

CPC INFORMATION

TO: MIKE MITCHELL

(BAR 10/24/91)

Community News

Early Intervention Center
Called a 'Pork Barrel'

by Dave Gliden

The city's Early Intervention Resource Center commenced operations only this month, and already it's embroiled in controversy.

According to T.J. Anthony, "The center was supposed to open in the spring. Now it is opening just before the election and without its medical component. It is a fraud because it doesn't provide for the needs of the HIV positive."

Anthony is an aide to mayoral candidate Richard Hongisto.

During last Friday's inauguration of the center, at which Mayor Art Agnos spoke, a small picket of about eight people marched outside to decry the lack of any medical services at the center. Those picketers appeared to come from Hongisto campaign headquarters, although they claimed to be citizens brought together by word of mouth.

Not every critic, however, works for Hongisto. One prominent AIDS activist told the *B.A.R.*, "I can sum up this center with two words: pork barrel."

Some social workers involved with the epidemic also have doubts about the cen-

One said, "The center was originally conceived several years ago around the concept of 'one-stop shopping.' It's going to be difficult to counsel clients about how to intervene early in their HIV infection if you don't know where on the disease spectrum someone is."

As it stands now, the center, officially called the Center for Positive Care, is principally a counseling and educational organization for people who have just realized their HIV-positive status. Center staff will introduce such people to the AIDS services network in the city and help them prepare for the medical and social struggle they will endure in the years to come. Staff will refer clients to various clinics and practitioners for actual medical care.

The supplemental appropriations to fund the center did include \$500,000 for medical services, but that money was divided up among the existing city clinics.

Sandra Hernandez, director of the Health Department's AIDS Office, defended the decision.

"With so little money, the thing to do is to beef up what we already have — \$500,000 would never be enough to start a whole new facility," she said.

The original concept was to create a center for innovative management of early HIV disease in an effort to stave off the symptoms of AIDS. That idea has been lost in the budgetary shuffle. But given the continued lack of miracle therapies for HIV or AIDS, there seems no need to rush into a heavily medicalized strategy to deal with one's HIV status, anyway.

Most immediately important to a person with HIV are information and advocacy skills that help them wend their way through the medical system, both standard and alternative, and create their own personalized care strategy.

As it stands now, though, the center is basically run by the Health Department, the University of California AIDS Health Project and 15 private non-profit AIDS services organizations.

Many activists believe the center's operations need stronger input from the broad population of people with HIV — the very people the center claims to be empowering. Apparently lost in the argument between the politicians, bureaucrats and accountants is what the potential clientele thinks it needs from an early intervention center. ▼



*A project concerned
with AIDS Prevention
and Health Promotion*

October 21, 1992

Dear Provider,

As you are probably aware, the Center for Positive Care will be closing as of October 30, 1992 due to budget constraints. The Women's Advocacy Program, however, will continue to be housed at the Center and to operate as usual. We are accepting referrals at the same address and phone number: 3180 - 18th Street at Folsom, 476-0654. Our ongoing support group for HIV positive women will continue to meet Thursdays at 2:30 at the Center location as well.

Please feel free to call me any time.

Sincerely,

Marisa Davis
Program Coordinator

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

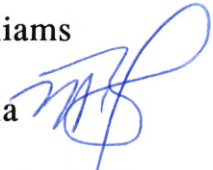
Administrative Offices: 1855 Folsom Street • Suite 506 • San Francisco, CA 94103 • (415) 476-6430

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

Affiliated with the University of California, San Francisco

Date: September 13, 1991

TO: Reggie Williams

From: Michael Bala 

Re: Consultancy-Final Report
Center for Positive Care

As my consulting to the National Task Force on AIDS Prevention comes to closure, I would like to review our relationship and my accomplishments.

In mid-June, you contracted with me to assist and represent the Task Force with the establishment of what has become the Center for Positive Care. For the past three months, it has been my pleasure to provide these services. As I reflect on this experience, I find that I am nothing but delighted. It has been a joy to work with you and your staff.

As a whole, your staff proved to be open and a delight to work alongside. Their insight, perspectives and dedication have been wonderful to experience. In particular, James Fondeaux and Alan McCord were of tremendous assistance to me. Each freely and graciously extended himself to help me. Without their patient assistance my work would have gone much slower.

Accomplishments-

My accomplishments fall within two categories; one category includes concrete accomplishments and the second category includes accomplishments of a less tangible nature.

Site Manager- Recruitment and Hiring

My initial task was to develop and implement a plan for recruiting and hiring the Site Manager. I quickly developed and presented to you and your collaborators a plan and timeline for this process. The plan called for developing a job announcement, implementing an extensive recruitment, the screening and interviewing of candidates, and selecting and hiring the final candidate within a seven week period. This was accomplished through the concerted effort and

dedication of all parties. The Steering Committee was able to hire Mike Mitchell by mid-August.

The plan included advertising the position in local and national newspapers. Local newspapers included lesbian and gay press, as well as press targeting African American and Latino communities in Northern and Southern California. Also, the recruitment plan included an extensive mailing of the job announcement to AIDS service providers in the Bay Area, to all of the National Association's local chapters, and to CDC-funded national minority AIDS prevention agencies.

We received over sixty resumes for the position. These resumes were screened by two separate review panels and lists of excellent semi-final candidates were generated. I reconciled these separate lists, invited and scheduled seven candidates for interview. On July 29 the Interview Panel met with six of the candidates; the seventh was interviewed on July 31. On August 1, the position was offered to and accepted by Mike Mitchell.

A file containing notes and documentation of this process has been established and turned over to Alan McCord.

Policies and Procedures Manual

After completing the hiring process, my attention turned to the development of policies and procedures for the Center. Most of my time and attention between mid-August and today has been focused on this task.

I developed a structure which presents the Manual in a clear and easily accessed manner. The Manual includes:

- A. A mission statement for the Center.
- B. Guidelines for the development, modification, and adoption of policies and procedures.
- C. Operational guidelines for administrators and providers.

- D. Policies related to client confidentiality, dealing with client or staff substance use, client and staff grievances, and client rights and responsibilities.
- E. A Memorandum of Understanding defining the relationships between the Center Management, a Center provider, and the DPH AIDS Office.
- F. By-laws for the Community Advisory Board.

I have provided Mike Mitchell with copies of all the drafted sections for review by his Operations Committee, by the Center providers and for adoption by the Steering Committee. A master copy is maintained in a red binder and has been turned over to Mike Mitchell.

Less Tangible Accomplishments

A sizable portion of my time and effort have resulted in accomplishments of a less tangible nature; meaning activities that, by definition, would not necessarily result in concrete documents or products. These includes:

- A. Providing guidance and direction through participation in meetings between the administrative collaborators, site providers, and the AIDS Office.
- B. Coordinating and facilitating retreats for Center administrators and providers.
- C. Collecting and reviewing information as reference or guide in the development of policies and procedures.
- D. Assisting Mike Mitchell during his first month; providing him with an ear as a sounding board.
- E. Representing the Center at AIDS Office Advisory Committee meetings.
- F. Providing the Task Force with a sizable list of names and addresses for it's mailing list.

Copies of all my notes, records, files, and documents are stored in the top drawer of the Operations Manager's file cabinet.

Reggie Williams, page 4

In closing, much has been accomplished by a relatively few individuals. I wish you, Mike, and all the collaborating providers all the best of luck as you prepare to open the Center. It has been an honor for me to be part of this exciting project. I thank you for asking me to participate.

CENTER FOR POSITIVE CARE

CHEMICAL DEPENDENCY AND STAFF

Chemical dependency is defined by the Center for Positive Care (the Center) as a treatable disease in which an staffperson's consumption of alcohol and/or psychoactive drugs definitely and repeatedly interferes with job performance.

The Center is dedicated to maintaining a drug free environment. The Center discourages the use of alcohol and drugs by staff. The center recognizes that relapse, or return to alcohol and drug use may be an integral aspect of a person's recovery/rehabilitation/treatment process. Therefore, the Center encourages, when possible, that the staff person's home agency grant appropriate leave for any staff whose clinician recommends treatment for this disease. Individual cases may be discussed in confidence with a supervisor at the option of an staffperson.

The Center staff will make every reasonable effort to respect the confidentiality of any employee with an actual or perceived alcohol/drug problem. Consistent with these policies it may become necessary to address these concerns to the staffperson's supervisor at their home agency. Center staff who show job impairment due to drug or alcohol use may be referred by their home agency supervisor or themselves to the Employee Assistance Program of their respective organization.

ILLEGAL SUBSTANCES AND STAFF

Any employee found to be in possession, selling or trading any controlled substances in the Center facilities will be deemed to be deliberately endangering the safety and well being of other employees and the long-term continuence of Center operations and may be immediately removed from the Center. In such instances, the Center manager will seek another staff person from the agency involved to fulfill the employee's responsibilities at the Center.

CHEMICAL DEPENDENCY AND CLIENTS

Chemical dependency is defined by the Center as a treatable disease in which an client's consumption of alcohol and/or

pschoactive drugs definitely and repeatedly interferes with their ability to use services effectively.

The Center is dedicated to maintaining a drug free environment. The Center discourages the use of alcohol and drugs by clients. A client may be referred by a clinician for substance abuse assessment. Clients do not have to attend such assessments if they choose not to.

The Center recognizes that relapse, or return to alcohol and drug use may be an integral aspect of a person's recovery/rehabilitation/treatment process. Therefore, active alcohol/drug use will NOT be grounds for denial of services to clients except when 1) their cognitive abilities are reasonably believed to be impaired to sufficiently prevent their comprehension, or 2) their behavior is deemed to be an impediment to successful interaction. Staff are encouraged to reschedule appointments for such clients.

The Center staff will respect the confidentiality of any client with an actual or perceived alcohol/drug problem. Consistent with these policies it may become necessary to address these concerns by referring clients out to the home agency for continued treatment. Individual cases may be discussed in confidence with a supervisor or other staff only if a release of information has been secured from the client for both HIV and substance abuse.

ILLEGAL SUBSTANCES AND CLIENTS

Any client found to be in possession, selling or trading any controlled substances in the Center facilities will be deemed to be deliberately endangering the safety and well being of other clients and staff, and the long-term continuence of Center operations and may be immediately terminated from the Center. Such clients may, at the discretion of the staffperson, be referred to the home agency for continued service outside the Center.

EIRC Budget Projection (Start-Up)

Prepared By	Initials	Date
Approved By		7/4

CATEGORY	BUDGET	ACTUAL → 8/31/11	PROJECTED 9/1-14	TOTAL	DIFFERENCE
PERSONNEL					
Startup Planner (salary + benefits)	4565-	769269	147784	917053	<460553>
Site Manager Salary	12126-	205833	194167	400000	8126-
FICA		15764	14853	30617	
Health		12852	9500	22352	
Unemploy.		2264	2135	4399	
Workers Comp.		1000	1000	2000	
Total Benefits	2668-	31880	27488	59368	207432
	19359.00			13764.21	5541.79
Advertising	—	532000	—	5320-	<532000>
Postage	—	1725	16806	21531 1725 18531	(21531) <1725> (18531)
Travel	88-	—	3229	3229	5571 5800
OFFICE SUPPLIES/MATERIALS	—		1500	1500	(1500)
TOTAL DIRECT	19447-	1540707	369439 390974	1910146 1931681	34554 13019
INDIRECT COSTS (9%)	1750-	—	176000	175000	—
TOTAL	21197-	1540707	544439 505974	2085146 2106681	34554 13019

RUN DATE: 08/19/91
RUN TIME: 3:06 PM

National Task Force on

PAGE 12

Department Income Statement
AS OF 07/31/91

14 EIRC

RATIO: INCOME

	THIS MONTH	RATIO	10 MONTHS	RATIO
REVENUE				
TOTAL REVENUE	0.00	0.0	0.00	0.0
PERSONNEL EXPENSES				
57014 Consultants EIRC	3,509.83	0.0	4,670.99	0.0
TOTAL PERSONNEL	3,509.83	0.0	4,670.99	0.0
OFFICE & PROGRAM EXPENSES				
61514 Advertising EIRC	1,796.21	0.0	3,842.34	0.0
65014 Postage/Delivery EIRC	17.25	0.0	17.25	0.0
TOTAL OFFICE & PROGRAM	1,813.46	0.0	3,859.59	0.0
ADMINISTRATIVE EXPENSES				
TOTAL ADMINISTRATIVE	0.00	0.0	0.00	0.0
TOTAL EXPENSES	5,323.29	0.0	8,530.58	0.0
REVENUE OVER EXPENSES	5,323.29-	0.0-	8,530.58-	0.0-

AUGUST EXPENSES - EIRL

ADVERTISING (check to M. Bal.)	1,189.66
CONSULTING (check to M. Bal.)	1,372.32
PRODUCTION/DESIGN (check to M. Emery) - for pictures of M. Mitchell	288.00
SALARIES (check to M. Mitchell)	2,058.33
FICA (.0765)	157.64
HEALTH INSURANCE (*190/month prorated)	128.52
	* 5,194.47

9/3/91

Mike -

Here's the adjustment on your pay:

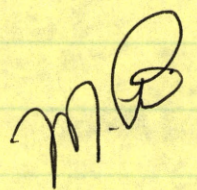
- Work (8/12-8/15) - 32 hours.
Hourly rate $(\$39,000 \div 2080) = \18.75
32 hours $\times \$18.75 = \600.00
Less paid already (8/30 paycheck) - 433.33
- Difference $\$166.67$

+ Pay for 8/2 (8 hrs. $\times \$18.75$) = 150.00

ADJUSTMENT

$\$316.67$

* To be added to 9/15 paycheck

316.67 $\times .07$ — 
9/14 Benefit \$95.00
FICA \$124.31
Salary \$1625.00
Travel \$32.?

→ Michael Bala's pay
Pay Adj. for 8/2 \$316.67
FICA 24.23
2185.21
m Bala 32?

Early Intervention Resource Center

Approved Budget (Directs Only)

June 5-30 \$ 8,811
 July 1-September 14 10,636
\$19,447

	6/5-30	7/1-30	8/1-16	8/17-30	9/1-14	Total
Personnel			812.50	1,625.00	1,625.00	4,062.50
Site Manager	0	0	750.00	1,500.00	1,500.00	3,750.00
Consultant	951.72	2,530.71	1,470.84	1,383.32	1,211.28	7,548.87
Subtotal	951.72	2,530.71	2,220.84	2,884.32	2,711.28	11,298.87
Fringe @22%	209.44	556.90	488.66	634.61	596.54	2,486.15
Total	1,161.16	3,087.61	2,709.50	3,518.93	3,307.82	13,785.02
Operating			4,635.84	0	0	4,635.84
Advertising	0	0	157.76	150.08	0	307.84
Postage	0	0	10.30	298.00	298.00	606.30
Supplies/Misc.	0	0	12.00	50.00	50.00	112.00
Travel	0	0	4,815.90	498.08	348.00	5,661.98
Subtotal	0	0	4,815.90	498.08	348.00	5,661.98
Total	1,161.16	3,087.61	7,525.40	4,017.01	3,655.82	19,447.00

Mike, 8/16
 I redrafted the Administration budget through 9/14. I was able to identify funds to support my consultancy "full-time" through 9/14. Also, I was able to allocate funds for "misc." & travel for this period. Michael

8/21 Mitchell comm ents-- based on 1/2 of annual salary-- my calculations based on 52 wks. no need to change needed RW approval

Department of Public Health - Program Budget				ExhibitA-1 Page 2 of 46	
Contractor's Name: UCSF AIDS Health Project					
Term of Contract: 06/05/1991-06/30/1992					
Submission Date: 05/13/1991					
(Check One) New ☒ Renewal ☐ Modification ☐					
Effective Date of Mod.		No. of Mod.			
Cost Center Name	AHP	NTFAP	CAL-PEP		
Exhibit Reference-Page No.(s)	6/5-6/30/91	6/5-6/30/91	6/5-6/30/91		
	Start-up	Start-up	Start-up		
Expenditures					
					TOTALS
A. Salaries & Benefits	\$ 35,318	\$ 8,786	\$ 4,565	\$	\$ 48,669
B. Operating Expense	\$ 400,048	\$ 25	\$ 50	\$	\$ 400,123
C. Capital Expenditure	\$	\$	\$	\$	\$
D. Subcontracts	\$	\$	\$	\$	\$
Gross Cost	\$ 435,366	\$ 8,811	\$ 4,615	\$	\$ 448,792
E. Indirect Costs	\$	\$ 793	\$ 415	\$	\$ 1,208
Percent of Gross Cost		9%	9%		.27%
Adjusted Gross Cost	\$ 435,366	\$ 9,604	\$ 5,030	\$	\$ 450,000
Revenues					
Ad Valorem	\$ 435,366	\$ 9,604	\$ 5,030	\$	\$ 450,000
Grants:					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Client Fees:	\$	\$	\$	\$	\$
Private Sources:					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Total Revenues	\$ 435,366	\$ 9,604	\$ 5,030	\$	\$ 450,000
Units of Service					
Cost Per Unit of Service	\$	\$	\$	\$	\$
Units of Svc. Divided by					
Adjusted Gross Cost					
Signature			Date		
Prepared by: Imelda Orlina			5/13/1991		
Program Review Signature:					
OCMC Review Signature:			31892.836		

City and County of San Francisco

Department of Public Health



August 8, 1991

James W. Dilley, M.D.
Project Director
UCSF AIDS Health Project
Box 0884
San Francisco, CA 94143-0884

Dear Jim:

Attached please find a draft of your contract with the AIDS Office to provide Centralized Intake, Outreach, and Case Management services at the Early Intervention Resource Center. I have made several revisions to the contract narrative material submitted to the AIDS Office, most notably in Section 5 (Service Methodology) and Section 9 (Program Organization). The changes are based on recent discussions of staff roles at the E.I.R.C.

