution period, January 1, 1993. It was agreed at the Steering Committee meeting that we needed to continue our movement towards internal change and restructuring. It was also agreed that we needed to talk with the AIDS Office about those program and administrative pieces that we know to be missing from the present arrangement.

Ellen related that AIDS Office staff will be holding "informal site visits" at provider agencies over the next month.

A question was raised as to whether the continuing resolution makes null and void the need to spend down the contracts ending 6/30. Renetia related that it is best to spend down and then plan to invoice 1/12 of the contract amount during the period of the continuing resolution. This results in no possibility of money being lost.

A question was raised as to how the information regarding the process and progress of the CPC contractual changes could be effectively and successfully related to staff. It was agreed that since we know very little and know no details other than what has already been communicated, it was agreed that the best response is to reiterate the facts as we know them: That the continuing resolution lasts until 1/1/93 and that the AIDS Office will be in touch with each provider agency to discuss the contract monitoring and the above mentioned meetings.

- 2) Erik Wheaton distributed the latest client data and demographics was distributed based on the information that is currently in the database. There remains a question as to whether all of the Women's Advocacy Program client data was entered into the database. Erik was going to follow-up on this with Marisa.

- 3) Michael Thompson distributed a draft version of a Crisis Response Protocol and a formalized On-Call schedule. The protocol has been in development for about two months and is now being finalized. The On-Call schedule is a reiteration of that schedule that has been in place since the end of February. The protocol is meant to clarify and define procedures that should be followed in the event of a client-related crisis disrupting the smooth operation of the center.
- 4) Renetia related that the Interim Mgmt Team is reviewing the existing CPC Policies & Procedures and will distribute an amended version to the staff and Steering Committee by July 7.
- 5) The Interim Mgmt Team is reviewing and revising the agenda for the staff retreat. The retreat will be held on June 30. Discussion of the form, function and agenda of the retreat has been taking place at the Interim Mgmt Team and staff level and will again be revised. It will be held at Stern Grove (tentative). Reggie asked that a final agenda and back-up coverage plan for the CPC be Faxed to the Steering Committee as soon as it is finalized.
- 6) Doris raised an issue Jim Dilley asked to raise to clarify the fact that the Retreat is mandatory for all staff. Doris also raised staff issues she has heard regarding the retreat. It was clarified that the next staff meeting would be devoted to working out the details, goal and agenda for the retreat and that the Interim Mgmt Team would work out the bugs and bring final plans to the Steering Committee. There was some further discussion of staff concerns and the process by which the planning for this retreat has been progressing.
- 7) Doris announced that she is following through on getting the magnetic CPC sign for the van and that it will be ordered next week.
- 8) Ellen disseminated staff input on "Model #6" - Reggie asked that this input be committed to paper in a memo format so that it can be distributed to the Provider Agencies, the Steering Committee, the AIDS Office and the staff.
- 9) POST-MEETING ADDENDUM: Michael Thompson was informed by Hector Torres and his supervisor from SPY, Michael Baxter, that Hector is leaving SPY. Michael indicated that he will have one of his other social workers fill in Hector's spot in the interim. Hector will continue for the next two weeks in order to transfer his cases to the replacement worker. Hector asked that he be allowed to make this information public by talking one-on-one with the CPC staff.



C E N T E R F O R P O S I T I V E C A R E

An HIV Early Intervention Resource Center

facsimile

to: Reggie Williams, NIFAP
Gloria Lockett, Cal-PEP
Jim Dilley, AHP

from: Michael Thompson

date: June 8, 1992

re: Letter from Michael Baxter of SPY

pages: 3 pages

problems? For problems with this FAX, please call 476-3788.

notes: I just received this letter from Michael Baxter of SPY detailing the transition of Hector Torres leaving. (I mentioned this in FAX sent late last week). The transition should go smoothly. Patrick, the Social Worker with SPY will be covering one intake shift, will be going to team meeting and will attend staff meeting. He will also carry a small, short-term caseload of clients who are not youth. William who also works with SPY will be providing back-up case management services for those clients Patrick is seeing for psychotherapy in order to preserve boundaries. If you have any questions or concerns, please give me a call. Thanks-

cc: Renetia Martin, AHP

M E M O R A N D U M

5 June 1992

TO: Jim Dilley, AIDS Health Project/CPC
Gloria Lockett, CA Prostitutes Education Project/CPC
Reggie Williams, National Task Force on AIDS Prevention/CPC

FROM: Michael Baxter *WB*
Special Programs for Youth

RE: changes in SPY staffing at CPC
request for increase in utilization of CPC space

I regret to inform you that Hector Torres, our Special Programs for Youth staffperson at the Center for Positive Care, will be leaving SPY effective the 18th of June. This will not, however, cause any major disruption of services by SPY at the CPC. Hector's responsibilities will be transitioned to 2 other current SPY staff, Patrick Ennis, MSW, and William Rogers, over the course of the next 10 days. Both Pat and William already provide services to our HIV+ clients and should be a welcome addition to the CPC.

Transitioning these new staff and affording the best possible services to our clients will require minimal renegotiation of our use of CPC space. Our short history to date with the CPC has shown us that it works very well as a safe and comfortable space for our HIV+ clients to be seen. Therefore, I am requesting that both Patrick and William have access to the CPC for client services. This will not require any additional office space, but rather that they simply be able to share the 3rd floor office space we already have. Our additional needs would be to have access to interview rooms on the first floor for both service providers. As a point of interest, William is already familiar with the CPC as a co-facilitator of the wednesday afternoon Bay + 's support group which meets in one of the 3rd floor conference rooms. To date, Patrick has met with Hector several times at the CPC, for referral of therapy clients to Patrick.

In terms of working out daily responsibilities/requirements of staffing the CPC, it is my understanding that that should be worked out with Michael Thompson. I have already informed Michael that Patrick Ennis will assume any case management coverage for the CPC, and will be available for same the week of June 15th. I will continue to work out these issues with Michael unless otherwise notified.

Thank you for your consideration of the issues outlined above. I look forward to a favorable response from you at your earliest convenience. Working with the CPC has been a very positive

experience for our staff and clients to date, and one we wish to continue in the future. Please feel free to contact me by phone/fax at 753-7595 with any questions or concerns you may have.

cc: Michael Thompson, CPC
Janet Shalwitz, SPY



MEMORANDUM

5 June, 1992

To: Steering Committee

From: Erik

DATA

Intakes for April 1992 46

Intakes for May 1992 60

Client Data Summary	Totals to Date	
	Number	%
Total clients	430	
Average age of clients	35.06	
Male clients	347	81.84%
Female clients	76	19.05%
Transgender clients	1	0.29%
Active cases	322	83.64%
Inactive cases	26	6.05%
Pending action	36	33.33%
Closed	46	10.70%
Ethnicity of clients		
African American	82	19.07%
American Indian	6	1.40%
Asian/Pacific Islander	14	3.26%
Latino	62	14.42%
Caucasian	260	60.47%
Other	6	1.40%
Transmission Category*		
Gay/bisexual male	171	54.11%
Transfusion recipient	3	0.95%
Injection drug user	45	14.24%
Partner of high risk group	41	12.97%
Gay/bisexual and IDU	32	10.13%
other	24	7.59%
Source of Referral*		

SFGH/Public Hospital	46	16.08%
other	145	50.70%
Public Health Provider	38	13.29%
Comm. Service Provider (CBO, etc.)	38	13.29%
Private health provider	8	2.80%
unknown	11	3.85%
Living Situation*		
Alone	88	17.53%
Hotel	29	5.78%
With lover/spouse	62	12.35%
Apt/own residence	159	31.67%
With family of origin	25	4.98%
Residence program	11	2.19%
With roommates	71	14.14%
Hospital/institution	0	0.00%
Other	24	4.78%
Homeless	33	6.57%
Health Insurance*		
yes	117	41.34%
no	166	58.66%
Medical Diagnosis*		
Unknown	16	5.61%
HIV+	172	60.35%
ARC	23	8.07%
HIV/AIDS asymptomatic	17	5.96%
HIV/AIDS symptomatic	57	20.00%
Needs/Services Assessment		
A. General entitlements	57	13.26%
B. Disability Benefits	98	22.79%
C. Unemployment Benefits	28	6.51%
D. Medical Insurance	41	9.53%
E. Medical Services	171	39.77%
F. Mental Health Services	108	25.12%
G. HIV Counseling	177	41.16%
H. Prescription Programs	29	6.74%
I. Experimental Protocols	46	10.70%
J. Housing Services	118	27.44%
K. Financial Services	38	8.84%
L. Legal Services	37	8.60%
M. Volunteer Services	15	3.49%
N. Transportation	31	7.21%
O. Spiritual Support	22	5.12%
P. HIV Information/Education	108	25.12%

Q. Substance abuse services	51	11.86%
S. Translation services	8	1.86%
T. Services for the differently abled	0	0.00%
U. Child care services	5	1.16%
V. HIV testing	10	2.33%
W. Other:	20	4.65%



Center for Positive Care
An HIV Early Intervention Resource Center

FAX 415-476-3655

.....
3180 18TH Street at Folsom San Francisco, CA 94110 415-476-3644

TO: **STEERING COMMITTEE**

Jim Dilley, MD
UCSF AIDS Health Project
FAX 415 476-7996

Gloria Lockett
California Prostitutes Education Project
FAX 510-839-6775

Reggie Williams
National Task Force on AIDS Prevention
FAX 415 749 6706

FROM: **Mike Mitchell, Site Manager**

Number of pages: 9

Additional comments:

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell **2-7 December Week's Activities**

I met with the following people:

Mike Shriver, Bobby Baxter - 18TH Street Services
Roz Leiser, Alice Spencer - AIDS Indigent Direct Services
Barry Lawlor, Haight-Ashbury Free Clinic
Gloria Lockett, Eddy Francisco, Alison Johns - CAL-PPP
Ron Penn, SFGH Psychiatric
Jim Dilley

I attended meetings with the following:

A.I.D.S.
SFDPH AIDS Office
Residents of 7B at SFGH
CPC Staff
CPC Operations Team

I gave a presentation for the SE Health Clinic, for the residents of 7B at SFGH, and at the Counseling & Testing Quarterly Meeting of the SFDPH AO.

MLM:its

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell **25-30 November Week's Activities**

I met with the following people:

Jenine Wexlette, Psychiatric Case Manager, Health Center #1
Mike Shriver, 18TH Street Services
Amanda Newstetter, Barbara Garcia - PHREDA
Jim Dilley, Clint Nix - AIP

I attended meetings with the following:

Community Advisory Board
AIDS Health Services Advisory Committee
CPC Staff

MLM:lis

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *mm***18-23 November Week's Activities**

I met with the following people:

Rob Samonte Tagahcod, Alex Galte - Filipino Task Force on AIDS
Ana Mautz, Laurens Van Sluytman - Glide-Goodlett AIDS Project
Richard McCormack, Funding Development Consultant
Denny Paterno, Volunteer services
Jeff Cottor, Women's Advocacy Program Clinical Social Worker

I attended meetings with the following:

Asian/Pacific AIDS Coalition
CURAS Staff
Haight-Ashbury Free Clinic
National Task Force on AIDS Prevention Staff
Sandra Hernandez
Steering Committee
CPC Staff
CPC Operations Team

I gave a presentation for the Community Consortium and for the Castro Lions Club.