Please review this draft and contact me by Wednesday, August 14th if you have questions or corrections. I can be reached at 554-9105.

Sincerely yours,

A handwritten signature in cursive script that reads "Russell Zellers".

Russell Zellers
Program Manager
Early Intervention Services

cc: Gloria Lockett
Reggie Williams
Valerie Dorr

AGENCY IDENTIFICATION

This contract is a collaboration between the following agencies. The UCSF AIDS Health Project is serving as the fiscal agent for the contract.

UCSF AIDS Health Project (AHP)

Address Box 0884
San Francisco, CA 94143-0884
Phone (415) 476-6430
(415) 476-7996 FAX
Contact James W. Dilley, MD
Project Director

National Task Force on AIDS Prevention (NTFAP)

Address 631 O'Farrell Street
San Francisco, CA 94109
Phone (415) 749-6700
(415) 749-6706 FAX
Contact Reggie Williams
Executive Director

California Prostitute Education Project (Cal-PEP)

Address 811 Clay Street, Oakland CA 94606 and
333 Valencia Street, Suite 101, San Francisco, CA 94103
Phone (415) 874-7850 - Oakland
(415) 839-6775 - Oakland FAX
(415) 558-9594 - San Francisco
Contact Gloria Lockett
Executive Director

1. Statement of Need or Problem

Persons with HIV are often unprepared to handle the intricacies of managing care for a complex medical condition like HIV infection. Because of the imposing nature of the management task and the difficult prognosis faced by people with HIV, considerable support is required by some persons to assist in successfully managing their care.

The types of support required are considerable and range from easy to access information and referral, assessment, and case management.

This activity will provide the clerical component of the EIRC that is required to handle the volume of client contacts (telephone and reception) and to manage the basic work of maintaining the basic client services function at the EIRC. This activity will also provide an outreach component that will make presentations on the EIRC and EIRC services within the center and in the community. Finally, this activity will provide assessment and case management services to clients who are not served by other population-specific providers.

2. Goal Statement

The overall goal of the activities to be provided is to promote the utilization of early intervention services by persons who are positive for HIV infection and to thereby slow the rate of progression of the illness. A secondary goal is to reduce the rate of transmission of the HIV virus. Persons with an AIDS diagnosis will be referred to AIDS service providers as appropriate.

3. Target Population

The target population will be persons with HIV who are residents of San Francisco, with a service emphasis on persons with low income and persons who are members of ethnic communities. Persons in the later stages of HIV/AIDS will be transitioned/referred to AIDS providers as appropriate and practical.

4. Outcome Objectives

Information and Referral

Persons telephoning the EIRC will be provided with information about early intervention and EIRC services by the telephone reception staff. Telephone staff will include Spanish speaking coverage at least 80% of the hours open. Callers will be referred, as appropriate, to EIRC services. This service will assure easy access to information about EIRC services.

Objective 2,500 informational contacts about EIRC services during the period of this contract

Outreach Presentations

Outreach activities which will explain EIRC services will be provided on site and in the community. This service will provide a non-threatening vehicle for clients to access the EIRC.

Objective 1,000 persons will receive information about EIRC services during the period of this contract

Brief Intake and Assessment

Upon request, clients will be provided with an intake and assessment session. During the session, the client's needs will be determined and an appropriate referral for further action will be made. This service will provide an easy entry for one-to-one services by EIRC service providers.

Objective 1,000 persons will receive a brief intake and assessment during the period of this contract

Case Management

Clients who require case management services, as determined by the Intake and Assessment session, will be provided with the service. This service will provide ongoing contact between a case manager and a client to insure the implementation of a stabilized treatment and care plan. This service will also provide clients with continuity of service.

Objective 340 persons will receive case management services during the period of this contract

5. Service Methodology

Service agencies will be notified about the availability of services through a mailing as part of EIRC materials. Additionally, agencies will be informed through word of mouth by EIRC staff. Outreach presentations (and possibly services) will be made available off-site.

Telephone calls and walk-in clients will receive services. Clients will be greeted at the EIRC reception desk and will be referred to the appropriate service. A case manager will be on site at all times to handle walk-in clients. Additionally, clerical and case management staff will be available to monitor use of the library facility and assist clients.

Case management services will be coordinated by the Case Management Supervisor. The Client Services Coordinator will bear primary responsibility for contract compliance monitoring and reporting.

The following services be provided.

1. Information and Referral

Provided by the telephone staff, with referral to the AIDS Hotline a primary referral. Statistics will include counts of the number of calls. Spanish language-speaking staff will be on hand at least 80% of the time that the EIRC is open. As appropriate calls

will be routed to the SFAF Hotline and other service providers not stationed at the EIRC.

2. Brief Intake and Assessment

Provided by case management staff to clients requesting registration at the EIRC and referral to agencies. Services will include a brief assessment and orientation to EIRC services. Statistics will include entry of basic demographic information in the computerized case management system, brief assessment, and a disposition note. If possible, this service will also be provided off site (including at primary care clinic network locations).

3. Outreach Presentations

Provided by case management staff and the Client Services Coordinator to introduce clients to the EIRC. Presentations will be off site (upon the request of an agency or on the initiation of an EIRC staff person) and on site. On site presentations will follow a regular schedule to be determined by staff and to be advertised with the SFAF Hotline and in general EIRC publications. Presentations will be population-focused and be multi-cultural and multi-lingual.

4. Case Management

Provided by case management staff. Services will include comprehensive intake and assessment and assistance in implementing/maintaining an early intervention plan. Services will include assisting clients in identifying resources, coping with HIV infection and the development of an early intervention plan, referral to other agencies as needed, support services to be identified pending service development, and follow-up.

6. Service Units

Units of service are defined as client service hours. (1 hour of counseling or 1 hour of group presentation = 1 unit) In the contract year, it is projected that approximately 2,500 people with HIV will receive approximately 4,885 units of service of service, as shown below.

	<u># Sessions</u>	<u># Persons</u>	<u>Hours Each</u>	<u>Total Units</u>
<u>Number of Information and Referral Contacts</u>				
I & R Contacts (All Telephone and Walk-In)		2,500 (contacts)	0.15	375
<u>Brief Intake and Assessment</u>				
I & A by Case Managers		1,000	0.50	500
<u>Case Management Intake and Assessment</u>				
C.M. By Case Managers		340	1.50	510
<u>Ongoing Case Management</u>				
By Case Mgmt. Superv.		340	10.00	3,400
SUBTOTAL				4,785
<u>Outreach Presentations</u>				
Offsite	40	10	1	40
Onsite	60	10	1	60
SUBTOTAL				100
Total Units of Service				4,885

7. Project Timelines

- A. By September 1, 1991
Staff will be hired.
- B. By September 14, 1991
Staff will have developed a generally defined protocol that will outline the services to be provided.
- C. By September 15, 1991
Services will begin, under a general operating protocol.
- D. By October 1, 1991
A protocol that outlines EIRC services for the purpose of outreach presentations will be identified and outreach presentations will begin.
- E. By November 1, 1991
A formal protocol defining the range of services to be provided as "Case Management" services will be developed. A protocol for client evaluation of services will be developed.

8. Program Evaluation

Program progress will be evaluated on a regular basis, with approximately one-tenth the units of service objectives to be achieved each month. Quarterly compilation of units of service provided will allow for regular program monitoring.

Case management program success will be measured by the ability of the program to maintain clients in early intervention programs as reflected by program utilization data. In addition, a client satisfaction tool for completion by outreach, brief intake, and case management clients will be developed and used.

Every six months the Case Management Supervisor will select charts at random for the purpose of evaluating client services. Evaluation follows a standardized protocol to be developed by the Case Management Supervisor and others to be named.

Evaluation of the service by other EIRC tenant agencies will be an ongoing agenda item for EIRC tenant agency meetings and agencies listed in the HIV Resources Compendium will be asked to evaluate the service on a semi-monthly basis.

9. Program Organization

The program will be managed for fiscal administration purposes by the AIDS Health Project, with the Client Services Coordinator serving as the AIDS Health Project's administrative liaison to the service.

Clinical aspects of all service components (Information and Referral, Brief Intake and Assessment, Outreach Presentations, and Case Management) will be coordinated by the Case Management Supervisor, who will serve as the representative of the service in all EIRC meetings and in all discussions with the AIDS Office concerning the program aspects of the service.

Client Service Coordinator (AHP Staff .50 FTE)

- A. Working as a staff person to the Site Manager, will help coordinate on-site direct client services at the E.I.R.C. Will provide program facilitation and administrative coordination for EIRC services, coordinate library services, and monitor activities in Sections 4 and 5 above for contract compliance. Will prepare contract performance reports required under this contract and serve as the primary liaison with the AHP fiscal unit.
- B. Will participate in EIRC staff meetings.

Principal Clerk (AHP Staff .60 FTE)

- A. Will provide general clerical support for the case management program, including resource identification, resource data entry, and training of case management staff on computer system use.
- B. Will report for supervision purposes to the Information Resources Coordinator (not funded under this contract).

Principal Clerk (AHP Staff 1.00 FTE)

- A. Will provide general clerical support for the EIRC Site Manager and Client Services Coordinator, particularly related to overall operations and contract compliance reporting.
- B. Will report for supervision purposes to the Information Resources Coordinator (not funded under this contract)..

Receptionist (AHP Staff 1.00 FTE)

- A. Will answer phones, greet clients, provide general information, and make referrals to clinical staff as appropriate.
- B. Will report for supervision purposes to the Information Resources Coordinator (not funded under this contract).

Supervising Case Manager (NTFAP Staff 1.00 FTE)

- A. Will coordinate the case management service, provide clinical supervision to case managers, and provide case management services as required.
- B. Will also coordinate and provide outreach presentations.
- C. Will report for clinical supervision purposes to the NTFAP.
- D. Will participate in EIRC staff meetings as the Case Management Service representative.

Case Manager (NTFAP Staff 1.00 FTE)

- A. Will provide case management services as required.
- B. Will also provide outreach presentations..
- C. Will report for supervision purposes to the NTFAP Case Management Supervisor.

Case Manager (NTFAP Staff .50 FTE)

- A. Will provide case management services as required.
- B. Will also provide outreach presentations..
- C. Will report for supervision purposes to the NTFAP Case Management Supervisor.

Case Manager (CalPEP Staff 1.00 FTE)

- A. Will provide case management services as required.
- B. Will also provide outreach presentations..
- C. Will report for clinical supervision purposes to the NTFAP Case Management Supervisor.
- D. Will report for administrative supervision purposes to CalPEP.
- E. Will emphasize services to women.

EIRC Ad Valorum

9/1/91 - 6/30/92

DPH Contract Form: Cost Center Budget By Collaborator

Contractor's Name:		AHP / NTF / CALPEP Collaboration		Page 1 of 15	
Term of Contract:		9/1/91 - 6/30/92			
Submission Date:		7/16/91			
Cost Center Name:		Cent. Intake, Outreach, Case Management			
(Check One New ☒ Renewal ☐ Modification ☐)					
Effective Date of Mod.		No. of Mod.			
Funding Source and		Ad Valorem			
Term of Funds		9/1/91 - 6/30/92			
Collaboration Budgets					
		AHP	NTF	Cal-PEP	
Expenditures					
					TOTALS
A. Salaries & Benefits	\$79,710	\$66,671	\$25,414		\$171,795
B. Operating Expense	\$4,562	\$500	\$500		\$5,562
C. Capital Expenditure	\$0	\$0	\$0		\$0
D. Subcontracts	\$0	\$0	\$0		\$0
Gross Cost	\$84,272	\$67,171	\$25,914		\$177,357
E. Indirect Costs	\$0	\$6,045	\$2,332		\$8,377
Percent of Gross Cost	0.00%	9.00%	9.00%		
Adjusted Gross Cost	\$84,272	\$73,216	\$28,246		\$185,734
Units of Service	N/A	N/A	N/A		4,885
Cost Per Unit of Service	N/A	N/A	N/A		\$38.02
Units of Svc. Divided by					
Adjusted Gross Cost					
Signature		Date			
Prepared by: Imelda Orlina		7/16/91			
Program Review Signature: Peter V. Campos		7/16/91			
OCMC Review Signature:				31974.34876	
Cost Center Budget 11/16/89					

Department of Public Health - Cost Center Budget by Funding Source					Page <u>2</u> of <u>15</u>
Contractor's Name: UCSF AIDS Health Project					
Term of Contract: 9/1/91 - 6/30/92					
Submission Date: 7/16/91					
Cent. Intake, Outreach,					
Cost Center Name: Case Management					
(Check One) New ☐ Renewal ☐ Modification ☐					
Effective Date of Mod. _____ No. of Mod. _____					
Funding Source and					
Term of Funds					
Exhibit Reference-Page No.					
Expenditures					
A. Salaries & Benefits	\$				TOTALS
B. Operating Expense	\$				\$ 79,710
C. Capital Expenditure	\$				\$ 4,562
D. Subcontracts	\$				\$ 0
Gross Cost	\$				\$ 84,272
E. Indirect Costs	\$				\$ 0
Percent of Gross Cost					0.00
Adjusted Gross Cost	\$				\$ 84,272
Units of Service					
Cost Per Unit of Service	\$				N/A
Units of Svc. Divided by					
Adjusted Gross Cost					
Signature		Date			
Prepared by :					
Program Review Signature:					
OCMC Review Signature:					

UCSF AIDS Health Project
EIRC Ad Valorum

Exhibit A-1

9/1/91 - 6/30/92

DPH Contract Form: Salary and Benefits Detail					
Contractor's Name:		UCSF AIDS Health Project		Page 3 of 15	
Term of Contract		9/1/91 - 6/30/92			
Submission Date:		7/16/91			
Cost Center Name:		Cent. Intake, Outreach, Case Management			
(Check One New ☒ Renewal ☐ Modification ☐					
I. Salaries and FTE's			<<>>	FY 1991-92	Difference
Position Title	% FTE	Amount in \$	% FTE	Amount in \$	Incr (Decr)
Principal Clerk *			1.00	19,722	
Principal Clerk *			0.60	11,833	
Receptionist/Telephone *			1.00	19,722	
Client Services Coord. *			0.50	13,005	
Total Salaries			3.10	64,282	
II. Benefits @ 24%				15,428	
Total Salaries and Benefits				79,710	

* Positions are for 10 months.

9/1/91 - 6/30/92

Exhibit A-1

DPH Contract Form: Operating Expense Detail							
Contractor's Name		UCSF AIDS Health Project		Page 4 of 15			
Term of Contract		9/1/91 - 6/30/92			31974.349		
Submission Date:		7/16/91					
Cost Center:		Cent. Intake, Outreach, Case Management					
(Check One New x Renewal Modification)							
Expenditure Category		<< >>		FY 1991-92	Difference		
		Amount in \$		Amount in \$	Incr (Decr)		
SUB - B Common Cost Office Expense				1,600			
SUB - M Meeting Expense				1,280			
SUB - T Travel				500			
SUB - 3 Prog. Supplies and Expenses				1,182			
Total Operating Expenses				4,562			

BUDGET JUSTIFICATION

SALARIES AND BENEFITS

Principal Clerk

Will provide general clerical support for the EIRC Site Manager and Client Services Coordinator, particularly related to overall operations.

* 10 Months = 1,733 Hours
at 1.00 FTE = 1,733 Hours
at \$11.38 Per Hour = \$19,722 Total

Principal Clerk

Will provide general clerical support for the case management resource database system, including resource identification, data entry, and training.

* 10 Months = 1,733 Hours
at 0.60 FTE = 1,040 Hours
at \$11.38 Per Hour = \$11,833 Total

Receptionist - Information and Referral

Will answer phones, greet walk-in clients, provide general information, and make referrals to clinical staff as appropriate.

* 10 Months = 1,733 Hours
at 1.00 FTE = 1,733 Hours
at \$11.38 Per Hour = \$19,722 Total

Client Services Coord.

Will provide general coordinating support for client services and assure that services are provided in compliance with contract specifications.

* 10 Months = 1,733 Hours
at 0.50 FTE = 867 Hours
at \$15.00 Per Hour = \$13,005 Total

Fringe

Fringe benefits are calculated at 24% of Personnel : \$15,428

OPERATING EXPENSE DETAIL

SUB - B Common Cost Office Expense

Office expenses related to this service, with estimates (based on analysis of AHP data) as follows.

\$1,000 = Telephone - Long Distance
\$600 = Postage
\$1,600 Total

SUB - M Meeting Expense

Expenses related to outreach presentations, with refreshments estimated at \$2 - \$5 per person.

\$1,280 = Total

SUB - T Travel

Local travel expenses related to service delivery including mileage (.25 per mile), public transportation, and parking.