MLM:us

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell **11-16 November Week's Activities**

I met with the following people:

Roz Leiser, Alisa Spencer - AIDS Indigent Direct Services
Ana Bertha Campa, CURAS
John Yarling, Patrick Duffy - AIDS Benefit Counselors

I attended meetings with the following:

CPC Providers
National Task Force on AIDS Prevention
CPC Staff
CPC Operations Team

I gave a presentation for social workers at the AIDS Network

MLM:its

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell **4-9 November Week's Activities**

I met with the following people:

Wendell Carmichael, RACH
George Gladis, NEW FRONTIERS/CAB Member
George Woyames, Mission Neighborhood Health Center
Richard McCormack, Funding Development Coordinator
Ana Bertha Cumpa, CURAS
Roth Cellick, PEPSICO
Barry Lawlor, Stephen Fitzhenry, Muncie Hassou - Haight-Ashbury Free Clinic
Les Hanson, Julian Manuelito - American Indian AIDS Institute

I attended meetings with the following:

Sandra Hernandez
Steering Committee
CPC Staff
CPC Operations Team

MLM:its

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell **28 October-2 November Week's Activities**

I met with the following people:

Jon King, AIDS Benefit Counselors
Ira Glusker, Life Center
Coca Cola Company representative

I attended meetings with the following:

CPC Providers (meeting postponed)
Community Advisory Board
CPC Staff
CPC Operations Team

MLM:ats

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell **21-26 October Week's Activities**

I met with the following people:

Wendell Cannichael, EACH
George Gladis, NEW FRONTIERS/CAB Member
Paul Lynch, Food Bank
Valerie Dorr, SF DPH AO
Kale Martinez, SHARE
Ron Henderson, Project AHEAD/Special Programs for Youth
Jim Dilley
Ana Bertha Campa, CURAS
Eddy Francisco, Van outreach

I attended meetings with the following:

SF DPH AIDS Office
Asian/Pacific AIDS Coalition
Sandra Hernandez
CPC Staff
CPC Operations Team

I gave a presentation for the Harvey Milk Democratic Club.

MLM:its

Interoffice Memorandum

10 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell **14-19 October Week's Activities**

I met with the following people:

Mike Shriver, 18TH Street Services
Ed Diaz, AIDS
Rolph Shambruch, SF Suicide Prevention
Barry Lawlor, Haight-Ashbury Free Clinic
Dr. Clement at Ward 86

I attended meetings with the following:

Community Advisory Board
Budget Committee for '92-'93
National Task Force on AIDS Prevention Staff
CPC Staff
CPC Operations Team

I gave a presentation at the Mission Neighborhood Health Center.

I participated in an interview on Channel 44.

I participated in the Center's Opening Ceremonies.

MLM:its

October 14, 1991

MEMORANDUM

TO: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams
FROM: Mike Mitchell *Mike*

**COMMUNITY ADVISORY BOARD MEETING
OCTOBER 15, 1991**

The next meeting of the Community Advisory Board will be Tuesday, October 15, 1991.

If there are items that you would like to have the Committee address, please let me know as soon as possible.

Thanks!

MINUTES

CPC Steering Committee

10 October 1991 Meeting

- I. The Steering Committee voted unanimously to extend invitations to the following individuals to join the Community Advisory Board of the Center for Positive Care:

George Gladis
Ned Gorman
Rafael Ildefonso
Preston Nicholson
Susan Williams
- II. The issue of pay equity for the receptionists was discussed. It was noted that it would be impossible to constantly address the issue of pay equity with all staff of the CPC. To attempt to address this issue with the receptionists would establish a precedent that could prove to be unmanageable.
- III. The offer by Dennis J. Paterno to be volunteer coordinator was discussed. It was decided that he should meet with Jim Dilley and Reggie Williams. They would then recommend whether an offer should be extended to Paterno to be volunteer coordinator. Gloria suggested that if Paterno were offered the position that it was imperative that he train someone to assume the position at the end of his term.
- IV. The Committee requested more information regarding the Food Bank.
- V. Discussion of the *Memorandum of Understanding* was tabled until all members of the committee could read the document.
- VI. It was agreed that the *Admission of New Providers* policy should be submitted to On-site Providers for their consideration and resubmitted to the Steering Committee.
- VII. It was decided to limit the number of speakers at the Ribbon Cutting Ceremony to Mike Mitchell, Gloria Lockett, Reggie Williams, Jim Dilley, Sandra Hernandez and Mayor Agnos.

October 14, 1991

MEMORANDUM

TO: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams
FROM: Mike Mitchell *Mike*

NEW SERVICE INQUIRIES

I have not been able to arrange a meeting with Paul Lynch concerning the Food Bank; Irving will continue to attempt to arrange that meeting.

A CPC staff member recommended that the CPC be a drop-site for SHARE, a food distribution system sponsored by the American Friends Service Committee. I have made contact with their Executive Director, Jan Hartsough, and will be receiving further information in the near future.

Rolph Shanabruch, AIDS/HIV Nightline Program Coordinator for the San Francisco Suicide Prevention, dropped by the Center recently and spoke with Erik Wheaton. I have an appointment to meet with him and explore possible areas of mutual assistance.

AIDS HEALTH PROJECT

A project concerned
with AIDS Prevention
and Health Promotion

Post-It™ brand fax transmittal memo 7671

of pages > 1

To	Gloria Lockett	From	James Dilley
	Reggie Williams	Co.	AIDS Health Proj
Copy	Mike Mitchell	Phone #	476-6440
Fax #		Fax #	476-

To: CPC Steering Committee (

From: James Dilley, MD

Date: Nov. 14, 1991

RE: New Services at the Center

- A. Moving Anonymous Test Site Clerks and Computers to CPC
- B. T-cell monitoring

A. As you may recall, the AIDS Office is requiring that the existing ATS telephone clerks and their computer equipment be moved from their existing site at Health Center #1 to accommodate the build out of additional exam rooms. They have also required that the solution to the move be a "no cost" solution. They are suggesting moving this operation to 25 Van Ness which would mean multiple logistic and supervision problems for the program.

I am writing asking you to consider the following proposal:

1. Move this function to the CPC. This would mean roughly 200 square feet on the third floor at a cost to the AHP of 200 sq. ft. x \$1.47/sq. foot or \$3,528/yr.
2. Agree to waive this cost from now until July 1, 1992. This is being requested because our ATS budget from which this occupancy (includes rent, utils, etc.) cost will come has already been approved without these rent costs and because our basic rent at the Center is already covered for this first year.
3. All "move in" costs will be covered since the AIDS Office has already agreed to pay for the move to a site to be determined.

I believe this will be an asset to the center and will improve coordination of services there, especially as the ATS portion of the center activities begin to take off.

I will call you to get your read on this ASAP as the AIDS office is wanting to move us by Dec. 1!!!!

B. T-cell monitoring

After several discussions with the Aids Office and others, we have decided to reconfigure our T-cell testing proposal from CARE funds. I am writing to ask your comments and support.

We are planning to apply for a psychiatric nurse who would be stationed at the center and who would provide two central functions:

1. Provide back-up for mental health crisis intervention as needed, and,
2. Provide phlebotomy services for new seropositives who decide they want to have their T-cells done while at the center. The results meanwhile would be routed to the medical appointment being arranged by the Case Manager.

Thanks. Could you write us letters of support???



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

ABC AHP AIDS AIDS TREATMENT NEWS AIAI CAL-PEPCURAS EACH 18TH STREET SERVICES FTFA G-CHP GLIDE HAF C NTFAP HREDA PROJECT AHEAD SPY 8FA 6F DPH AO

INTEROFFICE MEMORANDUM

9 January 1992

TO: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

FROM: Mike Mitchell

Steering Committee Meeting-8 January 1991

Summary of client data was presented and formatting recommendations were made. The summary of client data will be made into a flyer for distribution at the *Living with HIV Forum* on 15 January 1991.

Structure of the service coordinators program was discussed. The 1/7/92 case conference was discussed.

The process for developing an outreach program was discussed. The initial memo was presented. The necessity of establishing supporting evidence to verify the on-going outreach was discussed.

Staff attendance was discussed.

The move to the third floor will take place on Monday, 13 January 1992.

Mike met with Chris Collins to explore areas in which the *Department of Social Services* and the Center could cooperate. Chris offered to identify contact persons in the various sections of DSS for service coordinators to contact. On-going discussions will continue regarding the placement of a DSS person at the CPC.

Agency posters to be displayed in the lobby of the CPC have been requested; none have been received to-date.

Joining the *AIDS Service Providers Association* and the *California Association of AIDS Agencies* was discussed. Because of the lack of discretionary funds and the services that are provided by these agencies, it was decided to put this item on hold.

The NTFAP's grant to the CDC for training and outreach was discussed. Jim will contact Steve Feeback regarding the Steering Committee's input into the grant application.

Jim discussed the plan for addressing the supervising case manager position when Richard Daguioag leaves. Part of the duties will be assumed by Denny Paterno with clinical parts assumed by Clint Nix, David Silven and Jim Dilley.

The Steering Committee needs to begin to define the extent of or whether medical services are desired at the CPC.

MINUTES

CPC Steering Committee

10 October 1991 Meeting

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- V. Discussion of the *Memorandum of Understanding* was tabled until all members of the committee could read the document.
- VI. It was agreed that the *Admission of New Providers* policy should be submitted to On-site Providers for their consideration and resubmitted to the Steering Committee.
- VII. It was decided to limit the number of speakers at the Ribbon Cutting Ceremony to Mike Mitchell, Gloria Lockett, Reggie Williams, Jim Dilley, Sandra Hernandez and Mayor Agnos.



A project concerned
with AIDS Prevention
and Health Promotion

MEMO

To: Sandra Hernandez, MD and Valerie Dorr

From: James Dilley, MD *JD*

Date: October 10, 1991

RE: Requests from our last CPC Steering Committee Meeting

Please find attached the following:

1. Media Plans
 - A memo from Richard McCormack outlining the media plan for the center for the next several months.
2. Hispanic Hdqtrs.
 - I have asked Richard and Peter Campos to meet to discuss the issues related to Richard's concerns regarding Hispanic Headquarters' fees. They will follow up and likely then meet with Horacio to discuss any further concerns. I will table this issue pending the outcome of this process.
3. Additional operating cost funds.
 - Most importantly here is the need to clarify what additional funds may be forthcoming for additional furniture. Please refer to our earlier discussions about this issue (See attached memo, dated August 21, 1991). The pressure on us is to determine the dollar figure so we can order in the next few weeks. If we are unable to order soon, delivery by Jan 1, 1992, the projected opening of the third floor cannot be assured.

All in all, with the exception of my ongoing concern about quality assurance, I think the center is doing great things and generally people seem pleased.

Thanks.

cc:

Renetia Martin
Peter Campos
Ellen Goldstein
Mike Mitchell
Reggie Williams
Gloria Lockett

Jim

THE AIDS HEALTH PROJECT

A project concerned
with AIDS Prevention
and Health Promotion

MEMO

TO: Jim Dilley
From: Renetia Martin & Ellen Goldstein
RE: Operating and Furniture Costs for Additional 17 work stations
Date: August 21, 1991

Below are estimates for the additional 17 work stations, based on costs approved in the original EIRC proposal.

Operating Costs

Office Supplies	\$17,000
Postage	\$4,800
Muni Tokens	\$850
Phones & Installation	\$15,000
Phones, Monthly Charges	\$11,704
TOTAL	\$49,354

\$49,354 / 15 workstations = \$3,290 per work station
\$3,290 x 17 additional workstations = **\$55,934 additional needed**

NOTE: This does not include additional furnishing for ATS

Furniture Costs

Until we have completed the space survey and inventory of needs, it is impossible to give a firm price figure on furniture. The dollars listed below are approximate only and should be understood as such.

- | | |
|--|---------|
| 1. Work Station panels including freight and installation, electrified | \$1,747 |
| These are refurbished "as new" units. | |
| 2. Desk with 2 box drawers which would take the place of file cabinets | \$273 |
| 3. Desk chair on a "quick ship" order | \$255 |
| 4. Side chair | \$150 |
| 5. Lamp | \$75 |

TOTAL per work station	\$2,500
TOTAL for 17 additional work stations	\$42,500

These figures are contingent on using California Contract Furniture; a purchase order approval is still pending.

The above furniture and price configurations are for the open work stations on the 3rd floor. This figure does not include furnishing the first floor or for the remaining conference, group, and individual rooms on the third floor. I cannot provide you with those costs until the product lists and space survey are complete. Perhaps this is the one area the AIDS Office could remain open. We are also working on donations and corporate giving to underwrite some of the costs and direct contributions.

Address Correspondence To: UCSF AIDS Health Project • Box 0884 • San Francisco, CA 94143-0884

Administrative Offices: 1855 Folsom Street • Suite 506 • San Francisco, California • (415) 476-6430

Affiliated with the University of California, San Francisco

October 7, 1991

TO: James M. Dilley, M.D.
FROM: Richard McCormack
SUBJECT: Center for Positive Care - MEDIA

GENERAL STRATEGY

We've already had some good publicity and I anticipate a good deal more in the coming months - including radio, local TV talk shows, morning and evening local news and print.

In addition, we're printing the large and small brochures and file folders for social service agency people who will direct 80 to 85% of the clients to the Center.

The opening will generate additional publicity and client referrals.

Paid advertising has been scheduled starting this week in BAR, Sentinel, Asian Week, El Mundo and the S.F. Post.

We're using the message: "IF YOU'RE HEALTHY, STAY HEALTHY" for two weeks. I'd like to use the identical ad with a new headline "YOU'RE HIV POSITIVE. WHERE DO YOU GO? WHAT DO YOU DO?" for the next two weeks ie: October 21 and October 28. This is the second in the series of ads you and the other members of the steering committee approved a few weeks back (copy attached).

October paid advertising will total a minimum of \$4,000 plus agency fees and commissions.

I want to rely on publicity and outreach to social service agencies during November and December. These are traditionally slow months and our budget is far too limited to try to buck that trend.

I want to have bus cards and shelter messages in place during the first week in January. I've had a number of conversations with contacts at TDI, Gannett Outdoor and JOMAC, the specialty printer who produce the materials. November and December are their big months with retailers filling up the most desirable routes and shelters.

I've been assured that we can have non-profit and standby rates if we contract directly without an agency commission. By organizing the campaign for the Center and for the ATS program at the same time, I can effect savings on printing and distribution and maximize exposure for both programs. I'm assured that we can have a 2 for 1 program: ie; double time exposure for each program by allowing some flexibility on scheduling. We have approximately \$7,000 for the ATS program and I hope to have at least that for the Center's messages.

I have a commitment for free photography (film and studio costs only) for the bus card and shelter campaign. I want to use actual case managers as in the ATS poster program with the message: "CASE MANAGERS CARE". Mike Mitchell is organizing that and we'll shoot in a few weeks.

SUGGESTED ADVERTISING COPY:

YOU'RE HIV POSITIVE.

WHERE DO YOU GO?

WHAT DO YOU DO?

When you need help, call the Center for Positive Care.

476 - 3644

Funded by the City of San Francisco, The Center is a network of 17 agencies working together to help people affected with HIV get the care they need. There are no charges or fees. There is help.

It could be the most important telephone call you make.

Multi-lingual and multi-cultural trained counselors are there for you.

(logo) The Center for Positive Care
 HIV Early Intervention Resource Center

 3180 18th. Street at Folsom
 San Francisco

**SITE
MANAGER
MISCELLANEOUS
INFORMATION**

CAL-PEP

TO: Michael Thompson
Renetia Martin

FROM: Freddie Goins

RE: Center For Positive Care Meeting
of July 23, 1992

DATE: July 29, 1992

=====

On July 23, 1992 I met with you, Renetia Martin, and Billie R. Okoh to discuss the staffing concerns at The Center For Positive Care (CPC). This meeting was scheduled at 1:00 p.m. and held at the CPC. The purpose of the meeting was to improve the relationship of CAL-PEP and the CPC. The following is a summary of the items presented for discussion by CAL-PEP.

1. Introduction of Billie Okoh
2. In-take schedule
3. Contents of CAL-PEP/CPC subcontract agreement
4. Training period and/or Orientation at CPC
5. Coordinating CAL-PEP and CPC mandatory staff meetings
6. Existing seven "inactive" clients' files of prior CAL-PEP case manager
7. Organization chart of CPC management; copy of model 5 outlining staff organization; general management duties of CPC personnel: Michael Thompson, Renetia Martin and Eric Wheaton; clarification of a liaison person to communicate CAL-PEP staff issues to home agency; supervision of CAL-PEP staff

*A Non-Profit HIV/AIDS
Drug Abuse Education
and Prevention
Organization*

*Gloria J. Lockett
Executive Director*

*Freddie J. Goins
Finance Director*

*Dr. Pat Biernacki
Director of Research*

*Carl A. Seagrave
Executive Assistant*

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*25 Taylor Street
Suite #617
San Francisco, CA 94102
(415) 931-6442*

July 29, 1992
Memo to M. Thompson

agency; supervision of CAL-PEP staff

8. Identification of concerns re: service delivery and staff performance and possible solutions to resolve those concerns
9. Open communication between agencies
10. Provide further information about CPC to CAL-PEP case manager - specifically, documents showing agency clients' demographics; personnel policies; orientation schedule; current staff members that are proficient in client in-take procedures; key staff members that will assist in the smooth entry of and provide relevant agency history to Ms. Okoh.
11. Reporting of staff policy

The goal of CAL-PEP is to provide the services of the early intervention center to those individuals who have not accessed the existing HIV/AIDS services. The specific individuals targeted by the CAL-PEP staff are African American, Latino, and other minorities at risk that have multiple factors which keep them out of health care systems until it's too late. With this objective in mind, CAL-PEP will continue to provide to its staff the following training in-house to insure the CAL-PEP focus on cultural and social sensitivities is adhered to:

AIDS/HIV 101
CHOW Training
Peer Counseling
ATS Counseling

When staff training is offered through the CPC, Ms. Okoh will promptly participate. Ms. Okoh is first an employee of CAL-PEP and she needs to learn the nuances that make CAL-PEP CAL-PEP -- (1) our stands on African American and Latino and other under served minorities, and (2) our non-judgmental attitude toward those less privileged and the particular predicament in which the individual finds him or herself. These nuances will be best taught through CAL-PEP.

I apologize for not responding to the submittal of Ms. Okoh's resume. The resume is a part of her employment file and is considered confidential. Even though we are not

July 29, 1992

Memo to M. Thompson

I believe the rate of diagnosis for HIV/AIDS infection in the world is now one per every eight minutes. It is estimated that 13 million people are infected with HIV. With that obligatory mandate, Ms. Okoh and many others like her must go into the minority communities and educate them for early intervention and thereby early treatment. As soon as possible, preferably this week, please return the CAL-PEP cases to Ms. Okoh. She can engage in some positive intervention and some damage control. Clients can be located through our outreach staff. Your suggestion of waiting three or four weeks before doing that intervention, what does your suggestion accomplish? Also, you mentioned that three other cases of CAL-PEP's were given to Ms. Marrisa Davis (without consulting Ms. Lockett). CAL-PEP believes this is not in the best interest of inter-agency harmony, and wants us to discuss those cases further. Our goal--that Billie Okoh manage these cases.

Let us work together to get Ms. Okoh on line immediately. Let us do all things necessary to increase the client level of the CPC and the agency participation of CAL-PEP. In that regard Ms. Okoh should be scheduled immediately with the top four persons doing in-take at the CPC. (This will be in keeping with your suggestions of July 22, and 23, 1992). Please provide those names. Again the goal of our agency is to provide the services to the community. Ms. Okoh is capable and ready to begin client services now. Please conform to your agreement to begin Ms. Okoh's integration into the CPC.

As I noted in our meeting, CAL-PEP was not aware of the requirement that the case management position would be required to work evenings; therefore that aspect was not discussed with Ms. Okoh during the hiring process. As we agreed, Ms. Okoh, a single parent and to whom evening work is most difficult, will only be available possibly twice a month. This you will arrange with Ms. Okoh and schedule accordingly. It was stated that this accommodation is currently in place for other employees.

Ms. Okoh will be attending our mandatory trainings (as they are scheduled and with ample notice given to the CPC) and our mandatory administration meetings (each Tuesday 11 am to 1 pm) as we discussed in our July 23rd meeting. After the CPC staff meeting, she will BART back to the CPC to complete the Tuesday afternoon shift.

CAL-PEP and Ms. Okoh are working together to improve this reorganization period between our agency and between all collaborating agencies within CPC. As soon as a schedule has been provided to Ms. Okoh, we will follow it diligently unless there are conflicts. All conflicts will be discussed with the appropriate person or persons. To reiterate, the documents that have been requested are necessary to improve client services.

July 29, 1992
Memo to M. Thompson

The requested items: client demographics, personnel policy, in-take schedule and persons most knowledgeable about the CPC in-take procedure, the seven cases, the schedule of the advisory meetings that are available within and to the CPC staff, method for getting items on the management meeting agenda, a draft of a possible contract agreement between CPC and CAL-PEP.

The statement that CAL-PEP "does not trust your judgment" is far from the truth. CAL-PEP has worked with you on numerous occasions; we trust your judgment, but we also trust and believe in the goals and the intent of The Center For Positive Care. CAL-PEP has an agency goal of client advocacy, client concern, and client care first. We are not interested in a personal gain, but a gain for clients.

I hope this has addressed your July 24, 1992 memo.

cc: Gloria Lockett
Reggie Williams
James Dilley, M.D.
Administration
File

a:\mthomj29.mem

ATTACHMENT MICHAEL THOMPSON MEMO

RAELENE (BILLIE) OKOH

EDUCATION

Cal State University Hayward . B.S. Administration of Justice

Mission College, Santa Clara B.A. Fine Arts

EXPERIENCE

Supervisory	7 years
Counseling	6 years
Public and Community Relations	10 years
Health and Safety Outreach	2 years

Early Intervention Resource Center---Site Manager

Proposed Plan and Timeline

Finalize Job Description/Announcement
Review with AHP/CALPEP/AIDS Office

June 24

Place newspaper ads

June 25

SF Chronicle/Examiner June 30 publication

B.A.R. July 4

Sentinel June 27

L.A. Times June 30

N.Y. Times June 30

Chicago Tribune June 30

El Mundo July 7

L.A. Sentinel July 7

La Opinion July 7

Post July 7

Resumes due to NTFAP

July 12

Resume screening

July 17

screening performed by consultants
for AHP/CALPEP/NTFAP

Schedule interviews for "finalists"

week of July 29-

Job Offer

August 2

Site Manager start date

August 19



National Task Force on AIDS Prevention
of the National Association,
Black and White Men Together

July 18, 1991

To: Reggie Williams
Executive Director
National Task Force on AIDS Prevention

From: Michael Bala
Consultant

Re: Early Intervention Resource Center
Site Manager Position

As we discussed this morning, some concerns and questions have been raised regarding the process and timeline for recruiting and hiring the Early Intervention Resource Center Site Manager position. Below, please find a brief description of the process and timeline employed to date.

One of the first tasks I was asked to perform was the development of a job description for the site manager. The job description was developed between July 18-20. The drafts of this document was shared with Russ Zellers and Jimmy Loyce of the AIDS Office, with Rama Barnwell of CAL-PEP, and Peter Campos of UCSF/AHP. Each person was asked to comment and provide input for changing the document to better present our mutual expectations.