\$500 = Total Travel x 2,000 miles

SUB - 3 Prog. Supplies and Expenses

\$320 = Beeper rental for four case managers at 10 months and \$8.00 per month.
\$862 = Publication development and printing expense for service description materials to be deteri
\$1,182 = Total

Department of Public Health - Cost Center Budget by Funding Source				
Contractor's Name: National Task Force on AIDS Prevention				Page 6 of 15
Term of Contract: 9/1/91 - 6/30/92				
Submission Date: 7/16/91				
Cent. Intake, Outreach,				
Cost Center Name: Case Management				
(Check One) New ☐ Renewal ☐ Modification ☐				
Effective Date of Mod. _____ No. of Mod. _____				
Funding Source and				
Term of Funds				
Exhibit Reference-Page No.				
Expenditures				
A. Salaries & Benefits	\$	\$	\$	TOTALS
B. Operating Expense	\$	\$	\$	\$ 66,671
C. Capital Expenditure	\$	\$	\$	\$ 500
D. Subcontracts	\$	\$	\$	\$ 0
				\$ 0
Gross Cost	\$	\$	\$	\$ 67,171
E. Indirect Costs	\$	\$	\$	\$ 6,045
Percent of Gross Cost				9.00 %
Adjusted Gross Cost	\$	\$	\$	\$ 73,216
Units of Service				
Cost Per Unit of Service \$ N/A				
Units of Svc.Divided by				
Adjusted Gross Cost				
Signature		Date		
Prepared by :				
Program Review Signature:				
OCMC Review Signature:				

EIRC Ad Valorum

9/1/91 - 6/30/92

DPH Contract Form: Salary and Benefits Detail

Contractor's Name:		Nat'l. Task Force on AIDS Prev.		Page 7 of 15	
Term of Contract		9/1/91 - 6/30/92			
Submission Date:		7/16/91			
Cost Center Name:		Cent. Intake, Outreach, Case Management			
(Check One New ☒ Renewal ☐ Modification ☐					
I. Salaries and FTE's			<<>>	FY 1991-92	Difference
Position Title	% FTE	Amount in \$	% FTE	Amount in \$	Incr (Decr)
Supervising Case Manager *			1.00	23,396	
Case Manager *			1.00	20,831	
Case Manager *			0.50	10,421	
Total Salaries			2.50	54,648	
II. Benefits @ 22%				12,023	
Total Salaries and Benefits				66,671	

* Positions are for 10 months.

Contractor's Name		Nat'l. Task Force on AIDS Prev.		Page 8 of 15	
Term of Contract		9/1/91 - 6/30/92			31974.35
Submission Date:		7/16/91			
Cost Center:		Cent. Intake, Outreach, Case Management			
(Check One New x Renewal Modification)					
Expenditure Category		<>>	FY 1991-92	Difference	
		Amount in \$	Amount in \$	Incr (Decr)	
SUB - T Travel			500		
Total Operating Expenses			500		

Exhibit A-1

Revised 8/6/91

EIRC Ad Valorum

9/1/91 - 6/30/92

**BUDGET JUSTIFICATION : National Task Force on AIDS
Prevention****SALARIES AND BENEFITS**Supervising Case Manager

Will coordinate service development and supervise case management services.

Will handle difficult cases on referral from case mgmt. staff.

* 10 Months = 1,733 Hours
at 1.00 FTE = 1,733 Hours
at \$13.50 Per Hour = \$23,396. Total

Case Manager

Will provide case manager services and make outreach presentations at the EIRC and off-site as available.

* 10 Months = 1,733 Hours
at 1.00 FTE = 1,733 Hours
at \$12.02 Per Hour = \$20,831 Total

Case Manger

Will provide case management services and make outreach presentations at the EIRC and off-site as available.

* 10 Months = 1,733 Hours
at 0.50 FTE = 867 Hours
at \$12.02 Per Hour = \$10,421 Total

Fringe

Fringe benefits are calculated at 22% of Personnel \$12,023

OPERATING EXPENSE DETAILSUB - T Travel

Local travel expenses related to service delivery including mileage reimbursement (.25 per mile), public transportation, and parking.

\$500 = Total Transportation x 2,000 miles

INDIRECT EXPENSE DETAIL

Indirect costs are calculated at 9% of Total Expense \$6,045

UCSF AIDS Health Project.
EIRC Ad Valorem
9/1/91 - 6/30/92

EXHIBIT A-1

Department of Public Health - Cost Center Budget by Funding Source					Page 11 of 15
Contractor's Name: CA Prostitute Educ. Project					
Term of Contract: 9/1/91 - 6/30/92					
Submission Date: 7/16/91					
Cent. Intake, Outreach,					
Cost Center Name: Case Management					
(Check One) New ☐ Renewal ☐ Modification ☐					
Effective Date of Mod. _____ No. of Mod. _____					
Funding Source and					
Term of Funds					
Exhibit Reference-Page No.					
Expenditures					
				TOTALS	
A. Salaries & Benefits	\$			\$ 25,414	
B. Operating Expense	\$			\$ 500	
C. Capital Expenditure	\$			\$ 0	
D. Subcontracts	\$			\$ 0	
Gross Cost	\$			\$ 25,914	
E. Indirect Costs	\$			\$ 2,332	
Percent of Gross Cost		%		9.00 %	
Adjusted Gross Cost	\$			\$ 28,246	
Units of Service					
Cost Per Unit of Service \$ N/A					
Units of Svc. Divided by					
Adjusted Gross Cost					
		Signature	Date		
Prepared by:					
Program Review Signature:					
OCMC Review Signature:					

31366.5287

DPH Contract Form: Salary and Benefits Detail					
Contractor's Name:		CA Prostitute Educ. Project		Page 12 of 15	
Term of Contract		9/1/91 - 6/30/92			
Submission Date:		7/16/91			
Cost Center Name:		Cent. Intake, Outreach, Case Management			
(Check One New ☒ Renewal ☐ Modification ☐					
I. Salaries and FTE's		<<>>		FY 1991-92	Difference
Position Title	% FTE	Amount in \$	% FTE	Amount in \$	Incr (Decr)
Case Manager *			1.00	\$20,831	
Total Salaries			1.00	20,831	
II. Benefits @ 22%				4,583	
Total Salaries and Benefits				25,414	

* Position is for 10 months.

DPH Contract Form: Indirect Costs Detail					
Contractor's Name		CA Prostitute Educ. Project		Page 14 of 15	
Term of Contract		9/1/91 - 6/30/92			
Submission Date:		7/16/91			
Cost Center Name:		Cent. Intake, Outreach, Case Management			
(Check One New ☒ Renewal ☐ Modification ☐					
I. Salaries			<<>>	FY 1991-92	Difference
Position Title		Amount in \$	% FTE	Amount in \$	Incr (Decr)
				\$	
Data entry			0.10	\$233	
Receptionist			0.10	\$233	
Accounting			0.35	\$817	
Total Salaries				\$1,283	
II. Benefits					
Total Salaries and Benefits					
III. Operating Expenses					
Security				\$140	
Advertising				\$513	
Utilities				\$233	
Janitorial				\$117	
Other				\$46	
TOTAL OPERATING				\$1,049	
IV. Total Expenses				\$2,332	
INDIRECT COSTS AT PERCENTAGE =		9.00%			

BUDGET JUSTIFICATION : California Prostitutes
Education Project

SALARIES AND BENEFITS

Case Manager

Will provide case management services and make outreach presentations
at the EIRC and off-site as available.

* 10 Months = 1,733 Hours
at 1.00 FTE = 1,733 Hours
at \$12.02 Per Hour = \$20,831- Total

Fringe

Fringe benefits are calculated at 22% of Personn \$4,583

OPERATING EXPENSE DETAIL

SUB - T Travel

Local travel expenses related to service delivery including mileage (.25 per mile),
public transportation, and parking.

\$500 = Total Transportation

INDIRECT EXPENSE DETAIL

\$2,332 = Indirect costs are calculated at 9% of Total Expenses

A I D S TREATMENT N E W S

P.O. Box 411256
San Francisco, CA 94141

415/ 255-0588
fax: 415/ 255-4659

August 5, 1991

Reggie Williams
National Task Force on AIDS Prevention
631 O'Farrell Street
San Francisco, CA 94109
Fax: 749-6706

Dear Reggie,

I am writing concerning the Early Intervention Resource Center library. *AIDS Treatment News* has been selected as the consultant to set up the library, and I would like to ask 18th Street Services as an EIRC collaborating agency for input into this important element of the Center. I have enclosed a questionnaire asking about your agency's plans for participation in the library and any concerns or suggestions you might have for the library. I need this information to enable me to put together as comprehensive as possible a collection, and to plan for the space requirements of the materials.

The library will contain information about HIV/AIDS and related issues, with a focus on early intervention and treatment of HIV disease. The goal is to provide relevant, accurate, accessible, up-to-date information on HIV/AIDS early intervention and treatment, and related issues. The target audience is people with HIV/AIDS, especially those who are asymptomatic or early spectrum of disease, friends, family members and caregivers of people with HIV, and EIRC staff. The EIRC library, in conjunction with the services offered at the EIRC, will provide information and resources to enable people with HIV to inform and empower themselves to make knowledgeable choices and create their own strategy of early intervention.

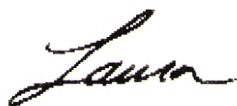
The library will contain newsletters, journals, books, videos, cassettes, brochures, and on-line computer services. It will also offer information packets on topics of particular interest.

I am asking for your assistance in planning the library to make it as comprehensive and accessible as possible with the limited resources we have. The enclosed form asks for your plans for providing material to the library and also what you feel is important to include in the library, and any other concerns you might have about the set up, running, and evaluation of the library.

A large concern is making the library as accessible as possible, recognizing that many of the clients of EIRC will be members of traditionally hard-to-reach populations. We are committed to making extra efforts to assure that the information we have in the library is accessible to everyone, especially those for whom English is not the primary language and those who are low literacy.

Please fill out the enclosed form and return it to me as soon as possible, preferably by August 12th, as we are trying to have the library up and running in time for an open house on September 15, 1991. I welcome any input from you, your EIRC staff, or your clients. If you have any further questions or concerns, please feel free to call me at 255-0588, or fax at 255-4659.

Yours,



Laura Thomas
Project Coordinator

*Reggie - please forgive the form letter, and
pass this on to whoever in your office is
working on this. I hope to see you soon.
- Laura*

Early Intervention Resource Center

Library Questionnaire

What materials will your agency be providing to the library (e.g. brochures, flyers, books, reference materials)? Please be as specific as possible - name of item, number of copies, language, etc. _____

What type of materials are your highest priority for the library (topic, language, format)? _____

What specific materials would you like to see in the library? _____

Which access issues are most important to you and your clients?

- _____ reading level/literacy
- _____ hearing impairment
- _____ sight
- _____ physical layout of library
- _____ language:
- _____ Cantonese
- _____ Korean
- _____ Spanish
- _____ other (please list) _____

- _____ English
- _____ Mandarin
- _____ Tagalog

Would you be willing to help set up a focus group to evaluate library materials?

YES _____ NO _____

What do you think your clients will be most interested in?

- _____ basic AIDS/HIV information
- _____ early intervention
- _____ anti-viral treatments
- _____ opportunistic infection treatments
- _____ immune system enhancers
- _____ coping/emotional skills
- _____ alternative & holistic treatments (acupuncture, herbal, Chinese, etc.)
- _____ complementary treatment (nutrition, healthy living, etc.)
- _____ addiction/substance use issues
- _____ benefits/legal issues
- _____ women's issues
- _____ people of color/ethnic issues
- _____ safe sex/safe drug use
- _____ social/political analysis
- _____ AIDS fiction (including drama and poetry)
- _____ stories of people living with AIDS
- _____ spiritual/personal growth
- _____ clinical trials
- _____ other _____

What role would you like to have in the on-going evaluation and maintenance of the library? _____

Other comments or concerns: _____

Please return to: Laura Thomas
AIDS Treatment News
P.O. Box 411256
San Francisco, CA 94141
FAX: 255-4659

Minutes from Management Retreat, August 2, 1991

Present:

Michael Bala, Rama-Selassie Barnwell, Sophia Chang, Jim Dilley, Ellen Goldstein, Gloria Lockett, Jimmy Loyce, Renetia Martin, Richard McCormack, Mike Mitchell, Reggie Williams, Russ Zellers

The following are not exhaustive minutes, but do note where follow-up steps were planned and assigned or new agreements and understandings were reached.

1. The site will be moved into in a phased-in manner. We agreed that it is important that all collaborative agencies put out a consistent message about the timeline to the public and to all on-site service providers.

The timeline is as follows:

- October 1, 1991, the first floor will be open.

This floor will house the ATS, the library, four case management rooms, and two receptionists (one for the EIRC in general, one for the ATS.) Until the ATS is fully operational, the ATS rooms can be used as tenant agency office space. It was agreed that one ATS shift should be moved to the site early on, but that the full ATS operations may begin as late as December 30, 1991. The two blood draw rooms will be locked, and, because they will store needles, will not be used for offices.

- September 15, 1991, the second floor will be open.

This floor will be the temporary space for on-site providers until the third floor is ready. (It will be built out for capacity, not for comfort. We have relinquished our claim to the second floor, and Mr. Plant will be seeking other tenants.)

- December 30, 1991, the third floor will be open.

Due to the arrangement with PG&E which will initiate our corporate giving program and provide us with partitions for 4 offices and furniture for 3 offices, we will open the third floor at the end of the year. Though this delays the final opening until December 30, we will still be able to provide services to clients beginning September 15. As Michael Bala would say, "Let's keep the client in mind."

2. It was agreed that covering operating costs would be a primary objective of the fundraising strategy. Several models of fundraising were discussed, i.e. creating an independent "Friends of the Center" 501(c)(3) organization, or depositing the funds directly into pre-existing EIRC University accounts. No model was decided definitively.
3. Outreach materials to be used by the EIRC as a whole will be developed by the Site Administrators. Each tenant agency will be responsible for developing their own outreach material specific to their agency. EIRC material must be reviewed and approved by the AIDS Office, but, due to the purely informational and descriptive nature of the brochures etc., the material will not have to go through a full committee review; Sophia will be able to review and sign off on the material, thereby expediting the approval process.

work w
val. k.

may

4. The issue was raised as to the nature of the HIV testing to be done at the Center, anonymous or confidential. Though the issue has not been resolved, we do know that testing will happen. We cannot be certain which adjective will precede the test.
5. Sandra Hernandez was going to inform the collaborators what the AO decision re: the computers was on Monday, August 5. Since the meeting, we have learned that the AIDS Office will be developing the computer system and purchasing the hardware and software. *clarity*
6. Russ, Mike, and Ellen agreed to schedule a work group to develop a plan for tracking data at the Center. This includes a paper system for tracking client demographics as well as proposing a client flow description (with respect to data.) Since the meeting, Erik Wheaton and John Dean ^{have} been suggested for additional members of the work group. *6-vean*
7. Re: the management structure of the EIRC, Jim, presented a chart that was developed by Sandra, Jim, Reggie, and Gloria. It was agreed to by all present. (Michael has the chartpad, so I'll include a description as soon as I make a deal for its safe return.) The suggestions brought up by the group covered the make-up of the CAB. This Board will be advisory only, giving input into programmatic and fundraising matters. The Board will have no policy-setting authority. The CAB will be comprised of representatives from the tenant agencies, the site administration, other early intervention providers (especially primary medical care), community groups, and the corporate world. *PWHIV*
8. MOUs - Jim, Michael, and Mike will ^{take} ~~date~~ the lead on developing the MOU language. They will initiate the first draft. Included in the language will be the provision that Mike be involved with staff evaluations for on-site providers. (The rest of the list is on the chartpad -to be added.) The AIDS Office has agreed to present and distribute the MOUs between the site administration and the tenant agencies; additionally, they will include "breach of contract" language to provide the "muscle" of the MOU. These MOUs will be signed by representatives of the three collaborative agencies, Valerie, and the tenant organization. (5 signatures total.)
9. We discussed several methods for allocating common cost expenses, but did not decide on one. The options include using FTEs, type of program (i.e. case mgmt vs outreach), undup client load, or some combination thereof. The formula we develop will cover phone, copies, FAX use, transportation tokens, and possibly office supplies. This need to be decided for presentation at the August 15th meeting.
10. Van - It was established that the money in CAL-PEP's budget will not cover van costs. Many suggestions were given. Jimmy will give Gloria contact info. for van purchase from the multi service centers and MAP. Renetia will look into the possibility of using a UC security van. Russ will find the contact for the "grant's foundation place that gives money for vans," Richard will look into the possibility of fundraising for the van, and Gloria will call Shanti, and also will recontact lease/purchasing dealers to ask for donations. Initial investigation will be done by August 9. Gloria and Mike will work together on a plan for how the van will operate.

11. media plan Richard



EARLY INTERVENTION RESOURCE CENTER

MEETING

Wednesday, July 31, 1991, 3 P.M.

A G E N D A

1. Roles of:

- a. Administrative Coalition (NTFAP/AHP/Cal-Pep);
- b. AIDS Office Staff; _
- c. Community Advisory Board.