Russ Zellers provided detailed suggestions. All of his concerns were incorporated into a redraft. Copies of the redraft were provided to all parties noted above. Again, they were asked for comment. Peter Campos and I discussed some minor concerns which did not necessitate any substantial changes in the document. Rama Barnwell stated the revised document was fine.

Next, I developed a recruitment and advertising plan. This schedule was FAXED to Peter and Rama on July 2. I asked that they review the schedule with Jim Dilley and Gloria Lockett.

The position was advertised nationally as well as locally. Local newspapers included mainstream press, racial and ethnic community-identified press, and gay-identified press. These papers included:

Northern California- SF Chronicle/Examiner
El Mundo
Post
B.A.R.
Sentinel

Southern California- L.A. Times
La Opinion
L.A. Sentinel

National- N.Y. Times (local and national editions)
Chicago Tribune

Ads began appearing in the papers starting June 30. Due to publication schedules, some ads appeared the first week of July. All ads were published once. Additionally, the National Employment Digest picked up the ad and ran it.

Also, we mailed the job announcement to approximately 1,000 agencies and/or individuals. We purchased and used a mailing list maintained by the AIDS Service Providers Association. We mailed the announcement to CDC-funded national minority organizations and local chapters of BWMT.

Resumes were due to NTFAP by July 12. We received 60 resumes; 40 were from men and 17 were from women. Each applicant was mailed an acknowledgement letter in which we advised our timeline.

On July 16, the resumes were screened by Rama Barnwell, Peter Campos and myself. At the end of our review, we had identified 6 candidates we suggested be interviewed. However, we also felt there was a need to do additional screening. On Monday, July 22 I am convening a second panel to screen the applications. This panel will be composed of three women from CAL-PEP and UCSF/AHP. After their review, we will need to consolidate the candidate lists and invite the finalists to an interview.

Interviews will be held early the week of July 29. Interviewers include yourself, Gloria Lockett, Jim Dilley and representatives of the tenant agencies. The tenant representatives have yet to be selected. Also, the number of tenant representatives needs to be finalized. I propose no more than two so that we keep the team to a manageable number and not overwhelm the candidates.

It is my hope that agreement can be reached quickly on a candidate. Given the pending start date for Center services, I would like to see the person start work on August 19 or very shortly thereafter.

I hope this memo addresses your concerns. If you or any of the collaborators have any questions, I would be happy to discuss them. I believe all the collaborators, including the AIDS Office, have had opportunities for input into this process which is part of NTFAP's contract. I ask that you keep me informed and, as needed, continue to provide me direction. For your information, I have attached a copy of documents noted above.

National Task Force on AIDS Prevention
of the National Association,
Black and White Men Together

July 2, 1991

faxed

To: Rama Barnwell
CALPEP

Peter Campos
AIDS Health Project

From: Michael Bala
NTFAP

Re: Hiring ERIC Site Manager

Attached, for your review and comment, is a proposed plan and timeline for recruiting and hiring the ERIC Site Manager.

I ask that you review this plan with Gloria and Jim. I would appreciate any comments they might have for us.

Of particular interest to each of you is the screening and selection of "final" applicants to be interviewed. I suggest, if at all possible, we perform all interviews on one day. It will be difficult to schedule Gloria's, Jim's and Reggie's time.

Please provide me with any feedback or ask any questions you might have. I can be reached here at NTFAP.

Early Intervention Resource Center---Site Manager

Proposed Plan and Timeline

Finalize Job Description/Announcement	June 24
Review with AHP/CALPEP/AIDS Office	
Place newspaper ads	June 25
SF Chronicle/Examiner	June 30 publication
B.A.R.	July 4
Sentinel	June 27
L.A. Times	June 30
N.Y. Times	June 30
Chicago Tribune	June 30
El Mundo	July 7
L.A. Sentinel	July 7
La Opinion	July 7
Post	July 7
Resumes due to NTFAP	July 12
Resume screening	July 17
screening performed by consultants for AHP/CALPEP/NTFAP	
Schedule interviews for "finalists"	week of July 29-
Job Offer	August 2
Site Manager start date	August 19



National Task Force on AIDS Prevention

631 O'Farrell Street • San Francisco, CA 94109 • 415/749-6700 • FAX 415/749-6706

EMPLOYMENT ANNOUNCEMENT

POSITION TITLE: EARLY INTERVENTION RESOURCE CENTER SITE DIRECTOR

GENERAL DESCRIPTION:

This position reports to the Resource Center Management Team (RCMT). The Site Director has the responsibility for overseeing the daily on-site operational issues of the Early Intervention Resource Center (EIRC), implementing short-term and long-range planning, fiscal development and management, community relations, management of workplans and functioning of program components.

SPECIFIC DUTIES AND TASKS:

1. Provides day-to-day EIRC supervision:
 - manages resource center common space for funded agencies;
 - establishes workplans and timelines for completion of activities; and
 - monitors and ensures day-to-day activities of staff, consultants, contractors, volunteers and program managers.
2. Works in collaboration with the RCMT in managing the EIRC's community relations. Serves as EIRC representative to ASOs; the public and private agencies; regional, state and national associations of ASOs; the public and media.
3. Develops and implements fund raising projects with assistance from identified staff.
4. Ensures client and staff safety.
5. Supervises EIRC programs either directly or indirectly through staff/volunteers.
6. Provides/attends necessary meetings for the operation of the EIRC.
7. Works to ensure the fulfillment of goals and objectives as well as progress of the EIRC workplan.
8. Reports to the RCMT of workplans, program activities, program reports, financial status and other information as deemed pertinent.
9. Takes part in budget negotiations.
10. Provides logistical support to community based planning activities.
11. Other duties as assigned in support of the mission, goals and objectives of the EIRC by the RCMT.

JOB QUALIFICATIONS:

Required to have college work that has led to a degree and five years of relevant experience in the following areas: history of working with minority groups/CBOs and in multicultural/multiethnic settings; work history in non-profit administration especially fund raising and program management; demonstrated supervisory skills; excellent communication, public speaking, writing and listening skills; demonstrated sensitivity to issues involved in working with a broad range of agencies dealing with HIV; background in human resource programs; proven ability in creative coalition building; knowledge and familiarity with ASOs in the San Francisco Bay Area; financial management issues; good record keeping; and computer competency.

SALARY AND BENEFITS:

\$36,000 - \$41,600 per year, competitive with experience. Full benefits package.

APPLICATION PROCESS:

Position open until July 12, 1991. Mail resume with cover letter to Reggie Williams, Executive Director, NTFAP at the above address.

*The National Task Force on AIDS Prevention is an equal opportunity employer.
People of Color, Lesbians, Gays, People with HIV and the Physically Challenged are strongly encouraged to apply.*

Early Intervention Resource Center Site Manager Position

Recruitment/Hiring Timeline

June 30-July 7	Advertise position Northern California-S.F. Chronicle/Examiner El Mundo Post B.A.R. Sentinel Southern California-Los Angeles Times La Opinion Los Angeles Sentinel National-New York Times (NY and national) Chicago Tribune
July 12	Resumes due to NTFAP
July 16	First screening Rama Barnwell Peter Campos Michael Bala
July 22	Second screening Gloria Cox Marissa Davis Renetia Martin
July 29	Interview candidates
July 30-31	Job offer/notify candidates
August 19	Site Manager starts (or as soon after this date as possible)
September 16	EIRC opens

One hour per candidate has been scheduled for today. All candidates are being interviewed today. If interviews can be kept to 45-50 minutes each, you would have 10-15 minutes to discuss each candidate's experience/qualifications. The worksheet has been developed to assist you in evaluating the candidates. (You should feel free to write on the back of each sheet or use additional paper.) The questions asked focus in on the major job responsibilities; other appropriate questions/information can be noted on the worksheet.

Early Intervention Resource Center - Site Manager

Who applied?

Male	40	70.2%
Female	<u>17</u>	<u>29.8%</u>
	57	100.0%

People of Color	12-16	21-28%
-----------------	-------	--------

Current/primary Employment History

HIV/AIDS	15	26.3%
Other Health/ Mental		
Health/Soc. Services	27	47.4%
Business	<u>15</u>	<u>26.3%</u>
	57	100.0%

EARLY INTERVENTION RESOURCE CENTER SITE MANAGER

Candidate Ann Sisk

ADMINISTRATION

Does this candidate have the experience to perform this job? Y N

Strengths:

Weaknesses:

COMMUNITY EXPERIENCE

Does this candidate have the experience to perform this job? Y N

Strengths:

community (NR)

Weaknesses:

FUND RAISING

Does this candidate have the experience to perform this job? Y N

Strengths:

Weaknesses:

PUBLIC RELATIONS

Does this candidate have the experience to perform this job? Y N

Strengths:

Weaknesses:

What OTHER EXPERIENCE and/or ATTRIBUTES would this candidate bring to this job?

Interviewer _____

July 29, 1991

INTERVIEW SCHEDULE

Early Intervention Resource Center Site Manager
July 29, 1991

Location: National Task Force on AIDS Prevention
631 O Farrell Street

Interview Panel: Reggie Williams, National Task Force on AIDS Prevention
Gloria Lockett, California Prostitutes Education Project
James Dilley, MD, AIDS Health Project
Jimmy Loyce, DPH AIDS Office
Joe Gonzalez, Community United in Response to AIDS/SIDA
Jerry Windley, ACTUP

9:00 Introductions
Planning the day's process

✓ 9:30 Darren Britton 3

✓ 10:30 Dan Solliday 2

② ✓ 11:30 Michael Mitchell 1

12:30 Lunch

~~1:30 Timothy Connelly ✓~~

✓ 2:30 Mary Ellen Krems (telephone interview)

3:30 Ann Sisk

① ✓ 4:30 Joseph Bloom

5:30 Wrap-up
Indentification of final candidate

4:30 Wed AO

LETTERS OF SUPPORT
FOR CONTINUED FUNDING
Re: GRANT PROPOSAL: STATE
OFFICE OF AIDS: 1991-1993



SUPPORT

EDUCATE

ADVOCATE

November 27, 1990

Ann Sisk
AIDS Program Director
American Indian Health Center
2561 First Avenue
San Diego, California 92103

Dear Ann:

It is my pleasure to submit this letter of support for your HIV prevention program. The work you do in targeting the American Indian population is a vital component of the overall HIV prevention education effort here in San Diego County.

We are particularly supportive of your emphasis on outreach to women and youth.

We pledge to continue our commitment to assist you and network with your agency in the upcoming years to help bring a speedier end to the spread of this virus.

With best wishes for your continued funding:

Diane Bonne
Director of Education

3777 Fourth Avenue
San Diego, CA 92103
(619) 543-0300
FAX (619) 543-9685

4341 30th Street
San Diego, CA 92104
(619) 280-1500
FAX (619) 280-9484

601 Eucalyptus Avenue
Vista, CA 92084
(619) 945-6000



DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 739-3524



December 3, 1990

Mr. Wayne E. Sauseda, Chief
Office of AIDS
P. O. Box 942732
Sacramento, CA 94234-7320

Dear Mr. Sauseda:

On behalf of the State Indian Health Program I would like to take this opportunity to recommend San Diego American Indian Health Project, Inc., as a recipient for AIDS Education/Prevention program funding.

The San Diego American Indian Health Project, Inc., has been successful and innovative in serving the Indian community in regards to the Aids epidemic. The Aids Education/Prevention Program proposed by the project targets high risk groups and provides services that are specific to the American Indian community. We highly recommend funding of this project to provide AIDS Education/Prevention services.

If you have any questions, please feel free to contact me at (916) 739-4110.

Sincerely,

Dana Pierce-Hedge
Associate Health Program Advisor
Indian Health Program
Primary Health Care Systems Branch
Rural and Community Health Division



The Center

November 30, 1990

To Whom It May Concern:

On behalf of the Center for Social Services I would like to support the request for continued funding of the San Diego American Indian Health Center.

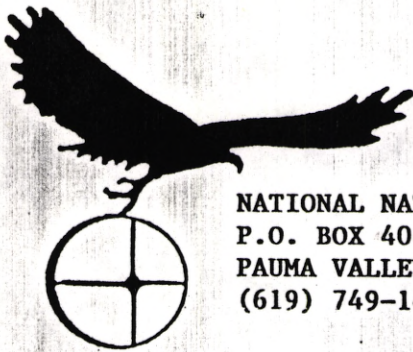
The work in AIDS prevention which the Health Center has been doing is critically important. Their Youth Empowerment Program targets adolescents who have a potential for high risk behavior. The education is done by peers which we know to be the most effective way to reach specific cultural and age groups.

Our agency has worked cooperatively with the American Indian Health Center on several occasions to provide resources for those persons affected by the AIDS crisis. I believe their efforts are excellent and should continue to be funded by the California State Office of AIDS.

Sincerely,

Lois G. Gail, Ph.D.
Clinical Director
AIDS Response Program

3780 5th Avenue, Suite 2 • San Diego, California 92103 • (619) 692-2077



NATIONAL NATIVE AMERICAN AIDS TASK FORCE
P.O. BOX 406
PAUMA VALLEY CA 92061
(619) 749-1410 Ext. 241

ANN SISK, M.A., C.A.C. COORDINATOR
AIDS EDUCATION & PREVENTION PROGRAM
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2561 FIRST AVE.
SAN DIEGO CA 92103

NOVEMBER 21, 1990

Dear Ms. Sisk,

The National Native American AIDS Task Force (NNAATF=NATIVE) is glad that you have accepted the Board of Directors position of **Treasurer**. Your consistent employment with American Indian service agencies and your success at these agencies will bring great expertise to our organization.

As a member of the Governing Board of NNAATF you will be expected to help oversee and direct the policies and activities of the organization. As treasurer, your signature will be required for all monetary transactions.

NNAATF recognized the credibility of the HIV/AIDS prevention efforts of your program. We feel that the San Diego American Indian Health Center has a model program and will make highlight of this in our upcoming resource directory. We support your proposal to the State of California Office of AIDS for continuation funding for the coming years (1991-1993). We feel that your program is providing a great service for other Indian agencies that can learn from your endeavors.

Sincerely,

THOMAS ELLIOTT LIDOT
EXECUTIVE DIRECTOR,
NATIONAL NATIVE AMERICAN AIDS TASK FORCE

November 30, 1990

Ann Sisk, AIDS Program Director
San Diego American Indian Health Center
2561 First Avenue
San Diego, CA. 92103

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YOUTH
&
COMMUNITY
SERVICES**

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Special Projects
3878 Old Town Ave.
Suite 200B
San Diego, CA 92110
(619) 297-9310

The Bridge
3151 Redwood Street
San Diego, CA 92104
(619) 280-6150

Family Care
Resource Center
9455 Ridgeway Ct.
Suite 101
San Diego, CA 92123
(619) 492-9696

The Gatehouse
21 Richfield Ave.
El Cajon, CA 92020
(619) 579-8761

Help Center
P.O. Box 151376
San Diego, CA 92115
(619) 287-6459

Neighborhood
Outreach Program
2220 Broadway
San Diego, CA 92102
(619) 232-8126

Ocean Beach
Community Services
5041 Newport Ave.
San Diego, CA 92107
(619) 225-9305

The Storefront
1039 12th Street
San Diego, CA 92101
(619) 239-4688

Teen Recovery Center
3925 Adams Ave.
San Diego, CA 92116
(619) 521-2250

Dear Ms. Sisk:

I would like to express our support for the San Diego American Indian Health Center's (SDAIHC) AIDS Program application for continued funding from the State Office of AIDS. SDAIHC's AIDS Project is the only program developed to implement AIDS education and prevention specifically to American Indians residing in San Diego's urban areas.

Numerous studies from the Centers for Disease Control indicate racial and ethnic minorities account for disproportionately high percentages of individuals who suffer from this terrible disease. These figures carry an unmistakable message; immediate action must be taken to prevent further HIV infection in minority communities. We appreciate your coming to the forefront and making the San Diego community aware that American Indians have joined in prevention and education against AIDS.

We would further like to indicate our desire and willingness to continue to work with SDAIHC in community education efforts. The insight and expertise provided by SDAIHC's AIDS Program regarding the Indian community in San Diego has been beneficial to the staff and Training of Trainer participants in our AIDS & Youth Education Project.

We actively support your application for funding to continue to provide culturally sensitive information and education to American Indians. We strongly encourage the State Office of AIDS to favorably support you in your important work.

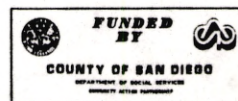
Sincerely,

Debbie Pino-Saballett

Debbie Pino-Saballett, Project Director
AIDS & Youth Education Project



United Way
of San Diego County





Logan Heights
Family Health Center

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November 29, 1990

Ann Sisk, M.A., C.A.C.
AIDS Program Director
San Diego American Indian Health Center
2561 1st Avenue
San Diego, CA 92103

Dear Ms. Sisk:

I am writing on behalf of Logan Heights Family Health Center (LHFHC) to express our support of your proposal for continued funding towards your program of AIDS education and prevention efforts to American Indians in San Diego. The Youth Empowerment Program is a much needed service to youth in your community and needs to be underway now to prevent further spread of infection.

As you know the LHFHC has been providing bilingual/bicultural health services to the Latino community for nearly two decades. Our Health Promotion activities over the last few years have been very effective and well received in the San Diego Latino Community. We have worked hard to build a level of trust with all of our clients. From the work and the outreach efforts that the clinic has been able to conduct, we know that many of our clients are among these working poor and most in need of preventative services.

We are excited about your proposal, and urge the California State Office of AIDS to give your proposal every possible consideration. If our agency can be of service to you in the future, please feel free to contact us at 234-0360.

Sincerely,

Beth Darmstadter
Special Projects Coordinator, Health Promotion





November 27, 1990

Ann Sisk
AIDS Program Director
San Diego American Indian Health Center
2561 1st Avenue
San Diego, CA 92103

Dear Ms. Sisk:

North County Health Services (NCHS) endorses the American Indian Health Center's application to the State Office of AIDS for continued funding for AIDS Education and Prevention to San Diego's American Indian communities.

NCHS supports your organization in its continuing efforts to educate the native American population about HIV/AIDS. Your proposed Youth Empowerment Program is especially important as it targets the young population which is at high risk. In our support, we would share any knowledge, experience and resources in combating HIV infection with you.

NCHS wishes you success in the application and implementation of this project. If we can offer assistance to you, please contact us.

Sincerely,

Susan Westlund
Interim Executive Director

SW/tan



YMCA JUVENILE CRISIS PROGRAM

2859 EL CAJON BLVD. • SAN DIEGO, CA 92104 • (619) 284-0361

November 27, 1990

Ann Sisk, M.A., C.A.C.
AIDS Program Director
San Diego American Indian Health Center
2561 1st Avenue
San Diego, CA 92103

Dear Ms. Sisk:

I am writing this letter in support of your center's AIDS Education and Prevention Program which is funded through the California State Office AIDS. As you are currently the only program offering these services to American Indians residing in San Diego's urban areas, I wish to see this project continued.

Programs which are culturally sensitive must be utilized to reach the minority groups of San Diego County. Your knowledge and expertise in this area verifies your ability to provide appropriate information and education.

I hope that you will be able to continue providing this much needed service to the community.

Sincerely,

Linda L. Newell, LCSW
Director



Indian Health Council, Inc.

Clinic and Main Office
P.O. Box 406
Pauma Valley, CA 92061
(619) 749-1410

Santa Ysabel Satellite Clinic
P.O. Box 10
Santa Ysabel, CA 92070
(619) 765-1220

ANN SISK, M.A., C.A.C., COORDINATOR
AIDS EDUCATION & PREVENTION PROGRAM
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
2561 FIRST AVE
SAN DIEGO CA 92103

November 21, 1990

Dear Ms. Sisk,

It was a pleasure meeting with you and discussing possible interfacing of our programs regarding HIV/AIDS prevention with youth and comparing notes on serving the American Indian community. The services your program provides are much needed by not only the target populations but by other American Indian AIDS service agencies as well.

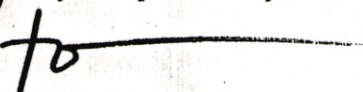
I appreciate your cooperation in helping rural/reservation program interlink with the various services offered in the metropolitan area. I expect to continue consulting with you to find out about local resources and updates that we do not often hear about on the Rincon Indian Reservation.

Since working with you at the **Traditional AIDS Gathering**, sponsored by the California Rural Indian Health Board and held at the Sycuan Indian Reservation, I realize the tremendous value in assessing the gaps in service to our community. As funding sources diminish, coordinating efforts and resources is essential to addressing the HIV/AIDS epidemic in a small and diverse population as ours. I look forward to meeting with you again to discuss program development and planning at the next **San Diego County Indian AIDS Task Force** meeting, scheduled December 12, 1990.

The **volunteer program** you are developing is a first for our Indian HIV/AIDS service community. Not only will it serve as a vehicle to prevent HIV infection but will also provide a resource for the non-Indian community as well.

I hope you continue receiving funding for your important endeavors as programs like yours definitely fill a gap. The HIV/AIDS Prevention Education Program of Indian Health Council, Inc., supports your proposal to the State Office of AIDS for continuation funding for fiscal years 1991-1993.

Very Respectfully,


TOM LIDOT

HIV/AIDS PREVENTION EDUCATION PROGRAM COORDINATOR/EDUCATOR

WRITING SAMPLES



Indian Health Council, Inc.

Clinic and Main Office
P.O. Box 406
Pauma Valley, CA 92061
(619) 749-1410

Santa Ysabel Satellite Clinic
P.O. Box 10
Santa Ysabel, CA 92070
(619) 765-1220

ARTHUR E. JORDAN, CHIEF
PRIMARY HEALTH SERVICES DEVELOPMENT PROGRAM
STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY
DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO CA 94234-7320

Dear Mr. Jordan:

November 27, 1990

This letter is in response to your request for input regarding the unique and specific needs of our organization and community. Indian Helth Council(IHC) is located in north San Diego County serving 8 reservations and rural areas of the Native American community. IHC is and has been the primary health care provider for American Indians since 1970. IHC hosts the San Diego County Indian AIDS Task Force and headquarters for the National Native American AIDS Task Force which coordinates resources for American Indians regarding HIV/AIDS.

In California, the seropositivity rate for American Indians/Alaskan Natives in the Military Recruit Study is 4.4/1,000, second only to, and almost tied with blacks(1). STD rates for American Indians surpass the general population for gonorrhea, primary and secondary syphilis(2). Substance abuse(legal, illegal, including alcohol) is and has been a historical problem for this population. All these factors lead to multiple inroads for HIV infection for the unique American Indian population. The general perceived need for funding is low and underrated due to the misreporting of cases and the transient HIV infected American Indian population. Therefore, the impact of the HIV/AIDS epidemic appears to be non-substantial, and incorrectly so.

Currently, HIV prevention efforts have focused on education. This continues to be an important and underfunded need for the small community based organizations(CBO's) that serve American Indians in our community. It is believed that HIV infection is well established in all areas of the American Indian community(urban, rural & reservation)(3). Often, it is the small Indian Health clinic that serves as a liaison/intermediary between reservation/rural populations and the comprehensive services offered in the urban/metropolitan area.