2. Review and approval of policies for the Center.

3. Other. *computer update*
ATS (testing) *AND*

4. Agenda for next weekly meeting.

*3 Set time for next mtg **

MEMORANDUM

TO: Peter Campos, AIDS Health Project
Reggie Williams, National Task Force on AIDS Prevention
Gloria Lockett, California Prostitute Education Project

THROUGH: James Loyce, M.S., M.F.C.C.
Associate Director for Administration

FROM: Russ Zellers *R. Zellers*
Program Manager, Early Intervention Services

DATE: June 13, 1991

SUBJ: Meeting of June 12, 1991

This memo is in follow-up to our meeting of June 12th regarding Part E (Centralized Intake/Assessment, Outreach, and Case Management) services and budget changes related to Part A (Site Administration) services at the Early Intervention Resource Center.

Centralized Intake/Assessment, Outreach, and Case Management

\$ 185,734 is available for this program for FY 91-92.

The purpose of this portion of the meeting was to discuss conceptually the central intake and case management program at E.I.R.C. We agreed that different levels of service should be made available to clients of the Center:

- o Information and Referral: Inquiries for information by phone or in-person. This service will be provided by the two receptionists at the Center (originally proposed to be provided by Cal-PEP and AHP). A simple checklist can be used to count contacts (no demographic information). Calls for basic HIV information will be routed by telephone to the S.F.A.F. hotline.

- o Brief Intake and Assessment: All clients who request services from E.I.R.C. providers will receive a brief intake. Walk-in clients and telephone referrals will be referred to staff of the Centralized Intake/Assessment, Outreach, and Case Management program (N.T.F.A.P. and Cal-PEP personnel). This brief assessment will allow for basic information on the client to be entered into the computer, including client demographics, presenting needs, initial program referrals, and a log of services as they are received. Appointments will be made for more in-depth assessment and case management if it is inappropriate for the initial intake worker to provide this assessment. If a system can be developed to ensure client confidentiality, it is anticipated that other providers within the E.I.R.C. will also be able to provide this Brief Intake and Assessment service and "register" the client in the computer as an E.I.R.C. client.
- o Indepth Care (e.g., Case Management): Longer-term or higher levels of care will be provided by agencies contracted to provide these services out of the E.I.R.C. by "opening a case" on those clients who need this level of service. If no service is funded to provide this needed care to a particular client, the case management staff from the Centralized Intake/Assessment, Outreach, and Case Management program (N.T.F.A.P. and Cal-PEP personnel) will serve the client.

Methods to ensure client confidentiality will be developed for AIDS Office review by the Centralized Intake/Assessment, Outreach, and Case Management and Site Administration (computer) providers. Within the E.I.R.C., the Centralized Intake/Assessment, Outreach, and Case Management program will function to provide all levels of service described above as well as on-site and off-site orientation presentations.

More discussion is needed on how this program will interface with other early intervention providers working on and off-site. This will be an important issue for the retreat which will include all E.I.R.C. providers and which will be held during the start-up period.

Anticipated Changes for FY 90-91 Contract Budget

The following were presented by Peter Campos as possible changes the the FY 90-91 budget and contract deliverables.

- o Salary savings will be moved to Operating (Site Readiness Renovations).

- o Consolidation of consultation for computer software development (U.C.S.F. Information Technologies Services) and hardware items. The AHP anticipates expending approximately \$50,000 to \$60,000 on software and a similar amount on hardware. It is now anticipated that the resource database and computer matching (client needs to available resources) capabilities at the E.I.R.C. will be operational by mid-September. The statistical report generating capability will be available by mid to late November. Data on utilization and client demographics at the E.I.R.C. will be available to the AIDS Office by January 15, 1992 from two sources: (1) Site Administrator's monthly statistical summaries (cumulative and by agency provider) for September through December 1991; and (2) quarterly reports from individual E.I.R.C. contractors.

Other Budget Change Requests

- o Move approximately \$500 in meeting expenses from FY 90-91 and \$1,200 from FY 91-92 into travel for staff and consultant travel in relation to the development of computer software.
- o Possible transfer of funds from an unknown line-item into travel for client paratransit services. The AIDS Office is amenable to this request if this service cannot be made available to clients through current AIDS Office contractors or from another source.

In preparation of a written budget change request, please note that the AIDS Office is unable to consolidate software and hardware line-items. Please specify in writing the need to transfer funds from hardware to software development and provide justification for any increase in consulting time for software development.

In addition, the AIDS Office is unlikely to approve any use of travel funds for software development in excess of \$500 and a request must be fully justified and approved in writing prior to expenditure of funds. If meeting expenses are not needed as originally anticipated, the AIDS Office would propose that these funds be utilized for an orientation and training retreat for staff providing early intervention services and for other currently undetermined needs.

At the June 12, 1991 meeting, we also discussed the fact that the Site Administrators may anticipate the need for revenue for ongoing operating expense during FY 92-93. The AIDS Office hopes that the full \$479,347 (including van) will be available for FY 92-93 but, as with all our contracts, continuation of services is dependent on the availability of funds. Supplies purchased from FY 90-91 start-up funds will likely have run out by June of 1992. This situation points out the need to increase revenue for the Center (possibly as much as \$100,000) through fund development, client fees/donations, and possibly third party reimbursement. Further discussion and clarification is needed around charging for services including the mechanisms for determination of ability to pay and for collection.

We agreed to the following meeting schedule for Wednesday, June 19th at the AIDS Office (Training Room):

9:00 AM - 10:30 AM Contract negotiations for Part E (Centralized Intake/Assessment, Outreach, and Case Management). Contract narrative and budget materials must be submitted by 5:00 PM on Tuesday 6/18/91 or meeting will be rescheduled, possibly delaying start date for the contract.

10:30 AM -11:30 AM General Site Administration update meeting. I will try to put together an agenda for this and future meetings; please let me know ahead of time if you have major issues for discussion (554-9105). Topics for the 6/19 meeting include:

- o update on contract certification and status of subcontracts
- o status of lease and resolution of front door buzzer problem
- o space plan (including non-City Supplemental providers on site?)
- o fund development for the E.I.R.C.
- o start-up ad campaign for E.I.R.C. (can we highlight link to counseling and testing and public sector primary care providers?)
- o initial week of orientation/training for all staff of the E.I.R.C.

cc: Wendell Carmichael
Soplia Chang
Kandyce Collins
Jim Dilley
Lyn Fischer-Ponce
Ellen Goldstein
Renetia Martin

415 749 6706 JUN 28, 1991 11:32AM P.01

City and County of San Francisco

Department of Public Health



AIDS OFFICE

FAX TRANSMITTAL COVER SHEET

FAX NUMBER: (415) 431-7547

DATE: 6/28/91 NUMBER OF PAGES TO FOLLOW: 2

TO: Kevin Williams
Executive Director

FAX NUMBER: 749-6706

CALL AFTER TRANSMISSION? YES / NO

554-9000

ADDITIONAL
CONTACTS

SUITE 500

4102 - 6033

415 - 554-9000

FAX 415 - 431-7547

JUN 23, 1991 11:32AM P.02

415 749 6706

FROM: AIDS OFFICE

City and County of San Francisco

Department of Public Health



June 25, 1991

Reggie Williams
Executive Director
National Association of Black and White Men Together
631 O'Farrell Street
San Francisco, CA. 94109

Dear Mr. Williams,

This letter is to advise you that on June 18, 1991 the Health Commission approved a Continuing Resolution for FY 1990-91 General Fund contracts through December 31, 1991. While the Continuing Resolution authorizes the AIDS Office to reimburse existing contracts at the current rate of expenditures, it is the intent of the AIDS Office to submit renewal contracts for the next fiscal year, to the Health Commission as soon as possible.

The Continuing Resolution will permit agencies with an existing FY 1990-91 General Fund contract, within the period July 1, 1990 to June 30, 1991 to continue providing services and submit invoices for reimbursement of those services starting July 1,

AIDS Office currently contracts with the National Association of Black and White Men Together to provide the following services:

Advocacy	\$115,000
Services	119,000

Effective July 1, 1991 thru the Continuing Resolution permits the continuation of those services. To be reimbursed for those services, standard contract invoices must be submitted in the correct format. Reimbursement for those services is due to the AIDS Office. Invoices are due to the AIDS Office in order to reimburse for those services. Invoices are to be submitted to the AIDS Office. Reimbursement will be based on those services.

AIDS OFFICE

15 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102-6033

415-554-9000
FAX 415-431-7547

FROM: SCDPH AIDS OFFICE
TO:
415 749 6706
JUN 28, 1991 11:33AM P.03

Please note, final FY 1991-92 annual contract amounts will be contingent on the results of the monitoring reports, review of services and available funding. This will be discussed at the contract negotiation meeting. A letter will be forth coming shortly that outlines the General Funds available to your agency for the period July 1, 1991 thru June 30, 1992.

AIDS Office program staff will be contacting you shortly to schedule negotiations and contract development. Please feel free to call me at 554-9019 should you have any questions.

Sincerely,



Maria Lemus
Chief, Operations Branch

91091

To: Collaborating Partners
Fr: Jaime (National Task Force on AIDS Prevention - NTFAP)
Re: EIRC Proposal for Components B,C, and D

Attached is a summary of the discussions held last Monday and Tuesday (March 25 & 26) regarding components B,C, and D.

All collaborating agencies are listed along with proposed program activities, staffing, and amount requested. The National Task Force has agreed to be the fiscal agent for this one big proposal in order to facilitate the submission of one comprehensive package for sections B, C, and D of the RFP.

What we need by Monday morning (April 1st) from each collaborating agency are the following:

1. A complete proposal for your piece outlining target population, proposed program activities as it relates to B,C, and D and organized in Cost Center format, timelines, deliverables, and budget (again organized in respective Cost Center format);
2. A close to final draft of an MOU between your agency and the National Task Force on AIDS Prevention should include the following:
 - the NTFAP will act as fiscal sponsor for your agency for this proposal
 - as fiscal sponsor, the NTFAP will assist to facilitate in the billing of services provided by you agency as outlined in your proposal
 - your agency will be primarily responsible in assuring timely billing for services provided by your agency, and copies of this billing will be sent to NTFAP
 - your agency will be primarily responsible in complying with all contract and proposal requirements outline in your proposal for services with the AO
 - your agency will provide necessary program reports (both reports of deliverables and narrative reports) as required by the AIDS Office
 - your agency will assure the maintenance of financial records that tract all income and expenses as it relates to this specific contract
 - the NTFAP will request 1.0 to 1.5% of the amount billed to the AO to facilitate the transfer of funds from the AIDS Office to your agency

In thinking more about this arrangement of the NTFAP as the fiscal agent for all the agencies, I'm not sure this is a better arrangement than each agency submitting their own proposal and be their own fiscal agent. The main point I think we want to get across is the collaborative process we used to arrive at our individual proposals.

Anyway, think about this. Please give feed back. Good luck with all your sections.

Early Intervention Resource Center RFP
 Proposal to Provide Services Solicited in Components B,C, and D
 Collaborative Effort Among Community Based Organizations
 Fiscal Sponsor: National Task Force on AIDS Prevention
 5-Apr-91

Agency	Target Population	Proposed Activities	Staffing (FTE)	Amt Requested (in thousands)
Calpep	Women of Color IV Drug using Sex wrkrs/partners	Outreach Peer advocacy Group/one-on-one Counseling Treatment advocacy	1.50	70
GCHP/FTFA	API populations Esp Filipino gay/& Bisexual men	Outreach Peer advocacy Psycho-social support Case Management Media promotions Translations	1.00	75
BAHSES	African-American MWMs People of Color	Peer counseling/group Outreach Workshops (HIV/STD) Reduction (group/one-on)	0.75	50
CURAS	Latino monolinguals Gen Latino Comm	Outreach Advocacy/Information Counseling Support groups Training of Interns MSWs) Spanish version of ATN Media campaign Tx Advo (La Clinica)	2.0 MSWs	120
18th Street Svcs	Gay/Bi of all colors Youth and all ages	Est linkages to get SA Svcs	2.00	75
AIAI	Native American	Case finding for NA clients	0.25	20
AIDS Health Proj	Service providers Women General population	Training on HIV P/S issues Advocacy for women	1.25	120
Project Inform	Service Provider Trn Curriculum Developm	Training program Curriculum Development	0.50	30
A.I.D.S.	Indigent/Homeless Tenderloin area	Outreach Advocacy/information Tx advocacy	1.00	50

Grand Total

8.25

610



May 14, 1991

Reggie Williams
National Task Force on AIDS Prevention
of the National Association,
Black and White Men Together
631 O'Farrell Street
San Francisco, CA 94109

**SUBJECT: Notification of Selection, RFP 118-91
Early Intervention Resource Center**

Dear Mr. Williams:

We are pleased to inform you that components of your proposal have been selected for Psychosocial Support, Health Education, and Linkage to Early Medical Care services described in response to RFP #118-91, in the amount of \$335,579. The allocation of this amount is as follows:

AIDS Health Project	\$96,000
Filipino Task Force on AIDS	\$48,750
CURAS	\$94,200
18th Street Services	\$41,740
American Indian AIDS Institute	\$20,000
AIDS Indigent Direct Services	\$34,889

The other components of your proposal were not selected to provide services. This decision may be appealed only if you have reason to believe that there was a substantial failure by the Department of Public Health in following standard procedures for soliciting and selecting providers. An appeal must be filed within three (3) working days after receipt of this notice. If you wish to appeal, prepare a brief statement to the Director of the AIDS Office describing the reason for the appeal. The Director will rule on the appeal within five (5) working days after its receipt, and the decision shall be final.

We will be in contact with you shortly regarding the negotiation and development of a contract for the services selected. This is not a notice of the award of a contract.

If the Department of Public Health enters into a contract with you for these services you may proceed with services only after approval of the contract has been received by the Health Commission, Board of Supervisors, when necessary, and final certification by the Controller of the City and County of San Francisco. Once the contract is certified, you will receive a copy and are then required to proceed with providing the services.

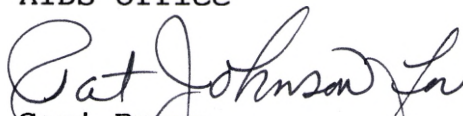
Attached for your information is a summary of all organizations selected to provide services proposed in response to this RFP.

If you have any questions regarding this, please call Geri Brown, Director of Contracts Management and Compliance at (415) 554-2607.

Sincerely,



Maria Lemus
Operations Chief
AIDS Office



Geri Brown
Director of Contracts
Management and Compliance

cc: J. Loyce
S. Chang
J. Weld



May 14, 1991

Reggie Williams
National Task Force on AIDS Prevention
of the National Association,
Black and White Men Together
631 O'Farrell Street
San Francisco, CA 94109

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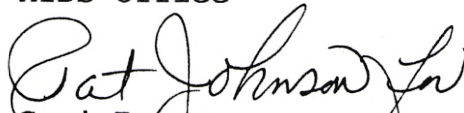
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Sincerely,



Maria Lemus
Operations Chief
AIDS Office



Geri Brown
Director of Contracts
Management and Compliance

cc: J. Loyce
S. Chang
J. Weld

City and County of San Francisco

Department of Public Health



April 26, 1991

James Dilley, M.D.
Executive Director
AIDS Health Project
1855 Folsom Street
P.O. Box 0884
San Francisco, CA 94143-0884

Dear Dr. Dilley:

This letter is in follow-up to the AIDS Office April 26, 1991 selection notification letter for RFP number 118A-91. We want to take this opportunity to congratulate the collaborating agencies, the AIDS Health Project, National Task Force on AIDS Prevention, and Cal-Pep, on the selection of your proposal for Component A, the Site Operation and Administration services at the Early Intervention Resource Center (EIRC). Russ Zellers will contact you Monday, April 29th to determine a time this week to meet to negotiate your contract. We would like a representative from each of the collaborating agencies to be present for contract negotiations.

The following is a proposed timeline which will allow the site administration contract to begin on June 1, 1991.

Friday, May 3 by 5:00PM	Complete contract negotiations.
Tuesday, May 7	Contract prepared and signed.
Tuesday, May 21	Health Commission meeting.
Friday, May 31	Contract certified.
June 1, 1991	Contract begins.

In order to expedite our negotiations, which we hope to complete this week, we are writing to outline some of the issues raised by the Technical Review Team and by AIDS Office staff in reviewing your proposal. These issues will be further addressed by AIDS Office staff during contract negotiations. The following is not intended as an exhaustive list of points for discussion.

(1) We urge you to promptly move forward during the month of May with securing the resource center site. The site and location described in your proposal is deemed desirable. AIDS Office staff would like to visit the proposed location at the soonest possible time and prior to finalizing the lease arrangements.

Letter of 4/26/91 to James Dilley, M.D.

Page 2

(2) While the need is recognized for the three collaborating agencies to meet regularly to coordinate site administration efforts, the "EIRC Steering Committee" as described in your proposal will not be functional for management of the Center as a whole. Attached you will find an organizational schematic for the Early Intervention Resource Center which shows an EIRC Management Group. This management team will be comprised of one representative per contractor at the Resource Center. One of the critical tasks for the EIRC Management Group will be to develop referral protocols by which to coordinate services at the Center. The Department of Public Health Resource Center Director will be responsible for oversight of the Center, including the coordination of program services. The position of "Center Director" as described in your proposal should be reformulated to work on-site at the Center to serve facilities operation/physical plan needs. We envision the need for a manager, as related to site administration, to attend to critical operational areas such as building security, building and equipment maintenance, telephone system, and coordination and maintenance of common spaces. Is it your intent that this position will also oversee the Development Director? We are also grateful to you for your thinking on the development of an "EIRC Advisory Group" to the EIRC Steering Committee. Such a group will not be necessary, however, since the AIDS Office anticipates the formation of an Early Intervention Advisory Group which will be advisory to the AIDS Office and to the Center as a whole.

(3) The "Resource/Case Management Database" concept is thought to be an excellent idea. We would like to further discuss confidentiality as related to this database. In addition, several budget issues need further discussion. Would it be most cost-effective to outright purchase the equipment rather than enter into a lease/purchase agreement, saving a considerable amount in leasing costs? The purchase of equipment under either circumstance will require review and approval by the City's MIS office and the AIDS Office will facilitate this process.

(4) With respect to the budget for Component A services during the period 6/1/91 through 6/30/92, there appear to be a number of unmet staffing needs. Is there a way to support any or all of the following: information/resource coordination, MIS management, and centralized volunteer recruitment and support?

(5) Funding during the period 6/1/91 - 6/30/91 would most effectively be directed toward capital and infrastructure needs at the Center and we request that staffing costs be reduced for this purpose. Specifically, the start-up consultants in your proposed budget do not seem critical and we suggest that you redirect these funds into the computer database or some other capital expenditure. Consultants which you strongly feel should be left in the budget for this period will need further justification and discussion.

Letter of 4/26/91 to James Dilley, M.D.

Page 3

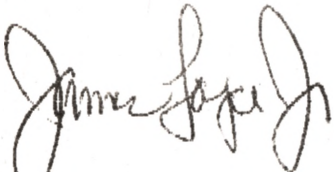
(6) We request that the van lease and related Cal-Pep expenses, as described in your proposal for Component E (Centralized Intake/Assessment, Outreach, and Case Management), be incorporated into the Component A budget. The rationale for this change is that we believe that the van service should serve clients of the Center as a whole and should not be designated for any one particular program. In addition, we would like for you to consider the lease of two (2) vans to be based at the Center, one to be used for client transportation and one for outreach purposes. As you may know, we will need up-to-date proof of insurance for van transportation for the contract.

(7) Please clarify the budgeted amount and role of the Facility Development Coordinator. This position is budgeted at \$12,501 for 1.0 FTE but is not included on the staffing structure schematic (page 80) of your proposal.

Please take careful note that FY 1990-91 expenses for this project must be incurred by the collaborating agencies prior to June 30, 1991.

Again, congratulations on the selection of your proposal to provide site operation and administration at the Center. We look forward to meeting with you this week to further discuss this exciting collaborative venture.

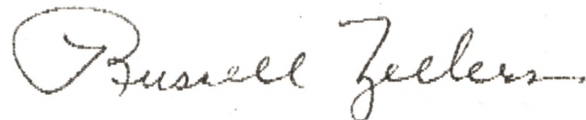
Sincerely yours,



James Loyce, Jr., MS, MFCC
Associate Director for Administration
AIDS Office



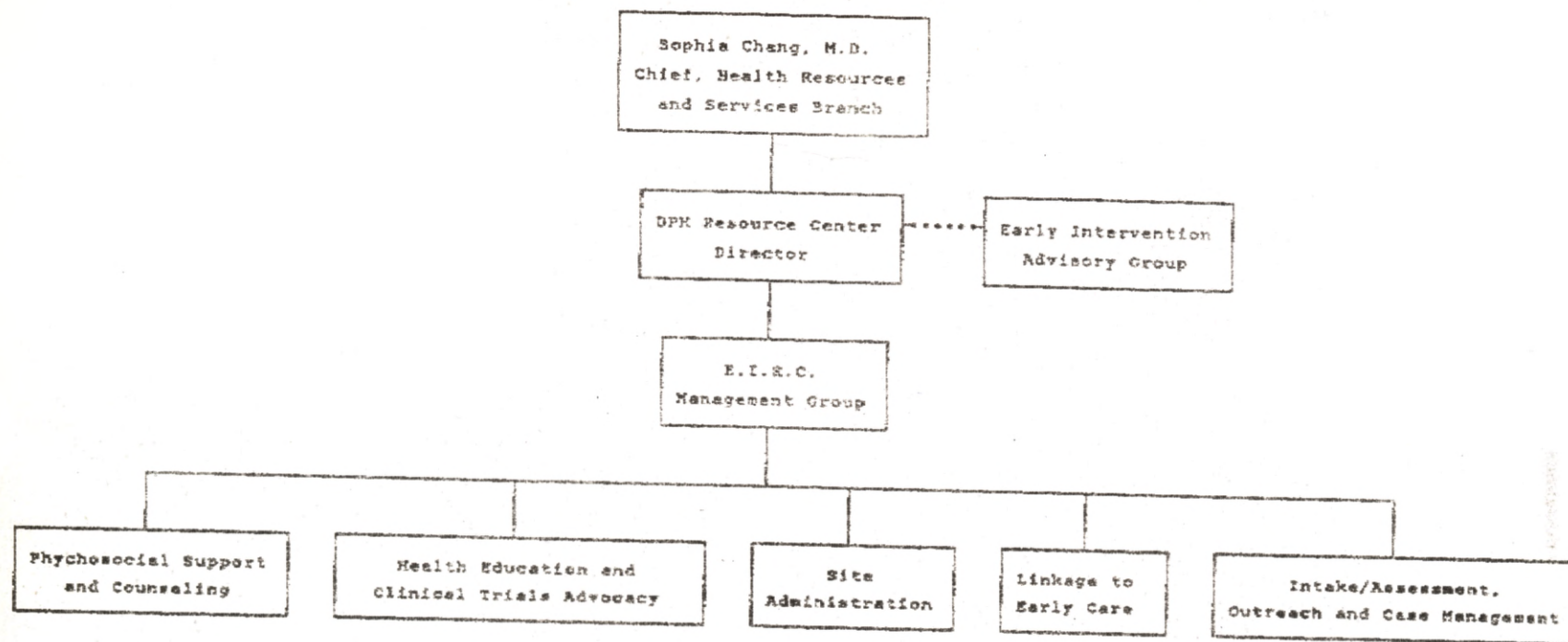
Sophia Chang, M.D., M.P.A.
Chief, Health Resource
and Services Branch



Russell Zellers, MSW, MPA
Program Manager
Early Intervention Services

cc: Sandra Hernandez, M.D.
Maria Lemus
Lyn Fischer-Ponce
Gloria Lockett, Cal-Pep
Reggie Williams, National Task Force on AIDS Prevention

Organization Scheme:
Early Intervention Resource Center (EIRC)



City and County of San Francisco

Department of Public Health



April 26, 1991

James Dilley, M.D.
Executive Director
AIDS Health Project
1855 Folsom Street
P.O. Box 0884
San Francisco, CA 94143-0884

Dear Dr. Dilley:

This letter is in follow-up to the AIDS Office April 26, 1991 selection notification letter for RFP number 118A-91. We want to take this opportunity to congratulate the collaborating agencies, the AIDS Health Project, National Task Force on AIDS Prevention, and Cal-Pep, on the selection of your proposal for Component A, the Site Operation and Administration services at the Early Intervention Resource Center (EIRC). Russ Zellers will contact you Monday, April 29th to determine a time this week to meet to negotiate your contract. We would like a representative from each of the collaborating agencies to be present for contract negotiations.

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Letter of 4/26/91 to James Dilley, M.D.

Page 3

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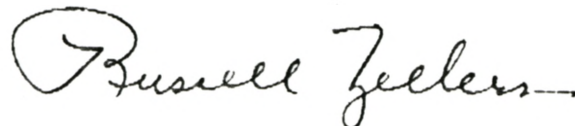
Sincerely yours,



James Loyce, Jr., MS, MFCC
Associate Director for Administration
AIDS Office



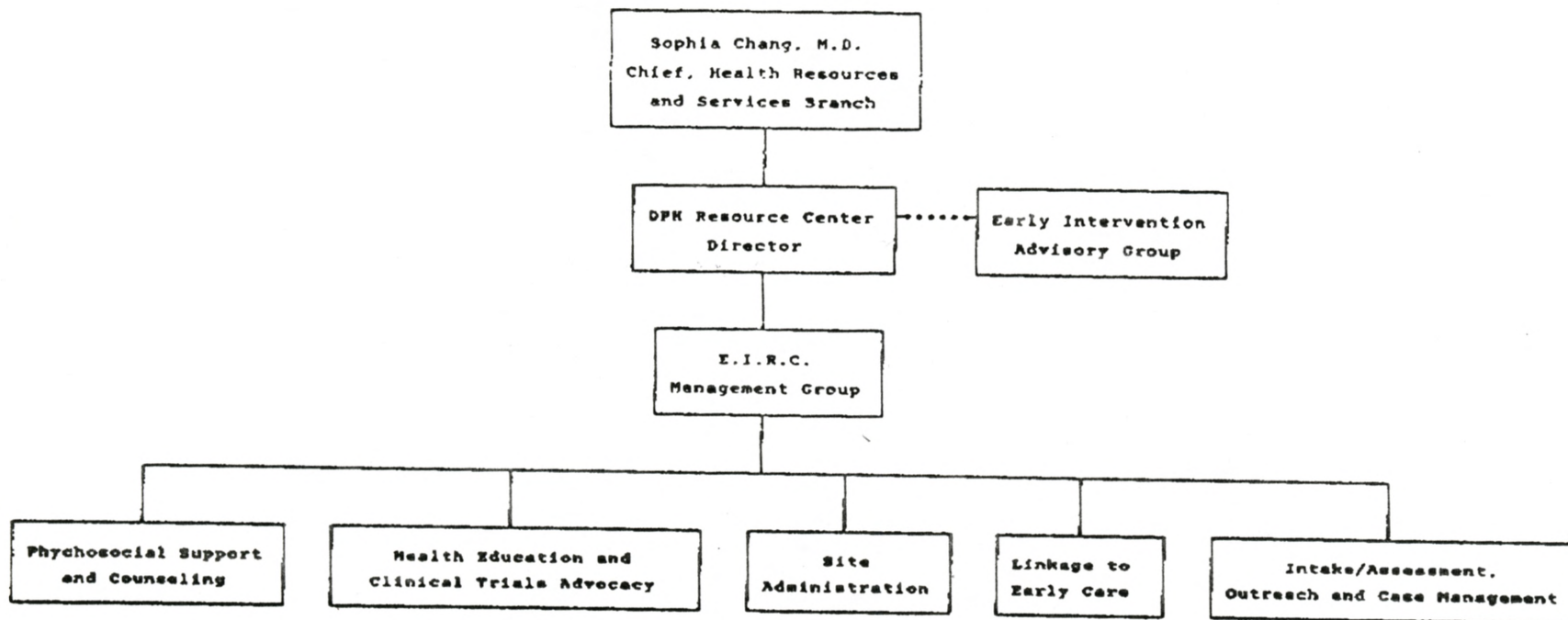
Sophia Chang, M.D., M.P.A.
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Russell Zellers, MSW, MPA
Program Manager
Early Intervention Services

cc: Sandra Hernandez, M.D.
Maria Lemus
Lyn Fischer-Ponce
Gloria Lockett, Cal-Pep
Reggie Williams, National Task Force on AIDS Prevention

Organization Scheme:
Early Intervention Resource Center (EIRC)



THE AIDS HEALTH PROJECT

A project concerned
with AIDS Prevention
and Health Promotion

***** F A X T R A N S M I T T A L M E M O *****	
TO: <u>Reggie Williams</u>	
DEPT: <u>NTFAP</u>	FAX #: <u>749-6706</u>
FROM: <u>R Martin</u>	PHONE: <u>476-6430</u>
CO: _____	FAX #: _____
Post-It brand fax transmittal memo 7671	

NO. OF
PAGES

1

TO: **ALL EIRC TENANT AGENCIES**
FROM: Renetia Martin, Deputy Director, AIDS Health Project & EIRC Facility Development Coordinator
DATE: June 5, 1991
RE: **Early Intervention Resource Center -- Planning Meeting**

As those of you who were able to attend the property tour agreed, there will be a meeting for all tenant agencies on **Friday, June 7, 9am - 11am at the AIDS Office, 25 Van Ness, Suite 500**. At this meeting, each agency will be asked to discuss their space requirements so as to give the the space planners and architects a basis for designing the space. Please outline answers to the following in writing, as well as *briefly* describe your EIRC-based program.

- How many staff will be working at the EIRC? (and how many FTE)
What hours will they be working?
- What is your estimated number of clients?
Will they be seen individually? In small groups? In large meetings?
Will your clients generally be seen in the daytime? At night? On Saturday?
- What type of privacy will be necessary? (i.e. a divider between desks, a private counseling space, a general office space.)
- How many phones?
- What are your computer needs?
(The EIRC will have a case management system on IBM-compatible computers; will you be bringing other hardware, i.e. Macintosh, etc)
- What are your storage needs? (Short term and long term.)
- Will you need to display brochures, materials, etc? (There will be a centralized resource library.)
- Anything else we should know for your space.

Remember

1. We have limited space an a tight budget. Although we would love to provide office space and private counseling to every agency, this will not be possible. Be realistic.
2. We are funded to provide the necessities (i.e. storage, postage, phones) for EIRC services -- not for everything your agency might do.
3. We are on a tight schedule. Decisions will need to be made quickly. If you cannot attend the Friday meeting, it would be advisable to send a representative from your agency. If this is impossible, call Ellen Goldstein (476-6182) to discuss your needs *before* the meeting.

**NOTICE OF PUBLIC HEARING
ON PROPOSED REDUCTIONS IN HEALTH SERVICES
BEGINNING JULY 1, 1991**

The San Francisco Board of Supervisors will conduct a BEILENSEN HEARING pursuant to Section 1442.5 of the California Health and Safety Code (Beilenson Act) on the elimination or reduction of health care services to indigents provided by the City and County of San Francisco and proposed to take effect on July 1, 1991. The Beilenson Hearing will be held on:

**Monday, June 24, 1991 at 4:00 pm
Legislative Chamber of City Hall
Van Ness and McAllister Streets
San Francisco, California 94102**

At this hearing, the Board of Supervisors of the City and County of San Francisco will consider the impact of the proposed elimination or reduction of health services on the health care needs of the County's indigents and shall adopt a finding that the proposed changes will or will not have a detrimental impact on the health care needs of these indigents. Public testimony, both oral and written, will be accepted at this hearing.

The San Francisco Department of Public Health has prepared the attached list of proposed budget reductions that are subject to a Beilenson Hearing. The list includes the elimination or reduction of health care services to the county's indigents. Reductions in mental health and substance abuse services are not posted in this notice (see note below). A complete listing of all proposed Department of Public Health budget reductions will be available to the public on June 18, 1991 at 101 Grove Street, Room 308. Further information is available by telephoning the Department of Public Health at 554-2621.

Note: The following services are not subject to Health and Safety Code Section 1442.5 and have not been included in the Beilenson Notice: reductions in Mental Health services funded under the Short Doyle Act and reductions in Substance Abuse Services provided pursuant to Health and Safety Codes Section 11795 et seq. and 11980 et seq.

Mary Anne Butler
John L. Taylor *for*
Clerk of the Board

Community Public Health Services

Location of Facility or Program(s)

Senior Information & Referral Program
Senior Health Services
1182 Market Street
San Francisco, CA 94102

Community & Home Injury
Prevention Project (CHIPPs)
Senior Health Services
1182 Market Street
San Francisco, CA 94102

Proposed Change and Amount

The Senior Information and Referral Program (Senior I&R) is a program jointly funded by the Health Department and the San Francisco Commission on Aging. Senior I&R provides information and referral services to seniors regarding health, recreation, legal and social services; provides health education classes and health screening (blood pressure testing) services; organizes and distributes the Gold Card program so that seniors can secure discounts at selected local merchants; provides suicide and elder abuse information over the phone; and distributes the Muni Transit Senior Discount cards to persons over the age of 65.

The Community and Home Injury Prevention Project (CHIPPs) is a demonstration project funded primarily through a grant from the Kaiser Foundation with matching funds provided by Department of Public Health. CHIPPs provides health education, media and community awareness and develops educational brochures on unintentional injuries, both in the home and the community, suffered by persons 60 years of age or older in San Francisco. The matching funds provided by the Health Department currently pays for 0.4 full-time equivalent (FTE) of a Health Program Coordinator III position, which provides administrative support to CHIPPs.

Community Public Health Services proposes to eliminate the health education and health screening components of the Senior Information and Referral Program and to transfer the remaining services and activities to the Commission on Aging. This reduction in funding and the transfer of the program will result in an annual decrease in telephone information and referrals from the current 18,000 estimated calls to 12,000 estimated calls; health education classes and health screening services will be discontinued; the Gold Card will no longer be distributed; and administrative support for these services will be discontinued.

One full-time-equivalent Health Program Coordinator III serves as the administrative coordinator for both the Senior Information and Referral Program (0.6 FTE) and the CHIPPs project (0.4 FTE). This reduction eliminates this Health Program Coordinator III position.