As the epidemic continues, the need for increased health care is apparent. The unique need for testing this population has manifested in client transport for HIV pre/post test counseling that is culturally sensitive and testing. HIV testing at Indian CBO's has not generally been appropriate because of confidentiality in such small and tightly networked communities in rural and reservation areas. Other anticipated needs will be for outreach and specially trained staff for home health care.

The urban American Indian population is more difficult to reach in San Diego because the community as a whole is not as cohesive as the rural/reservation area. There is, however, easier access for the HIV infected urban Indian to important resources (early intervention, hospice care, outpatient/inpatient needs).

The needs of the HIV infected American Indian have manifested in the access to traditional healing resources, culturally appropriate counseling and support groups, family support services and the entire range of needs for the general HIV infected population.

An emphasis in prevention education for youth has been culturally dictated. The successful programs in this area combine traditional self-esteem skills, revive traditional spiritual practices and in the process develop attitudes and ethics amenable to understanding and promoting risk reduction behaviors regarding HIV.

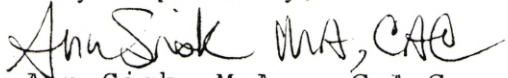
All these, and the cost of health care, make it difficult for CBO's to serve the HIV infected American Indian. Specially trained staff need to be in place when those with HIV infection begin to need more services. The existing Indian health agencies in San Diego have already networked with local County Health services so the mechanisms are in place to make the necessary referrals. Indian Health Service(IHS), generally perceived able to provide all the health needs for American Indians, is underfunded and only able to provide minimal support for HIV/AIDS services and education programs.

As general funding for AIDS diminishes, the local American Indian health agencies with HIV/AIDS programs have coalesced to form the San Diego County Indian AIDS Task Force to coordinate services and to better understand the needs of the HIV infected American Indian.

As a local HIV/AIDS Coordinator/Educator and facilitator for the San Diego County Indian AIDS Task Force, I feel these issues need to be documented. As the Director for the National Native American AIDS Task Force I recognize that San Diego county has unique needs in serving its American Indian population with HIV/AIDS prevention education and medical and support services.

If you have any questions, please feel free to call me at (619) 749-1410 X 241.

Very Respectfully,



Ann Sisk, M.A., C.A.C.

HIV/AIDS Program Director

Executive Director, National Native American AIDS Task Force

ENCLOSURES:

XC: BINNIE CALLENDAR, CHIEF
San Diego Office of AIDS Coordination

STEVE ELDRED, HEALTH PLANNER
San Diego Office of AIDS Coordination

J. WILLIAM COX, M.D., Ph.D., DIRECTOR
County of San Diego Department of Health Services

JEAN PICKUS, COMMUNITY HEALTH COORDINATOR
Southern Indian Health Council, Inc.

ROSE M. COSGROVE, COMMUNITY HEALTH DIRECTOR
Indian Health Council, Inc.

Tom Lido AIDS EDUCATION & PREVENTION PROJECT DIRECTOR
SAN DIEGO AMERICAN INDIAN HEALTH CENTER

PAUL DARBY, HIV/AIDS EDUCATOR/COORDINATOR
Southern Indian Health Council, Inc.

DIANE PAR, DIRECTOR
Sycuan Medican Center

EMMETT CHASE, M.D., M.P.H., NATIONAL AIDS COORDINATOR
Indian Health Service

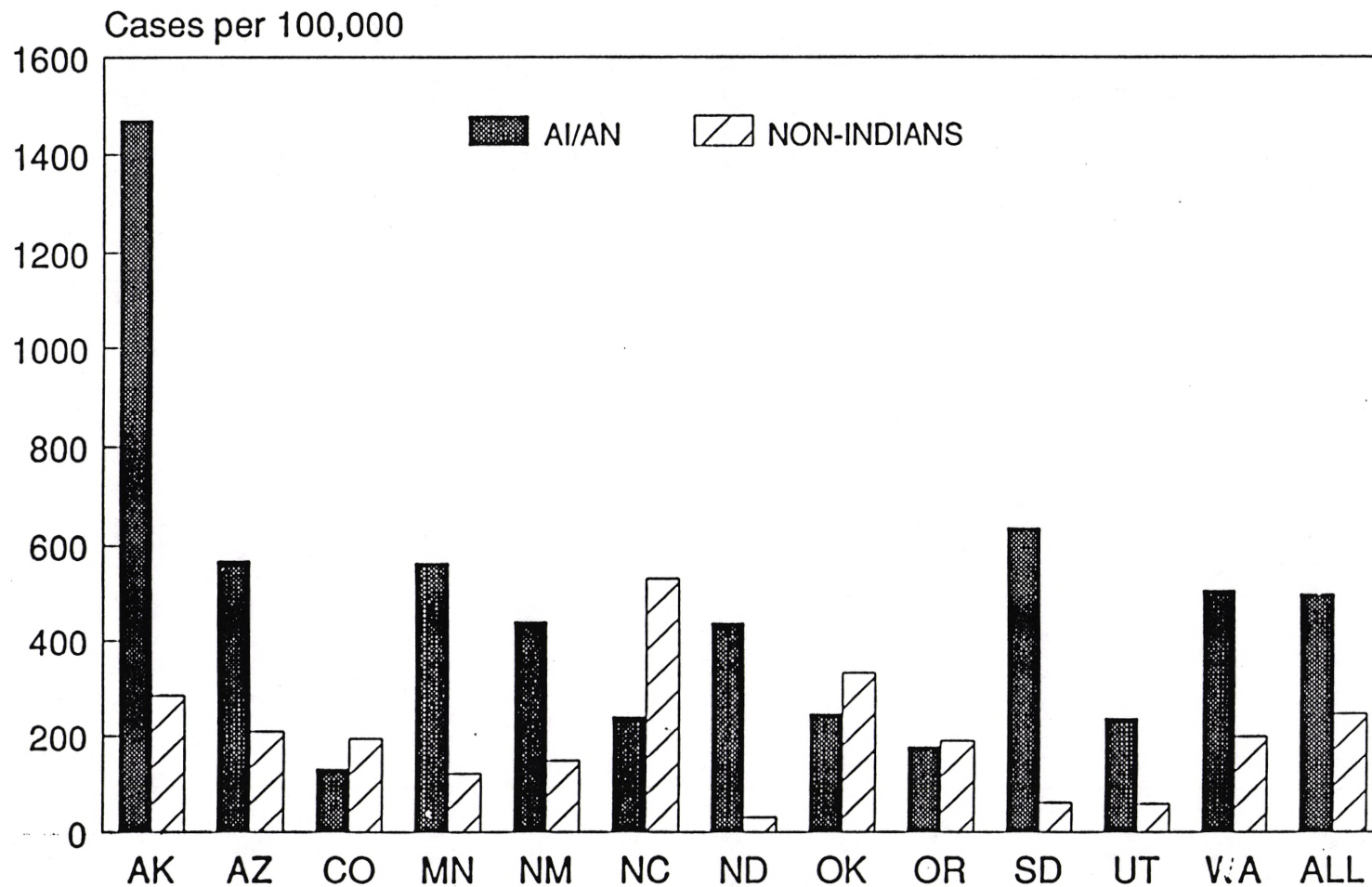
ARICA C. WILLIAMS, CHIEF, HEALTH EDUCATION & AIDS COORDINATOR
Indian Health Services, California Area

FOOTNOTES

1. Centers for Disease Control (CDC), AIDS Program. Prevalence of HIV-1 antibody in civilian applicants for military service by state, sex and ethnic group, October 1985-December 1988. Unpublished raw data.
2. CDC Gonorrhea Case Rates 1984-1988
CDC Primary and Secondary Syphilis Rates 1985
3. IHS/CDC Seroprevalence Study 1988-1989: Unpublished raw data

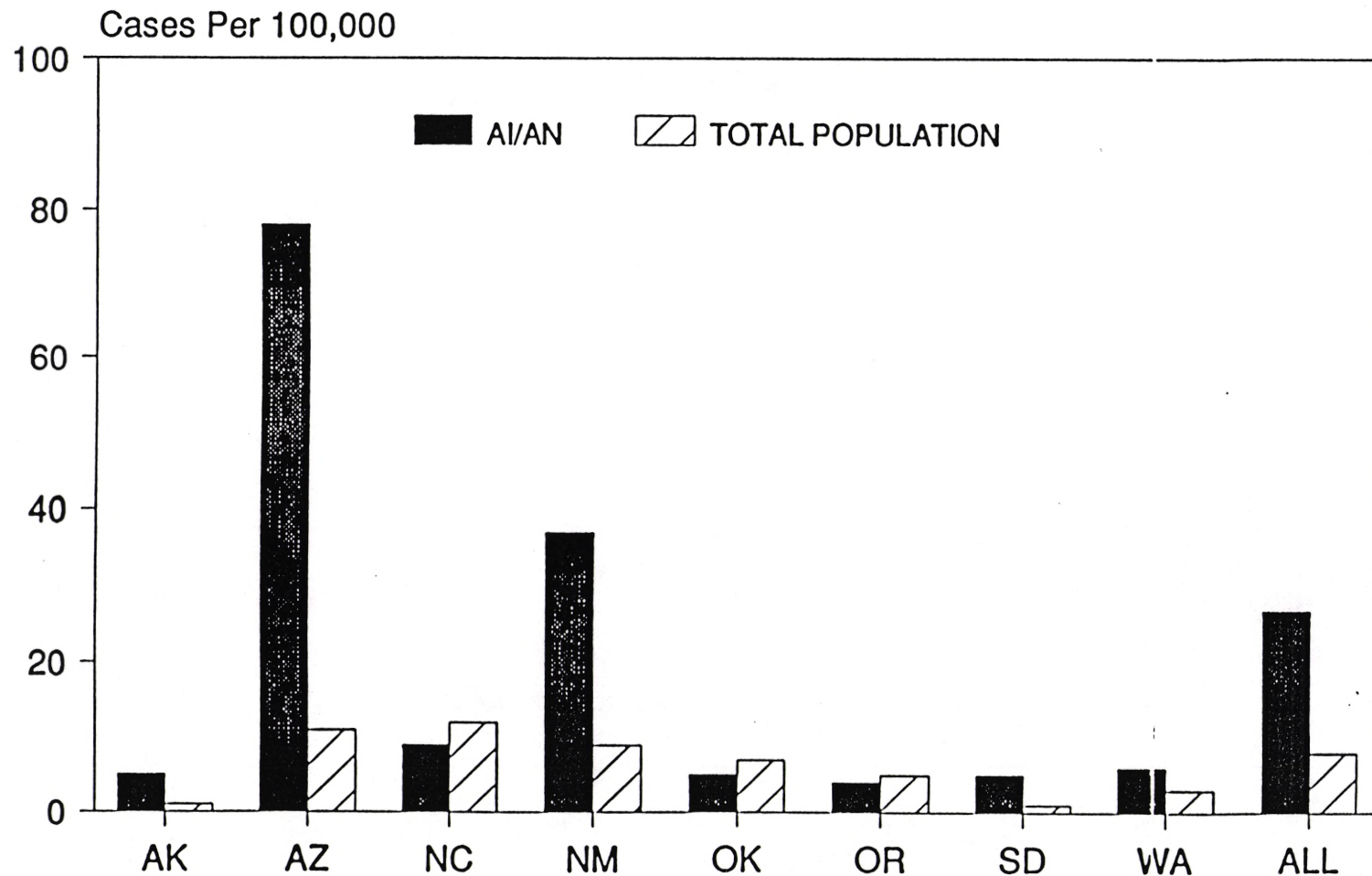
GONORRHEA CASE RATES

American Indian/AK Native vs. Non-Native



Source: CDC 1984-1988

Primary and Secondary Syphilis American Indian/AK Native vs. Total Pop.



Source: CDC 1985

CONCLUSIONS FROM IHS/CDC SEROPREVALENCE STUDY

- *INFECTION RATES AMONG AMERICAN INDIAN/ALASKAN NATIVE RURAL WOMEN ARE MUCH HIGHER THAN IN ANY COMPARATIVE STUDY OF OTHER RURAL WOMEN.*
- *IT IS REASONABLE TO ASSUME THAT 2-3 AMERICAN INDIAN/ALASKAN NATIVE BABIES FROM THE 3RD TRIMESTER INFECTED MOTHERS WILL BE BORN INFECTED.*
- *THE DATA SHOWS THAT THE VIRUS IS NOW WELL-ESTABLISHED IN THE AMERICAN INDIAN/ALASKAN NATIVE POPULATION.*
- *IT IS STILL POSSIBLE TO PREVENT AN AIDS PANDEMIC IN THE AMERICAN INDIAN/ALASKAN NATIVE POPULATION THROUGH IMMEDIATE WIDESPREAD PREVENTION EDUCATION.*

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SAN DIEGO AMERICAN INDIAN HEALTH CENTER

excellence in health care with respect for custom and tradition

EXECUTIVE SUMMARY

The **SAN DIEGO AMERICAN INDIAN HEALTH CENTER** proposes to continue a San Diego County-wide (Region VII) AIDS Education and Prevention Project for American Indians. This Project will concentrate on three specific American Indian target groups: American Indian women of child bearing age (13-30); American Indian Youth out of mainstream schools (ages 13-19); and American Indian Homosexual and bisexual males (ages 13-30).

The goals of the Project are to: 1). **Provide continued AIDS Education and Prevention to the San Diego American Indian Community ;** 2). **Develop an American Indian peer education program to target other high risk youth;** 3). **Reduce high-risk, HIV transmission behavior among American Indian youth through an Indian youth peer education program;** 4.) **Target women of child bearing age and homosexual and bisexual males via presentations and informal support groups.** 5.) **A needs assessment survey will be administered to the Indian community in San Diego to better evaluate ongoing needs regarding HIV infection in these target groups.** All goals will be focused on culturally appropriate skills and interventions that will promote behavioral change.

The Project estimates that \$135,577 will be needed for the first year of the proposal (1991-1992). \$146,700 will be needed in the second year of the proposal (1992-1993).

The Project will provide accurate and culturally sensitive methods of HIV/AIDS education and prevention to the American Indian Community. Formal training and community education forums will be employed as well as presentations at various cultural events. In addition, AIDS materials will be modified to attract American Indian interests. All program interventions will be in conjunction with the AIDS Advisory Committee. Direct intervention for high-risk groups will be conducted through the Outreach Service Division of the CENTER and its associates in the American Indian health service field of San Diego County. Cultural appropriateness of all information and education materials provided by the Project will be determined by approval of the Advisory Committee and through the experience of the CENTER in providing direct health services to the American Indian Community.

Agency Name: San Diego American Indian Health Center

Contract Number : _____

Contract Period: July 1, 1992- June 30, 1993

Exhibit B.

Page 1 of 1

SCOPE OF WORK

Goal Statement: **# 1 Reduce high-risk, HIV transmission behavior among American Indian youth through a youth peer education program.**

Measurable Objective: # 1:

By June 30, 1993, 10-15 American Indian youth peer educators will be trained to educate their peers regarding high-risk behaviors and act as role models . Upon completion of their training they will reach an overall competency level of 85% or higher based on two levels of evaluation. One will assess knowledge of materials via multiple choice tests . 2) Evaluation of their ability to utilize various acceptable and culturally appropriate educational methods via developing a final presentation to increase knowledge, skills to bring about a reduction in the transmission of HIV/AIDS.

TIMELINE

PROGRAM ACTIVITIES

(OTR:1,2,3,4)

1) **RESEARCH:** . By 1992 a years worth of data will have been collected and analyzed from the program by various assessment tools including the Educational, Behavioral and Needs Assessment Survey. This will provide a basis for ongoing research to focus more clearly on the education and intervention methods which effected behavior most significantly.

Q.1,2,3,4

2) **COORDINATION:** By 1992 the **Peer Education Program Focus Panel** will likely be more experienced and adept at evaluation, recruitment, and training peer educators , as will the staff. We anticipate that the pprogram will grow and we will coordinate our efforts appropriately as necessary.

3) CONTENT:

Q.1,2,3,4

Develop a 10 week, 30 hour, American Indian youth peer education training program. The curriculum will incorporate the Empowerment Education Model (Paulo Friere) which promotes individual growth through community change.

Major themes of materials will consist of specific, culturally relevant, HIV/AIDS interventions which facilitate the examination of personal beliefs and development of communication skills to educate the peer group (and ultimately their peers) in prevention of HIV transmission. The training curriculum will also provide the peer educators with tools for empowerment, self-esteem building, decision making skills, leadership abilities and cultural pride. Some of the interventions will be role play, group participation in supporting each other with constructive feedback, and creating a social climate for the

Exhibit B. Con't

Page 2 of 2

group that support healthy behaviors. Also to reinforce behavior change by addressing the barriers in their community as they relate to HIV/AIDS education/ prevention by examining their own personal beliefs.

4) IMPLEMENTATION:

Q.1.2.3.4.

Recruit and provide youth peer education training to 10-15 American Indian youth ages 13-19 to enable them to educate their peers in reduction of high-risk behavior and promote reinforcement for behavioral change. The peer educators will receive a 10 week, 30 hr. training. They will meet for 3 hrs per week where they will be trained in multiple educational strategies/interventions providing for maximum contact and continuity. Educational training shall be didactic only in portions involving specific, culturally relevant, appropriate health information regarding HIV/AIDS related information. The focus will be interactive, participatory and provide for group support and reinforcement for behavioral change. A \$5.00/hr stipend will be paid to the peer educators once they have successfully completed their training and begin to design their own goals, objectives, and educational strategies to present to their peers. All activities will be approved by the Peer Education Focus Panel as well as the AIDS Advisory Board.

approved by the Advisory Board, community expert panel and program staff. They will receive ongoing updates on current educational data on HIV/AIDS every month, or as needed.

Q.1.

3) FIELD TESTING:

Development of evaluation tools for the revised 1992 peer education curriculum will be field tested by the advisory group, focus groups, and pilot presentations will be done prior to implementation.

3) LOGISTICS:

Q.1.2.3.4

Hopefully, by 1992 the space we have proposed in our budget will have been approved and obtained. The peer education training program will meet for 10 consecutive weeks, 3 hours/wk 90 min. sessions, 2 times/wk, after school from 4:30 pm-6:pm. After the training they will be meeting regularly, from 3-10 hours/wk to develop and make their presentations. The peer educators will work together to determine goals and objectives for their program with staff facilitation and make a group decision on regular meeting times and other logistics.

(Q.1,2,3,4)

5) PROMOTION:

Recruitment of peer educators will be promoted in numerous ways; 1) Numerous radio and newspaper PSA's. 2) pamphlets and flyers to all Indian organizations. 3) Indian

Newsletters 4) Title V Indian Education Program will be a major source of recruitment 5) Indian youth clubs 6) Indian Education programs on reservations. 6) Indian Manpower Consortium 7) Indian Human Resource Center. 8) Traditional youth dances, fiestas, Pow-Wows, Tribal council referrals., 9) They will also be offered a \$5.00/ hr. stipend to further incentive. This is not an exhaustive list.

EVALUATION OF GOAL #1.. OBJECTIVE. #1.:

1) PROCESS: Peer educators will successfully complete a 10 wk training series. the Peer Education Program Focus Panel(named above in section, **#2 COORDINATION.**), program staff and the AIDS Advisory Board will evaluate, review and approve the training curriculum. Program staff will collect data on . and post- tests as well as the overall scores upon completion of training. Peer educators will be evaluated on a presentation by above panel of community experts; the final tool in assessing their overall skills in presenting the information they have learned. They will also be monitored throughout the program and staff will accompany them to all activities and presentations. Sign- in logs, staffing activity logs, and charts will be kept on everyone to maintain Q.A. Records will be collected from all meetings, presentations and activities and maintained by the project director.

2) OUTCOME EVALUATION:

5-10 American Indian youth peer educators will achieve a minimum competency level of 85% overall as evaluated by objective mid-term and post -tests of training information and presentations. Presentaions will be scored by a panel of AIDS Advisory Board, community experts and program staff using a standardized rating criteria designed by the project director with input from the Peer Education Program Focus Panel.

3) IMPACT EVALUATION:

5-10 American Indian Youth will be trained as peer educators to then educate their peers regarding HIV transmission and high- risk behaviors. They will also serve as role models to facilitate behavioral change among themselves and their peers. These peers educators will be evaluated on two levels of competency where a score of 85% is necessary to complete the program. The first evaluation tool will be a pre-test to determine a baseline, an objective nidtermn will be given after 5 weeks as well as an objective final exam in week 10. The second method of evaluation will be based on a group presentation given tothe Peer Education Program Focus Panel who will asses them on their first presentation and monotor them throughout the year as will program staff.

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They will be given periodic quizzes and oral evaluations of their change in knowledge and behavior as a function of their experience and training in peer education, as well as assessments at 3 and 6 month intervals using the Educational, Behavioral, and Needs Assessment Survey as one measure. The data will be collected and analyzed in the first year with the thesis that data reflected in year 1 will have an important effect on program strategy and development. Such that we can streamline our educational techniques in the second year to increase effectiveness toward behavior change.

EARLY INTERVENTION RESOURCE CENTER SITE MANAGER

Candidate Ann Sisk

ADMINISTRATION

Does this candidate have the experience to perform this job? Y N

Strengths:

Weaknesses:

COMMUNITY EXPERIENCE

Does this candidate have the experience to perform this job? Y N

Strengths:

Weaknesses:

FUND RAISING

Does this candidate have the experience to perform this job? Y N

Strengths:

Weaknesses:

PUBLIC RELATIONS

Does this candidate have the experience to perform this job? Y N

Strengths:

Weaknesses:

What OTHER EXPERIENCE and/or ATTRIBUTES would this candidate bring to this job?

Interviewer _____

July 29, 1991

Timothy J. Connelly
2507 East 15th Street #310
Long Beach, Ca. 90804
(213) 987-0231

RECEIVED
7-16-91

June 30, 1991

Reggie Williams, Executive Director
NTFAP
631 O'Farrell St.
San Francisco, CA 94109

Dear Executive Director Williams:

Enclosed, please find my resume as application for the position of Early Intervention Resource Center Site Manager, as advertised in the Los Angeles, Times, June 30, 1991.

As my resume will reflect, I have considerable experience in non-profit management and administration. I am seeking a position where my background in human services delivery administration will be used in an area with a sense of urgency. I am an energetic and some think at times, hyperactive person who pursues a goal with commitment and diligence. My references will confirm my abilities in personnel, financial awareness, community and client relations, and a person who works well in a team format.

I am a man who has watched too many friends and acquaintances become sick, and die. The opportunity to be in a position where I can utilize my skills in crisis intervention is of great importance.

Sincerely,



Timothy J. Connelly

TIMOTHY J. CONNELLY

EDUCATION: B.S. Criminal Justice and Corrections
University of Cincinnati

Telephone: [REDACTED]

EMPLOYMENT HISTORY

02/91 to PRES. The Grantsmanship Center: Training Programs Administrator: Develops hosting sites with Non-Profit Agencies to conduct 120 or more training classes annually in the skills and knowledge necessary to write successful grant proposals: Scheduled trainers, registered participants, oversaw assembly of training materials, developed knowledge of grant writing and funding resources, utilized WP 5.1 and Meeting Pro software, supervised small staff, wrote book reviews for nationally recognized Whole Non-Profit Catalog-circ., 250,000.