The Kaiser Foundation grant for CHIPPS will continue through July 1992. It requires the Department of Public Health, as a condition of receiving its grant for CHIPPs, to partially fund administrative support services. The Health Department will provide this funding as required by the grant, but will do so by funding a different administrative

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

Community Public Health Services (continued)

Location of Facility or Program(s)

Senior Information & Referral Program
Senior Health Services
1182 Market Street
San Francisco, CA 94102

Community & Home Injury
Prevention Project (CHIPPs)
Senior Health Services
1182 Market Street
San Francisco, CA 94102

Proposed Change and Amount Continued

position at 0.75 full-time-equivalent time. This position will be responsible for training health educators and other Department of Public Health primary care clinic staff to make seniors aware of injury prevention measures. The proposed reduction and transfer of the Senior Information and Referral Program and the elimination of the 1.0 FTE Health Program Coordinator III position will go into effect on August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Senior Information and Referral	Eliminate -- 0.6 FTE Health Program Coordinator III -- 1.0 FTE Health Worker IV -- 0.75 FTE Health Worker III -- 0.5 FTE Clerk Typist -- 0.75 FTE Senior Health Educator	0 Not Applicable	6,000
Administrative Support for CHIPPs Project	-- 0.4 FTE Health Program Coordinator III	0	0

Expected Savings

Expected savings are \$ 94,944 for Department of Public Health funded positions and operating expenses.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

Community Public Health Services

Location of Facility or Program(s)

Downtown Senior Center (Contractor)
481 O'Farrell Street
San Francisco, CA 94102

North of Market Senior Center
333 Turk Street
San Francisco, CA 94102

Proposed Change and Amount

The Downtown Senior Center is a senior citizens center which provides social services, recreational activities, education and health education and health screening (blood pressure testing) activities to senior citizens in the Tenderloin neighborhood of San Francisco. The North of Market Senior Center provides primary care health services (medical assessment, diagnosis, treatment, and health education and maintenance), health education and home visits by public health nurses to seniors in the Tenderloin neighborhood of San Francisco. North of Market Senior Center is located six blocks away from the Downtown Senior Center.

Community Public Health Services proposes to eliminate the health education and health screening (blood pressure testing) activities provided to 250 clients a year and the administrative support staff employed to coordinate these activities at the Downtown Senior Center. The North of Market Senior Center has the capacity to take all 250 of these clients without increasing waiting times for their current client load. The Health Department estimates that only one-half (125 clients) of these clients will actually go to North of Market.

The San Francisco Commission on Aging has indicated that it will augment its contractual services with the Downtown Senior Center by \$19,861. Additionally, North of Market Senior Center will seek to expand its senior transportation services in order to bring more seniors from Downtown Senior Center to North of Market Senior Center. This proposed reduction will go into effect on July 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Health Education and Screening	Eliminate -- 0.5 FTE Program Assistant -- 0.25 FTE Branch Director -- 0.18 FTE Case Worker Supervisor -- 0.18 Bilingual Case Worker	125	250

Expected Savings

Expected savings are \$ 42,861.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

Community Public Health Services

Location of Facility or Program(s)

Mission Neighborhood Health Center (Contractor)
240 Shotwell Avenue
San Francisco, CA 94115

Proposed Change and Amount

The Mission Neighborhood Health Center provides preventive health services, primary health care (medical assessment, diagnosis, treatment, and health education and maintenance) and social services to indigent residents of the Mission district.

Community Public Health Services proposes to reduce its contract with Mission Neighborhood Health Center by \$12,286 in the 1991-92 fiscal year. The effect of this contractual reduction will be the loss of 83 hours (0.4 full-time-equivalent -FTE-) of clinical time for primary health care services by a physician per year (1.6 hrs/week). This reduction will result in 162 fewer outpatient visits in the 1991-92 fiscal year. Patients will be encouraged to use other county funded primary health care and outpatient programs in San Francisco. The proposed reduction in contractual services will become effective July 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Primary Health Care Services	Eliminate -- 0.4 FTE Physician	162 outpatient visits	80

Expected Savings

Expected savings are \$ 12,286.

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Community Public Health Services

Location of Facility or Program(s)

Eighteen Street Services (Contractor)
217 Church Street
San Francisco, CA 94114

Proposed Change and Amount

Eighteenth Street Services provides alcohol and drug abuse prevention, education, intervention, and treatment services for San Francisco lesbian, gay and bisexual adults and youth. Services consist of street outreach, individual and group counseling and alcohol and drug education classes.

Community Public Health Services proposes to transfer 1.0 full-time equivalent (FTE) Outreach Worker from general fund support to grant fund support. This 1.0 FTE Outreach Worker provides AIDS risk reduction education and alcohol and drug abuse education to primarily homeless youth in San Francisco. These health education services are provided on the street in the communities where these youth can be found.

It is likely that any reduction in general fund support will be offset by grant funds. However, in the event that a grant is not awarded (the Health Department is waiting for final notification from the State on these grant funds) the full-time Outreach Worker position will be eliminated and the services provided by this one position will be discontinued. The proposed reduction or transfer of funding will go into effect July 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Outreach Services	Eliminate -- 1.0 FTE Outreach Worker	0 Not Applicable	1,500

Expected Savings

Expected savings are \$ 27,300.

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Community Public Health Services

Location of Facility or Program(s)

Health Care Center #1
3850 - 17th Street
San Francisco, CA 94114

Health Care Center #2
1301 Pierce Street
San Francisco, CA 94115

Health Care Center #4
1490 Mason Street
San Francisco, CA 94133

Proposed Change and Amount

Health Care Centers #1, #2, and #4 provide preventive health services and primary health care (medical assessment, diagnosis, treatment, and health education and maintenance). Assistant Health Educators provide patient education, health classes and health education presentations at San Francisco county schools and write grants.

Community Public Health Services proposes to eliminate a 0.5 vacant full time equivalent (FTE) Assistant Health Educator at each of these three Health Centers. One 0.5 FTE Health Educator has been vacant since November 1, 1990 and the other two 0.5 FTE Health Educators have been vacant since December 1, 1990. The reduction of 1.5 vacant FTE Assistant Health Educators (combined total FTEs for the three Health Centers listed here) will result in fewer health education classes and decreased opportunities to obtain grant funding for health services. These proposed reductions will go into effect on July 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Health Education	Eliminate -- 1.5 FTE Vacant Assistant Health Educators	0 Not Applicable	690 at each health center

Expected Savings

Expected savings are \$ 88,377.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

Community Public Health Services

Location of Facility or Program(s)

Southeast Health Center
2401 Keith Street
San Francisco, CA 94124

Potrero Hill Health Center
1050 Wisconsin Street
San Francisco, CA 94107

Proposed Change and Amount

Southeast Health Center and Potrero Hill Health Center provide preventive health services, primary health care (medical assessment, diagnosis, treatment, and health education and maintenance) and general dental services to San Francisco county residents. Dental services at these two health centers are routine dental services consisting of examinations, fillings, teeth cleaning, simple extractions and root canals.

Community Public Health Services proposes to eliminate 2.0 full-time equivalent (FTE) dentists and 1.0 full-time equivalent (FTE) dental aide at Southeast Health Center and to eliminate 2.0 full-time equivalent (FTE) dentists and 1.0 full-time equivalent (FTE) dental aide at Potrero Hill Health Center. General dental services at Southeast Health Center will be reduced from 4,250 to 850 dental visits annually and general dental services at Potrero Hill Health Center will be reduced from 4,000 to 800 dental visits annually. This represents an 80% reduction of dental services at each of these health centers. This proposed reduction will become effective August 1, 1991.

The Department of Public Health is currently meeting with two dental schools and the Dental Society in an effort to continue these dental services.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
General Dental Services	Eliminate -- 4.0 FTE 2210 Dentist -- 2.0 FTE Dental Aides	8,250	2,063

Expected Savings

Expected savings are \$ 412,866.

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Community Public Health Services

Location of Facility or Program(s)

Juvenile Hall (Correctional facility for minors)
375 Woodside Avenue
San Francisco, CA 94127

Proposed Change and Amount

Juvenile Hall is a correctional facility for detained youth. Currently the average daily census is 100 youth. The Department of Public Health, through its Special Programs for Youth (SPY) unit, provides on-site health and mental health services to these youth. Among the staff providing mental health services for this population are psychiatric technicians. Psychiatric technicians provide mental health counseling services.

Community Public Health Services proposes to eliminate one vacant full-time equivalent (FTE) psychiatric technician from Juvenile Hall. This position was added to the Health Department's budget in April, 1990 when the average daily census at Juvenile Hall was higher than it current count. It was would have augmented the two existing psychiatric technicians working evenings (2-10pm) and weekends. The position was never filled because the average daily census decreased at Juvenile Hall. Therefore, the need for the new position no longer exists and this vacant position will be dropped effective July 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Psychiatric	Eliminate -- 1.0 FTE Vacant Psychiatric Technician	0	0

Expected Savings

Expected savings are \$ 40,489.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

San Francisco General Hospital

Location of Facility or Program(s)

Adult Medical Center
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The Adult Medical Center at San Francisco General Hospital provides primary care (medical assessment, diagnosis, treatment, prevention and health maintenance) and specialty care, including specialized care for persons with heart problems (cardiac clinic) and skin problems (dermatology clinic). The cardiac clinic sees 3215 patients per year and the dermatology clinic sees 6366 patients per year.

One reduction is .5 FTE nurse who helps assess and advise patients who call or drop in to the cardiac and dermatology clinics for an immediate appointment. Because of this reduction, some patients will not be screened in as timely a manner and may instead choose to go to the emergency department or delay obtaining medical care. It is estimated that this will affect 10 patients per day, or 2400 per year.

An additional reduction is for funds to hire 1.1 FTE per diem (as needed) nurses to provide several patient education and support programs.

The following programs will be eliminated:

1. The Bereavement Support Group has two hour monthly meetings and provides support to patients who have suffered losses including the death of family members and friends. This group averages 8-10 patients per month. Its elimination would affect 240 persons per year.
2. The Exercise class has one hour weekly meetings and provides stretching, strengthening, and aerobic exercise for elderly patients, particularly those with arthritis. This class averages 10 participants per week. Its elimination would affect 50-75 persons per year.
3. The stress management support group has one hour weekly meetings and teaches stress coping skills that assist patients in managing medical conditions such as lowering blood pressure. This group averages 8-10 patients per week. Its elimination would affect 90 persons per year.

San Francisco General Hospital (continued)

Location of Facility or Program(s)

Adult Medical Center
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount (continued)

The following programs will be continued at San Francisco General Hospital but will be provided by other Department of Public Health staff:

1. The Grandparents Who Care Support and Advocacy Project provides support to extended family members who raise children whose parents are addicted to drugs and/or alcohol, are mentally ill, or incarcerated.
2. The Breast Health program provides monthly breast health classes to patients, annual orientations to physicians, and educational programs for nursing staff.

This reduction goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction in visits per year</u>	<u>Estimated Persons affected per year</u>
Adult Medical Center	Eliminate -- 1.6 FTE Nurses	*	*

*The numbers of persons affected by each reduction have been described above in the text.

Expected Savings

Expected savings are \$91,453.

San Francisco General Hospital

Location of Facility or Program(s)

Adult Medicine Center - General Medical Evening Clinic
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The Adult Medicine Center operates the General Medical Clinic that provides primary care (medical assessment, diagnosis, treatment, prevention and health maintenance) and screening (medical assessment, treatment, and referral for new patients). These clinics meet two evenings, five afternoons, and four mornings per week.

The reduction is one evening clinic that cares for approximately 330 patients. This clinic has been funded by hiring per diem (as needed) nurses and paying clerical staff overtime. This spending has exceeded the clinic's budget.

Primary care and screening patients will be transferred from the evening clinic to the general medical day clinics or the remaining evening clinic. The General Medical Clinic will make more efficient use of physicians and treatment rooms so that waiting times will not increase.

This reduction goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of evening visits</u>	<u>Estimated Persons affected per year</u>
General Medical Evening Clinic	Eliminate. -- 0.4 FTE Nurse -- approximately \$19,000 clerical overtime -- 0.7 FTE physician	Transfer 1650 evening visits to other clinics	330 patients

Expected Savings

Expected savings are \$19,000 (overtime), \$22,600 (per diem nursing), and \$71,206 (.7 FTE physician).

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

San Francisco General Hospital

Location of Facility or Program(s)

Children's Health Center
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The Children's Health Center provides primary care (medical assessment, diagnosis, treatment, prevention and health maintenance), well baby care (routine checkups for babies), specialty services (e.g. neurology, hematology, cardiac, diabetes, and infectious diseases), and acute emergency care.

This reduction is .56 FTE attending physician in the Children's Health Center. Attending physicians supervise, advise and consult with less experienced physicians (interns and residents). The reduction of .56 FTE attending physician would reduce the time that an attending physician would be available to the interns and residents. This could result in longer waits for patients, however, the Children's Health Center will make every attempt to see the same number of patients.

If the reduction causes a delay in service for the more severe medical problems, the Children's Health Center would eliminate one of five well baby clinics. Currently the Children's Health Center schedules 5 well baby clinics a week, serving 15 patients each clinic. Patients from the eliminated well baby clinic would be referred to other Department of Public Health clinics not located at San Francisco General Hospital. The Children's Health Center would refer a maximum of 780 patients per year.

This reduction goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of visits per year</u>	<u>Estimated Persons Affected Per Year</u>
Children's Health Center	Eliminate -- 0.56 FTE Physician	a maximum of 780	a maximum of 780

Expected Savings

Expected savings are \$56,933.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

San Francisco General Hospital

Location of Facility or Program(s)

Family Health Center
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The Family Health Center is an outpatient clinic that provides primary care services to adults and children. In fiscal year 1989-90, the Center provided 32,000 visits per year to 6400 people. Primary care services are medical diagnosis, treatment, prevention and health maintenance. The Center provides both prearranged appointment visits and urgent drop-in visits.

The reduction is .75 FTE attending physician. Attending physicians supervise, advise and consult with less experienced physicians (interns and residents). This reduction would reduce the time that an attending physician would be available to the interns and residents. The Family Health Center will make every attempt to see the same number of patients. However, the Outpatient Department Medical Director says that this reduction could cause a delay in consultation that could result in as many as 3000 fewer medical visits a year in the Family Health Center. This number of visits represents less than one percent of the total number of San Francisco General Hospital outpatient visits per year.

Additionally, there will be a reduction in funds used to hire nurses on a per diem (as needed) basis. The nurses hired with these funds provide patient education (e.g. diabetic counseling and prenatal education) as well as assistance to physicians in performing medical exams in the Family Health Center. This clinic has been funded by hiring per diem (as needed) nurses in excess of the clinic's budget. This reduction will not impact services because other providers will absorb these services in their current workloads.

This reduction goes into effect August 1, 1991.

San Francisco General Hospital (continued)

Location of Facility or Program(s)

Family Health Center
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount (continued)

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Family Health Center	Eliminate -- 0.75 FTE Physician -- 1.4 FTE Nurses	a maximum of 3000 visits	a maximum of 600 persons

Expected Savings

Expected savings are \$76,250 (.75 FTE physician) and \$79,000 (per diem nursing).

San Francisco General Hospital

Location of Facility or Program(s)

Outpatient Department Nutrition Services
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The San Francisco General Hospital Outpatient Department provides medical care on an outpatient basis to persons who have a medical problem or want a medical check-up and do not need hospital inpatient services. The Outpatient Department employs nutritionists who provide counseling to patients about proper nutrition and who educate patients about nutrition related to health problems such as diabetes and heart conditions through written materials and classes. The nutrition staff provided 7300 individual consultations and classes for 296 patients in fiscal year 1990-91.

The reduction eliminates one nutritionist. Five nutrition positions will remain. It is estimated that a nutritionist provides services to 116 patients per month. The Outpatient Department will make every attempt to have other health care providers serve these patients. In the event this is not possible, 116 patients per month will not receive nutrition services.

The remaining nutritionists will prioritize services so that patients with special nutrition problems will be seen. In addition, in order to maximize resources and use them most efficiently, the Department of Public Health will evaluate nutrition services provided in all outpatient settings including sites other than San Francisco General Hospital and establish productivity standards for nutritionists.

This reduction goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Consultations/Year</u>	<u>Estimated Persons Affected Per Year</u>
Outpatient Nutrition	Eliminate -- 1.0 FTE nutritionist	1392	1392

Expected Savings

Expected savings are \$51,116.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

San Francisco General Hospital

Location of Facility or Program(s)

Oral Maxillary Facial Surgery Center (Dental Clinic)
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The Oral Maxillary Facial Surgery Center is an outpatient clinic that provides oral surgery services by appointment (e.g. extractions, treatment of oral infections, repair of jaw fractures, preparation of jaw for dentures, biopsy of oral cavity, treatment of deformities of face and jaw). The Center also provides a limited amount (about 1 percent of the total visits) of general dentistry services (e.g. filling, crowns, root canal and cleaning). The Center provides approximately 9200 visits per year to an estimated 4600 people.

The reduction would eliminate a .50 FTE dental hygienist and a 1.0 FTE dental aide. These positions are currently vacant.

This reduction goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Dental clinic	Eliminate. -- 0.5 FTE dental hygienist (Vacant) -- 1.0 FTE dental aide (vacant)	*	*

* These are vacant positions so there is no decrease in current levels of service. A .5 FTE dental hygienist could provide teeth cleaning services to 700 patients per year. A 1.0 FTE dental aide could assist clinic dentists with oral surgery and dental exams. It can not be determined how many additional oral surgery or dental exam patients could be served if the clinic had an additional dental aide.