03/85 to 12/90 Harbor Foundation for the Retarded: Director: Administrator of a small non-profit, multi-service agency for the Developmentally Disabled: Oversaw operations including personnel administration and benefits, budget preparation and financial income/expenditures, wrote grants and directed fundraising. Duties also included developing a marketing plan, interaction with funding agencies, monitoring licensing and accreditation requirements, advocacy, community relations and client welfare.

12/83 to 2/85 Hyland Therapeutics, (home office, Glendale, CA): Assistant Manager of a plasma donor center, initially in Las Vegas, NV, then San Bernardino, CA. Duties included personnel hiring, relations and administration. Supervised employees in the strict technical standards for collecting human plasma.

06/68 to 06/83 Talbert House, Inc., Cincinnati, Ohio / Las Vegas, NV: A private, non-profit, multi-program agency serving a wide range of human service needs including residential, out-client, substance abuse, mental health, corrections, male/female, adult and minor. Several positions were held.

Program Director, Las Vegas, NV: Established a residential program for first offenders, male and female, drug/alcohol abusers as an alternative to incarceration. Hired, trained and supervised staff, planned and administered budget, supervised counseling program. Program initiated 11/81 and closed 6/83 due to funding cutbacks of state reimbursement.

Program Director, 621-CARE, Cincinnati, Ohio: Directed a 24 hour crisis intervention and suicide prevention center with hotline and walk-in services. Program handled over 50,000 calls per year, and counseling program offered short-term therapy for individuals and groups. Wrote grants (including original one), established budget, and defended them to funding agencies. Staff of 10, plus 25 volunteers. Position held 1/75 to 11/81.

Assistant Director and Director of two different residential programs for offenders including adult and minor, parolees, work releasees, probationers, drug/alcohol abusers. Provided counseling, supervised staff, oversaw facilities, and was responsible for accreditation standards. Assistant Director position 6/68 to 12/68, Director positions 1/69 to 12/74.

12/63 to 6/68 Hamilton County, Ohio Adult Probation Department: Probation Officer Wrote pre-sentence investigations and supervised adult felons.

PUBLICATIONS: 'Volunteers in the Halfway House Setting'; Northeastern University Press; Volunteer Administration; Vol.III, No. 2, Summer 1969.
'A Consumer Guide to Alcohol and Drug Services', March, 1981.



National Task Force on AIDS Prevention
of the National Association,
Black and White Men Together

July 24, 1991

Dear Reggie;

Thank you for agreeing to be a part of the interview panel for the Early Intervention Resource Center Site Manager position.

The panel will be interviewing the candidates on Monday, July 29. We ask that you be here at the NTFAP Office, 631 O'Farrell Street, at 9:00 a.m. At that time the panel as a whole will establish its process for conducting the interviews. The first interview is scheduled for 9:30 a.m.

For your information, I have enclosed a brief of the timeline we have been working under. Also, I have provided an evaluation sheet for each candidate. This sheet is intended to assist you in focusing on the major job responsibilities. The sheet was developed to serve as a guide; it is not intended to limit or restrict the questions asked of the candidates. Please feel free to use this form, both front and back.

I suggest you limit the interview to 45 – 50 minutes each. This will allow you a few minutes to discuss the candidate's skills/experience. I have scheduled one hour for lunch starting at 12:30. I have scheduled the last interview for 4:30. That will allow you time, at 5:30, to discuss the day's process. Hopefully, you will be able to make a recommendation to check references and hire.

If I can answer any questions, please call me at 647-6700. I will be in attendance all day of the 29th to facilitate the interview flow as needed.

Sincerely,

Michael Bala

MB/ajm



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

Interoffice Memorandum

4 December 1991

To: Steering Committee

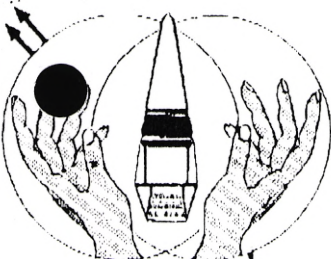
From: Mike Mitchell *Mike***MEMORANDA From:****Dr. Shelley Fernandez & Ana Bertha Campa, CURAS****Valerie Dorr, SF DPH AO**

I received the attached two (2) memoranda today.

Would you like me to personally reply to CURAS's memorandum, and how; or would the Steering Committee prefer to respond? It may be best to attempt to resolve the situation through a meeting with the affected parties rather than a continuation of memorandum writing that serves no constructive purpose.

How do you wish to reply to Valerie Dorr's memorandum? Please note the paragraph relating to the CURAS social worker being on-call.

C U R A S



December 3, 1991

Board of Directors:Carmen Carrillo, Ph. D., J.D.
PresidentAna Bertha Campa-Garcia
Vice PresidentDavid Macias, BPA
TreasurerStewart Blandon
SecretaryOscar Albert Olvera
1991 in reference to Rosamaria Zayas:

Lucrécia Bermudez

Tom Almáguera, Ph.D.

Alex Martínez

Rafaela Herrera, M.S., J.D.
Interim Executive DirectorA non-profit
Tax Exempt Organization

Memorandum

To: Mike Mitchell CPC

From: Ana Bertha Campa Intrium Ex. Director CURA/S
& Dr. Shelly Fernandez Chair BOD CURA/S

With regard to your memos dated November 20, 1991 and December 2,

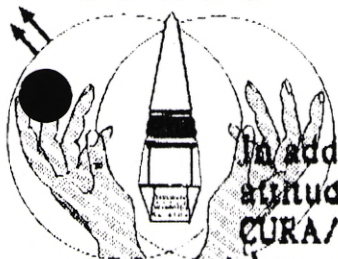
Firstly, you stated in your memo(11/20/91) that Rosamaria has not been keeping her scheduled hours at CPC with particular reference to November 19, 1991 where you stated that she left a staff meeting and did not arrange for anyone to cover her afternoon schedule.

Ana Bertha Campa informed you on 11/18/91 when you attended CURA/S staff meeting that Rosamaria would be leaving the meeting early on 11/19/91 because The Aids Office was coming to monitor the Case Management Program and she needed to be in attendance. It was her understanding that as coordinator of CPC you would arrange to have someone cover her schedule being that the visit from The Aids Office was imperative to the Case Management Program.

Secondly, your insinuation that she failed to keep 3 appointments with the same client is totally and completely incorrect. Rosamaria did have an appointment with a client on 11/1/91 that she was unable to keep. On 11/6/91 the client did not keep his appointment with Celia which was recorded. And on 11/19/91 Celia was unable to keep the appointment with the client, not Rosamaria. In the second memorandum you stated that Rosamaria failed to keep 4 appointments. It is our understanding that on one occasion Rosamaria did call CPC and spoke with Keta about being unable to keep an appointment and Keta told her that it would be rescheduled. It is also our understanding that Rosamaria spoke to you on the telephone about this situation and according to you it had been clarified.

Comunidad Unida en Respuesta Al Sida

C U R A S



In addition, you make insinuations about her having a lackadaisical attitude in keeping appointments. It is completely unacceptable to CURA/S that Rosamaria is "lackadaisical" with clients or any other responsibilities that she may have. She is a professional, proven to be so in her experiences with CURA/S as member of the Board of Directors and as a staff person. Her professionalism was shown to you as she assisted the Center For Positive Care in organizing their case management component which was in total dis-organization. In fact, you made mention of giving thanks to her at our staff meeting stating that she had been instrumental in organizing a disastrous situation.

Board of Directors:

Carmen Carrillo, Ph. D.
President

Ana Bertha Campa-Garcia
Vice President

David Macias, BPA
Treasurer

Stewart Blandon
Secretary

Oscar Albert Ortiz

Lucrecia Bermudez

Thomas Almaguer, Ph.D

Alex Martinez

We are concerned with the tone of both memorandums and particularly concerned about the accusations you have made. We would appreciate clarification of this issue and a formal letter of apology. We are happy to meet with your earliest convenience.

*Shelley Fernandez PhD
President Board of Directors*

cc: Rosamaria Zayas
Valerie Dorr
CPC Steering Committee

Rafaela Herrera, M.S., J.D.
Interim Executive Director

A non-profit
Tax Exempt Organization

Comunidad Unida en Respuesta Al Sida

347 Dolores Street, Suite 113 • San Francisco, CA 94110 • (415) 255-2732 • Fax (415)255-4954

City and County of San Francisco

Department of Public Health



December 3, 1991

Mr. Mike Mitchell
Site Manager
Center for Positive Care
3180 18th Street
San Francisco, CA 94110

Dear Mike:

Staff from the AIDS Office met on November 25, 1991 with representatives from C.U.R.A.S. to discuss their request to modify their contract. The representatives from C.U.R.A.S. included Shelley Fernandez, Board Chair; Anna Bertha Campa, Acting Executive Director; and Rosa Maria Zias, Social Worker.

At that meeting it became clear that there were some misunderstandings occurring between CPC and C.U.R.A.S. that might be due, in part, to the fact that C.U.R.A.S. could not locate a complete copy of their certified contract. When presented with copies of their contract, they noticed several items of which they were not previously aware.

They are in the process of doing a thorough review of that contract and will be requesting specific modifications by December 11, 1991.

In the interim, they have requested that the Social Worker position funded in their CPC contract be allowed to work on-site at C.U.R.A.S. and be on-call for the CPC. They have promised that the social worker would be available immediately and is a short distance from the CPC.

In addition, they requested that the AIDS Office clarify the hours that each C.U.R.A.S. position will be providing service at the CPC.

The Social Worker is funded at .9 FTE or 36 hours per week. The Health Educator is funded at 1.0 FTE with 8 hours per week to be provided at C.U.R.A.S. The Client Advocate is funded at .9 FTE or 36 hours per week.

This totals 112 hours at the CPC before agency meetings are subtracted.

The Health Educator and Client Advocate are required to attend 3 hours of meetings per week at C.U.R.A.S. for a total of 6 hours.

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Six (6) hours plus the 8 hours of Health Educator time at C.U.R.A.S. totals 14 hours leaving 98 hours of time for staff to see clients at the CPC. (Please note that no meeting time was subtracted for the Social Worker as C.U.R.A.S. has requested that this position be on-call).

If you have any comments or concerns, please notify me in writing as we will be reviewing the C.U.R.A.S. request during December.

Sincerely,



Valerie A. Dorr
Assistant Chief
Health Services

VAD/cn

cc: Anna Bertha Campa
Sandra Hernandez, M.D.
1203vad

Interoffice Memorandum

4 December 1991

To: Steering Committee: Jim Dilley, Gloria Lockett, Reggie Williams

From: Mike Mitchell *Mitchell***Department of Social Services**

At the request of Jim Dilley, I have talked to Jerry Windley regarding a meeting that he referred to during the recent meeting of the CAB.

Jerry and the Local Issues Committee of Act-Up Golden Gate met with Marilyn Chow, President of the Social Services Commission and Chris Collins, aide to C. Javits who is assistant to Julia Lopez (General Manager of the Department of Social Services).

It is my understanding that the Committee pushed to have a DSS employee stationed at the CPC. The person's responsibilities would be to help people access general assistance and other DSS programs. DSS is suppose to respond to Act-Up's request this week. DSS's initial response was that they could not afford to hire someone and place the person at the Center. It was Act-Up's contention that DSS could take a current employee and relocate that person to the CPC.