Expected Savings

Expected savings are \$53,287.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

San Francisco General Hospital

Location of Facility or Program(s)

Interpreter Services

San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The San Francisco General Hospital Interpreter program provides interpretation for non-English speaking hospitalized patients and non-English speaking persons seeking care in the Emergency Department or the Outpatient Department. The program has 14 FTE interpreters of whom 7 speak an Asian language. In fiscal year 1989-90 there were 10,585 Cantonese interpretations, 1235 Vietnamese interpretations, and 155 Laotian interpretations.

The reduction is the elimination of 1 FTE interpreter who speaks Cantonese, Vietnamese, and Laotian. However, there are other staff in the hospital who speak each of these languages and can provide interpretation services. Aside from these staff, these interpretation services would be obtained through telephone language interpreter services (AT&T Language Line or the on call language bank). The program will retain 4.5 FTE for Cantonese/Vietnamese and 1.5 FTE for Cantonese/Vietnamese/Cambodian to serve approximately 13,000 requests for Asian language assistance.

The reduction will mainly affect Cantonese interpretation services since there are significantly more requests for Cantonese interpretations than other Asian languages. Based on current staffing levels and response patterns it is estimated that 10 percent (approximately 100 calls per month) of all patients requesting a Cantonese-speaking interpreter will have to wait over 30 minutes for language assistance, with the average wait being over 50 minutes.

This reduction goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Delays in calls per year</u>	<u>Estimated Persons affected per year</u>
Interpreter program	Eliminate -- 1.0 FTE Interpreter	a maximum of 13,000 calls delayed	a maximum of 13,000 calls delayed

Expected Savings

Expected savings are \$30,600.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

San Francisco General Hospital

Location of Facility or Program(s)

Cardiology Division
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The Cardiology Division provides medical care to persons in need of diagnosis and treatment for heart problems. The Division operates a cardiac outpatient clinic, a cardiac catheterization lab, a diagnostic testing center, and an inpatient coronary care unit. The Division performs various medical tests including EKGs and echocardiograms. These tests are designed to assess damage to the heart.

This reduction is 1 FTE EKG technician and 1 FTE echocardiographic technician. Reducing these staff will result in delays in providing echocardiograms and EKGs. In order to minimize these delays, other qualified providers will increase the number of EKGs they perform. However, even with these efforts, this reduction will result in delays for patients who need EKGs and echocardiograms on a non-emergency basis.

The reduction for the echocardiography technician goes into effect July 1, 1991. The reduction for the EKG technician goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Delay in wait times for tests</u>	<u>Estimated Persons affected per year</u>
Cardiology	Eliminate		
	-- 1.0 FTE echocardiography technician	<i>echocardiograms</i> From: same day To: 1-3 days	192 inpatients
		From: 2 weeks To: 2-5 weeks	144 outpatients
	-- 1.0 FTE EKG technician	<i>EKGs</i> From: about 10 days To: about 14 days	2160 outpatients

Expected Savings

Expected savings are \$34,474 (1 FTE EKG technician) and \$43,000 through contract with the University of California (echocardiography technician).

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

San Francisco General Hospital

Location of Facility or Program(s)

San Francisco Bay Area Regional Poison Control Center (Poison Control Center)
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Proposed Change and Amount

The Poison Control Center is a 24-hour, toll-free information & hotline serving the San Francisco Bay Area (Contra Costa, Del Norte, Humboldt, Marin, Mendocino, Napa, San Mateo, and Sonoma). The program provides immediate information and treatment advice to English and non-English speaking callers regarding the toxicity of drugs, poisons, and environmental chemicals. The majority of calls related to poison victims are children less than five years of age. In addition, the Center gives health care professionals assistance with cases of complicated poisoning or drug overdoses.

This reduction is \$400,000 from the Poison Control Center. Center staff are currently involved in fund raising activities, including seeking funds from other counties whose residents use the hotline in order to maintain current services.

If these fund raising efforts are not successful, the reduction of \$400,000 would eliminate this program by eliminating 6.0 FTE specially trained pharmacists, requiring San Francisco residents and other Bay Area county residents to seek other options in a poisoning emergency. The possible options include calling 911, calling another poison control center, or seeking care at a local emergency department.

This reduction could increase the use of emergency departments and/or increase the number of medical complications in hospitalized poisoning victims.

This reduction goes into effect August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Annual reduction of San Francisco calls</u>	<u>Annual reduction of total Bay Area calls</u>
Poison Control Center	Eliminate -- 6.0 FTE specially trained pharmacists	14,480	71,362

Expected Savings

Expected savings are \$400,000.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.

Forensic Services

Location of Facility or Program(s)

Jail Medical Services, San Bruno Jail
P.O. Box 67
San Bruno, CA 94066

Proposed Change and Amount

Forensic services provides 24 hour medical, dental and psychiatric screening, treatment and prevention services to inmates of the San Francisco county jails.

Forensic services proposes to eliminate 2.4 full-time equivalent (FTE) Registered Nurses, currently on the night shift, at San Bruno Jail #7. This elimination of 2.4 FTE Registered Nurses will reduce the amount of nursing services by 96 hours per week. Non-emergency health services will be maintained by the remaining staff or will be handled by the staff on the following shift. Emergency health services will be maintained by the remaining staff and the use of 911 emergency services. All emergency health needs will be handled immediately while non-emergency health needs may be delayed until the next shift. Staff are evaluating coverage options in an attempt to minimize any delays. This proposed reduction will go into effect on August 1, 1991.

<u>Service</u>	<u>Type of Change</u>	<u>Reduction of Visits Per Year</u>	<u>Estimated Persons Affected Per Year</u>
Forensic Nursing	Eliminate -- 2.4 FTE Registered Nurses	0 May increase waiting time for non-emergency health services to the following shift.	1,380

Expected Savings

Expected savings are \$ 169,000 in salaries and fringe benefits.

Definition of FTE: All references to FTEs in this document should be understood to mean full-time-equivalent or 40 hours of paid work time.



MEMORANDUM

TO: Ellen Goldstein

THROUGH: Valerie Dorr *V. Dorr*

FROM: Russell Zellers *R. Zellers*

DATE: August 30, 1991

SUBJ: Budget Change, Site Administration for Center for Positive Care

This memorandum is in follow-up to our telephone conversation today regarding your preparation of a budget modification request for the AIDS Office. It is my understanding that you will shortly be submitting a budget modification request related to the site administration services for Center for Positive Care. Please note that this request to modify your contract will be processed in conjunction with changes to the narrative of the contract. We are asking that the AIDS Health Project, in cooperation with the collaborators on this contract, submit a modified contract budget and narrative on or before October 1, 1991.

As we discussed, the dollar amounts for start-up (7/1/91 - 9/15/91) and ongoing (9/16/91 - 6/30/92) activities from FY 1991-92 City General Funds may be adjusted to show realistic expenditures for these time periods. The total dollar amount for both types of activities must not exceed \$479,347. We will notify you in writing regarding any additional funding for the administration of the Center for Positive Care. Written approval for contract budget adjustments must be obtained from the AIDS Office.

cc: Valerie Dorr
Sophia Chang, M.D.
Gloria Lockett
Reggie Williams

August 17, 1991

MEMORANDUM

TO: ASO at the ERIC
FROM: Mike Mitchell *MM*
RE: ERIC Start-Up Meeting August 27, 1991

The next start-up meeting for ASOs located at the ERIC will be August 27, 1991, at 1855 Folsom Room 521 from 10:30 - 12:30. Please have a representative from your organization present.

Agenda

- A. Operational Issues
 - ASO Staff Space & Supplies - Ellen Goldstein
 - Bus Tokens - Ellen Goldstein
 - Hours & Receptionists - Erik Wheaton
 - Conference & Counseling Rooms - Erik Wheaton
 - On-call Administrator - Mike Mitchell
 - Staff Meetings - Mike Mitchell
 - Policies & Procedures Manual (DRAFT) - Mike Mitchell
- B. Space - 2nd Floor
- C. Up-Date on Hiring by ASOs
- D. Staff Meetings of ASOs
- E. Proposed work schedules of ASO staff
- F. Media - Richard McCormick
- G. Library - Laura Thomas
- H. Van - Gloria Lockett
- I. Youth - Michael Shriver
- J. Substance Abuse/Disruptive clients - Barry Lawlor
- K. Child Care - Mohr Downing
- L. Indigents - Les Hanson
- M. Other

If there are additional items that you wish to add, please contact Mike Mitchell at 749-6700.

Center for Positive Care
c/o The AIDS Health Project
UCSF Box 0884
San Francisco, CA 94143-0884

Thursday, August 29, 1991

Center for Positive Care
Participating Agencies

Dear Gentleperson:

Enclosed are the minutes of the Start-Up Meeting of August 27. Please review them and bring any omissions or corrections to my attention. I apologize for the misspellings of people's names.

Enclosed also are the job announcements for the UC positions for the Center for Positive Care. Please note that any applications must be submitted through the UCSF Personnel Department.

Sincerely yours,



Erik Wheaton
Information and Resource Coordinator
Center for Positive Care
476-4268, FAX 476-7996

CENTER FOR POSITIVE CARE

INTERNAL MEMO

1

Tuesday, August 27, 1991

To: Mike Mitchell

From: Erik Wheaton

Re: Minutes of Tuesday, August 27, 1991 Meeting

The following persons were present at the meeting:

<u>Name</u>	<u>Agency</u>	<u>Phone</u>
Mike Mitchell	NTF/CPC	749-6700
Laura Thomas	AIDS Treatment News	255-0588
Mike Shriver	18th St. Services	861-4898
Ellen Goldstein	AHP/CPC	476-6182
Michelle Long Durrah	AIDS Office	554-9060
Michael Bala	NTFAP	749-6700
Loren Basham	Glide	771-6300
J.D. Benson	AHP	476-6444
Wendell Carmichael	GMOC/E.A.C.H. Program	864-1214
Les Hanson	AIAI	626-7639
John Yarling, Patrick Duffey	AIDS Benefit Counselors	558-9845
Marisa Davis	AHP/CPC	476-0654
Jim Dilley	AHP/CPC	476-6442
Barbara Garcia	PHREDA	476-0802
Ernesto Hinojos	SFAF	864-4376
Mohr Downing	PHREDA/DPH	476-0802
Barry Lawlor	Haight-Ashbury Free Clinics	565-1903
Robert Samonte Lagalicod	FTFA	703-9878
Gloria Lockett	CAL-PEP	874-7850
Renetia Martin	AHP	

The meeting was hosted by the AIDS Health Project, and chaired by Mike Mitchell, Site Manager.

Mike announced that the opening date of the Center will be October 1. Ceremonies will take place between 4 - 7 pm with various dignitaries present for the formal ribbon cutting. All participating agencies are expected for the ceremony.

There was mention that contracts are still being processed.

Mike offered to do an in-service on the Center for any interested on site agencies.

Administrative staff, Ellen Goldstein, and Erik Wheaton introduced.

CENTER FOR POSITIVE CARE

INTERNAL MEMO

2

Ellen Goldstein discussed allocations for copies, postage, office supplies, and FAX. They will be based on FTE. However as agencies are going to have far more staff on site than originally planned the amounts allocated will not be adequate (except for Xerox copies) and an appeal to the AIDS Office has been made for more funding.

Bus tokens: Ellen said that they most likely will be allocated by case manager, by agency FTE, or by supervising case manager, and will be used only for transportation to and from the Center.

Erik Wheaton distributed a sheet with the proposed Center hours, and receptionists schedules. He stated that hiring for one receptionist and 2 Administrative Assistants will open September 5. A memo describing the jobs and application process through UCSF was distributed. At the earliest the new hires can begin on September 23. He also reminded participants that he would like their agency descriptions and updates to the resources list ASAP.

Mike Mitchell passed out a schedule of on call administrative staff. He also mentioned that participating agencies need to get a schedule of staff meeting in to him.

Michael Bala distributed a draft Policy and Procedure Outline/Table of Contents. He asked for input from participating agencies to make this a usable "working" document. Wendell Carmichael asked about conflicts between agency's policy and procedures and the Center's P & P. Mike Mitchell responded by stating that the draft P & P will go to the participating agencies who will have one week to review the document before it is sent to the Steering Committee. Conflicts between agencies and the Center's P & P will be resolved at the Steering Committee level.

Mike Mitchell announced a planned all day in-service for September 30.

J.D. Benson presented a proposed agenda for the all day in-service. She also mentioned that she will be available to participating agencies for trainings around psychosocial issues and policy matters.

Mike Mitchell reminded participants that new hires for the Center should be available by October 1. Most agencies have begun or completed the process; Wendell Carmichael said that the first round of interviews for Supervising Case Manager had been completed but that he wanted to continue the hiring process as he had not found a qualified candidate. Barry Lawlor said the Haight-Ashbury Clinics are looking for 2 case workers.

The subject of a name for the Center came up. Mike Mitchell said that the deadline is today for selecting a name. Much discussion followed along with many suggested names. Among them: HIV Center, Life Center, Positive Center, Center for Survival, First Step, Next Step, Resource Center, etc. The field was narrowed to 3 selections: Center for Positive Care (suggested by Wendell Carmichael), Positive Care Center (suggested by Laura Thomas), and + Project (suggested by Les Hanson). By a vote the Center for Positive Care won.

Laura Thomas gave a library update. She said that about 1/2 of the periodicals and 65% of the books have been ordered. She is working on getting videos. Her biggest difficulty is finding materials in other languages and materials specific to youth, women, and ethnic groups. She asked people at the meeting to give her specific

CENTER FOR POSITIVE CARE

INTERNAL MEMO

3

suggestions for materials.

Marisa Davis mentioned a specific need for Spanish language material on nutrition. She offered to do some translation for the library.

Wendell Carmichael suggested that service providers go through some sort of training or orientation on the library.

Laura discussed the probable need for volunteers to help in the library. Michael Bala pointed out that if we do use volunteers there must be a volunteer coordinator. Mike Mitchell said that the volunteer issue is one that the Steering Committee will address. He also mentioned that Library hours are not set at this time.

There followed some discussion of what kind of non-AIDS material that should be available in the library. Many opinions (some of them strong opinions) were voiced. There was no consensus in the group. Wendell Carmichael offered to work directly with Laura on this issue, and that seemed to settle matters.

Gloria Lockett gave an update on purchasing a van. She is looking for a used van and will have an update by next week. The van must be bought by the 14th of September. Someone asked if it will have a wheelchair lift; Gloria said that unfortunately there is no money available for this. Some meeting participants offered suggestions to Gloria for funding and information on vans. Among them was the Golden Gate Business Association, and the Bay Area Physicians for Human Rights (BAPHR).

Mike Shriver handed out a proposed training and in-service schedule around youth issues and asked for comments and suggestions. Someone suggested that a youth be on the Community Advisory board. The issue of payment for the youth member of the board surfaced; some persons thinking that payment for one necessitated payment for all CAB members. Others felt that paying a youth is necessary.

Mike Mitchell said that this was an issue for the Steering Committee. He also mentioned that people need to think about when to do Center in-services.

Les Hanson mentioned his idea for a poster contest for youth.

Barry Lawlor addressed the issue of substance abuse and disruptive clients. It was acknowledged that these are actually separate issues. Center administrative staff will develop policy around disruptive clients. Barbara Garcia, Mike Mitchell, Wendell Carmichael and Barry Lawlor will work out a policy on substance abuse.

Mohr Downing presented minutes of the meeting held on child care. There was much discussion of the alternative of child care.

Les Hanson is going to produce a list of available child care alternatives for short term. Many participants felt that regardless of alternatives available, including a van to transport children to and from child care, that many clients would nevertheless walk in with their children. It was reiterated that children cannot be left in the waiting area or in the library; but also acknowledged that children cannot come with parents for meetings with staff.

J.D. Benson said that this issue must be addressed as a number one priority.

Marisa Davis and Ellen Goldstein will produce a short list of child care alternatives by September 1

Mike Mitchell said that the issue is obviously not resolved and that the Supervising Case Manager must be on any child care committee.

CENTER FOR POSITIVE CARE

INTERNAL MEMO

4

Les Hanson mentioned that he would like to see a section in the Resource Guide for the indigent population. Erik Wheaton agreed to do this. Les provided Erik with a list of indigent specific resources.

Joe Gonzalez was not present to report on undocumented clients. In his absence Robert Samonte Lagalicod from Filipino Task Force on AIDS offered to collect agency policies on undocumented persons.

Mike Mitchell mentioned that the CBO's need to select 2 Community Advisory Board members. Interested persons would send cover letters and resumes to Reggie Williams at the National Task Force.

Mike also reminded participants that staff should be on site and ready to deliver services to clients October 1.

At this point Barry Lawlor brought up the issue of what do we do if we get too many clients. There was some discussion of that possibility.

Mike Mitchell suggested we wait until (and if) that happens to deal with it.

Mike told everyone that the next meetings will be September 10 and September 24 10:30 - 12:30 at the AIDS Health Project.

Respectfully submitted Erik Wheaton



A project concerned
with AIDS Prevention
and Health Promotion

MEMORANDUM

DATE: Monday, August 26, 1991

TO: All Interested Parties

FROM: Erik Wheaton, AIDS Health Project,
476-4268, FAX 476-7996

SUBJECT: New Available Positions - Full Recruitment , Early Intervention
Resource Center, AIDS Health Project, University of California, San
Francisco

TO APPLY: Contact UCSF Personnel Department, 1350 7th Avenue, San
Francisco, after September 5th, to obtain a complete job description,
statement of requirements, and application instructions.

ADMINISTRATIVE ASSISTANT 1, LH1E67619, PSYCHIATRY/AIDS HEALTH PROJECT, EARLY INTERVENTION RESOURCE CENTER, \$10.93 - \$12.94 , FILE BY 9/05/91. THIS IS A FULL-TIME (100%) POSITION. Incumbent will perform routine support services, including: typing correspondence, maintaining computerized and manual files, tracking and scheduling activity, and processing forms. Incumbent will prepare client and public education materials, using a variety of software. Incumbent will provide support services to EIRC case management computer system, to include entering data, generating reports, and providing training and assistance to users of the system. Incumbent will handle inquiries from the public and providers regarding services and direct callers as deemed appropriate. Bilingual (Spanish/English) preferred.

ADMINISTRATIVE ASSISTANT 1, LH1E67617, PSYCHIATRY/AIDS HEALTH PROJECT, EARLY INTERVENTION RESOURCE CENTER, \$10.93 - \$12.94 , FILE BY 9/05/91..THIS IS A PART-TIME (60%) POSITION. Incumbent will perform routine support services, including: typing correspondence, maintaining computerized and manual files, tracking and scheduling activities and processing forms. Incumbent will prepare client and public education materials using a variety of software. Incumbent will handle public and providers inquiries about services and direct callers as appropriate. Bilingual (Spanish/English) preferred.

PRINCIPAL CLERK, LH1E67601, PSYCHIATRY/AIDS HEALTH PROJECT, EARLY INTERVENTION RESOURCE CENTER, \$10.93 - \$12.94, FILE BY 9/05/91. THIS IS A FULL-TIME (100%) POSITION. Incumbent will handle a high volume of phone calls in a professional and expeditious manner. Incumbent will provide information about the Early Intervention Resource Center services and refer calls to EIRC staff and other service providers as appropriate. Bilingual (Spanish/English) required.

ALL THREE POSITIONS WILL BE ADVERTISED IN THE SEPTEMBER 5, 1991, JOB OPPORTUNITIES BULLETIN, UCSF.

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

HAIGHT-ASHBURY FREE CLINICS, INC

MEDICAL SECTION
558 Clayton Street
Tel: 431-1714

DRUG DETOXIFICATION
REHABILITATION AND
AFTER CARE PROJECT
529 Clayton Street
Tel: 565-1908
San Francisco, CA 94117

HAIGHT ASHBURY ALCOHOL
TREATMENT SERVICES
425 Divisadero Street, Suite 202
Tel: 552-7230

To All Early Intervention Resource Center Tenants:

The Drug Detoxification, Rehabilitation and Aftercare Program of Haight-Ashbury Free Clinics Inc. and 18th Street Services of Bayview Hunters Point Foundation have both contracted to provide substance abuse assessment and referral services to Early Intervention Resource Center (EIRC) clients.

An important goal of both programs will be to give an increased profile and awareness to the issues of chemical dependency in a non-traditional setting. Ultimately the clinics will attempt to link those, assessed as chemically dependent and interested in treatment, to a treatment modality that suits them.

However, some questions remain unanswered: is it necessary to generate a substance abuse policy that all tenants agree upon? How can all providers be consistent in the message given to all clients at the EIRC relative to substance use?

In a totally different vein, how will programs deal with abusive/violent/threatening clients? Do programs have policies that refer to these problems?

To facilitate this process the HAFCI wants prospective tenants to **FAX** the enclosed questionnaire by 12.00 noon, Friday 23rd August, 1991, or, if you have no fax, mail to

Barry D. Lawlor, M.S.
HAFCI/HIV Disease Centers
409 Clayton Street, 2nd Floor
San Francisco, CA 94117
FAX # 621-7354

Upon receipt and compilation of the results, I will provide feedback to all tenants. If group action is deemed necessary on the 27th, we can decide how and what to do. Through this process, we will be better prepared to serve the diverse needs of all our clients.

Thank you for your attention to this matter.

Sincerely,



Barry D. Lawlor, M.S.
Manager, HIV Disease Center, HAFCI

SUBSTANCE ABUSE SURVEY

Please circle the appropriate answer.

DOES YOUR PROGRAM HAVE A SUBSTANCE ABUSE POLICY FOR CLIENTS?

YES (IF YES, PLEASE FAX A COPY)

NO

DOES YOUR PROGRAM HAVE A SUBSTANCE ABUSE POLICY FOR STAFF?

YES (IF YES, PLEASE FAX A COPY)

NO

DOES YOUR PROGRAM HAVE A POLICY ABOUT MEDICATION FOR CLIENTS? ²

YES (IF YES, PLEASE FAX A COPY)

NO

DOES YOUR PROGRAM FEEL THAT THE EIRC SHOULD DEVELOP A STANDARD
SUBSTANCE ABUSE POLICY?

YES

NO

ARE THERE OTHER SUBSTANCE ABUSE ISSUES NOT ADDRESSED IN THIS SURVEY THAT YOU WOULD LIKE DISCUSSED AT THE PROPOSED MEETING?

YES (IF YES, PLEASE WRITE THEM BELOW)

NO

[illegible]

ABUSIVE/VIOLENT CLIENT POLICY SURVEY

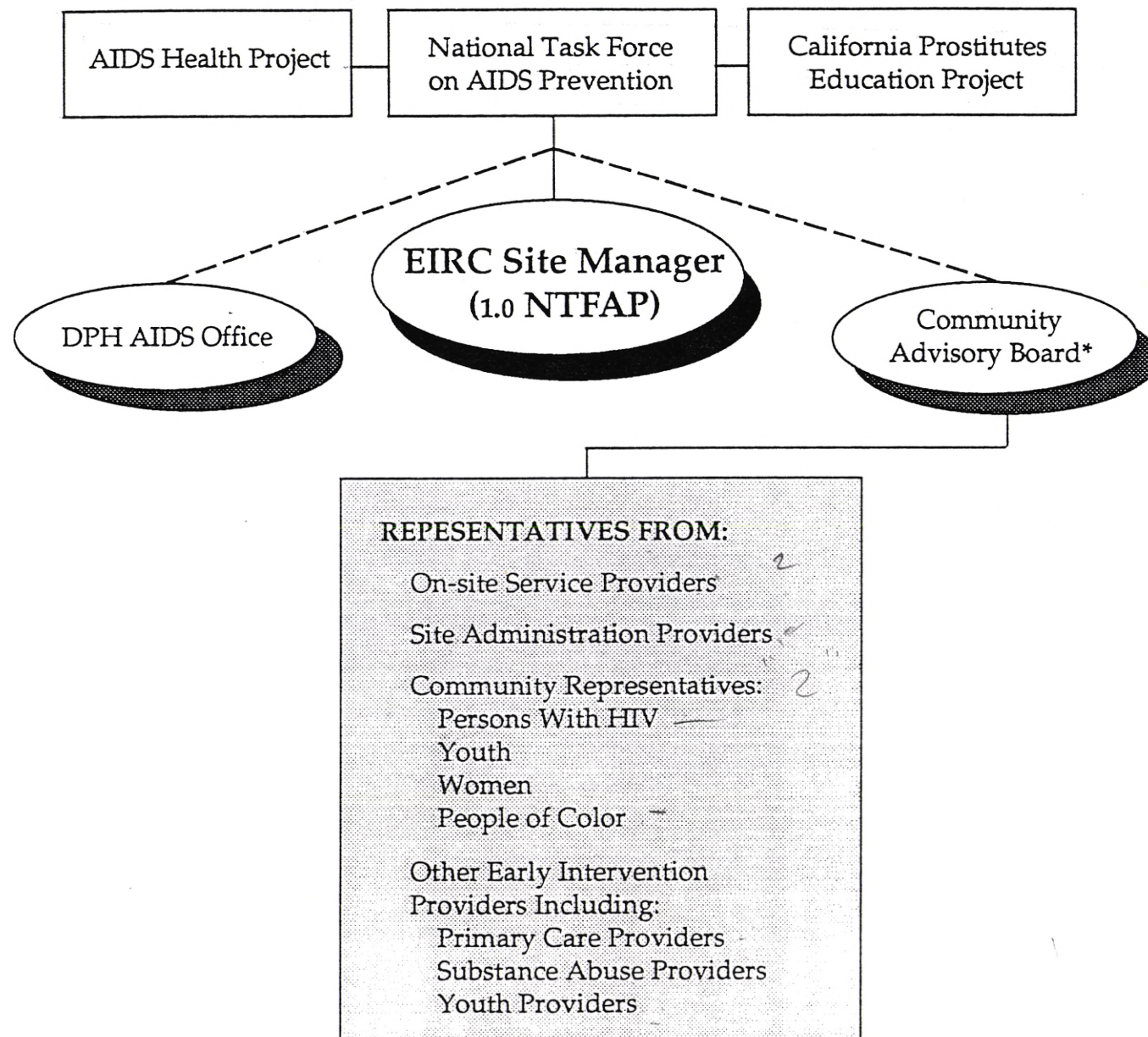
DOES YOUR PROGRAM HAVE A POLICY FOR DEALING WITH ABUSIVE OR
THREATENING CLIENTS?

YES (IF YES, PLEASE FAX A COPY)

NO

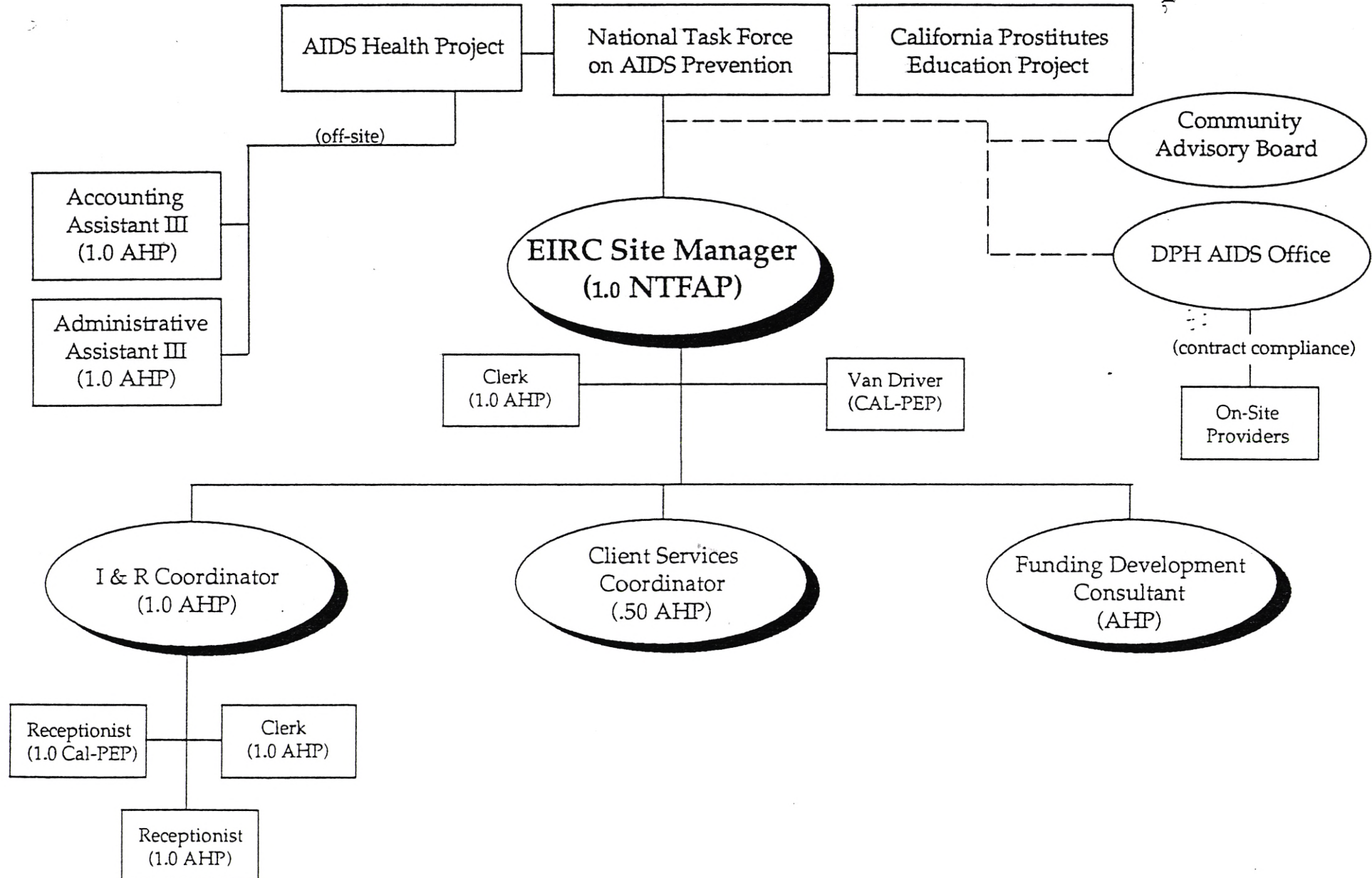
THANK YOU FOR RESPONDING

Early Intervention Resource Center On-Site Services

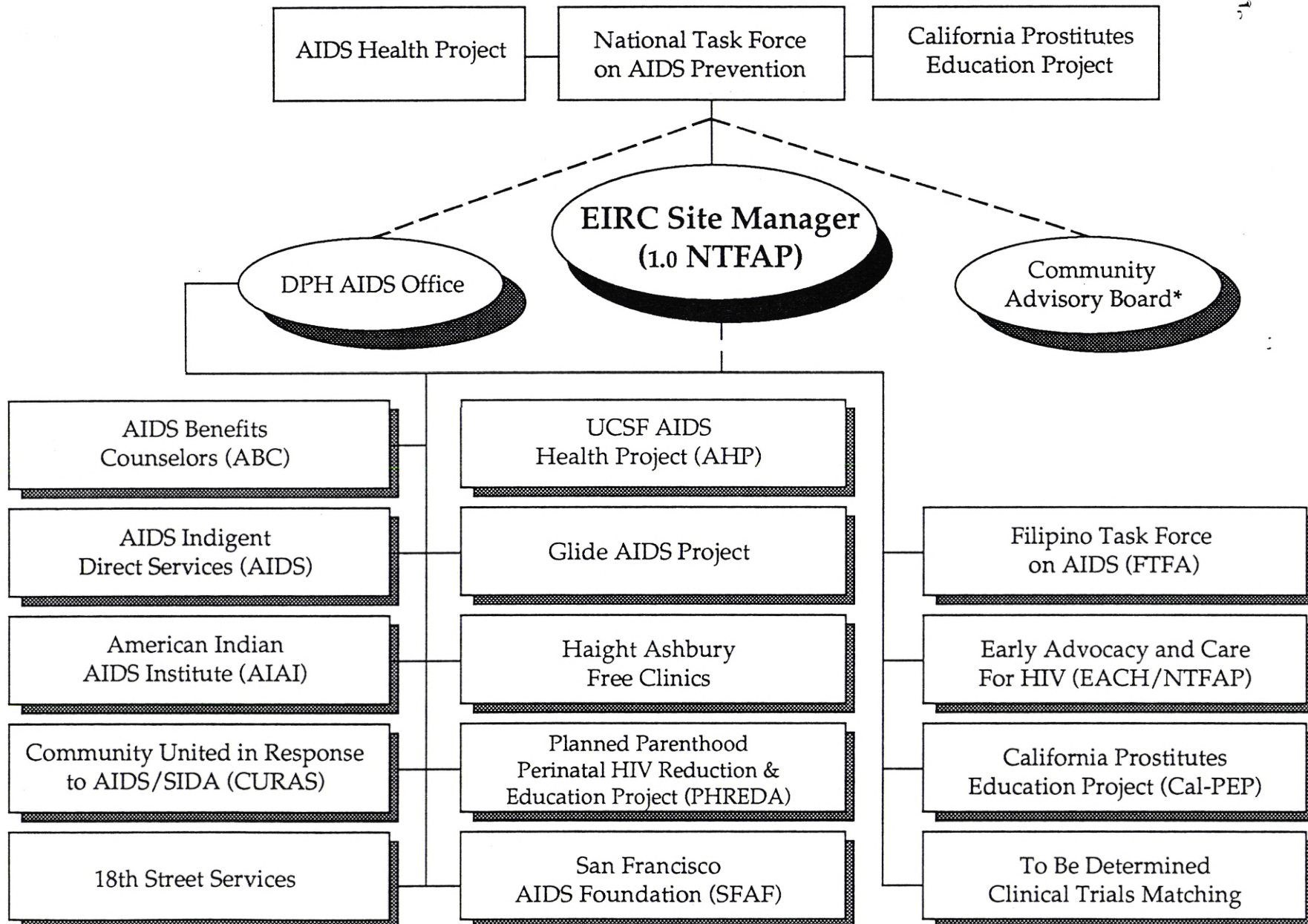


Early Intervention Resource Center

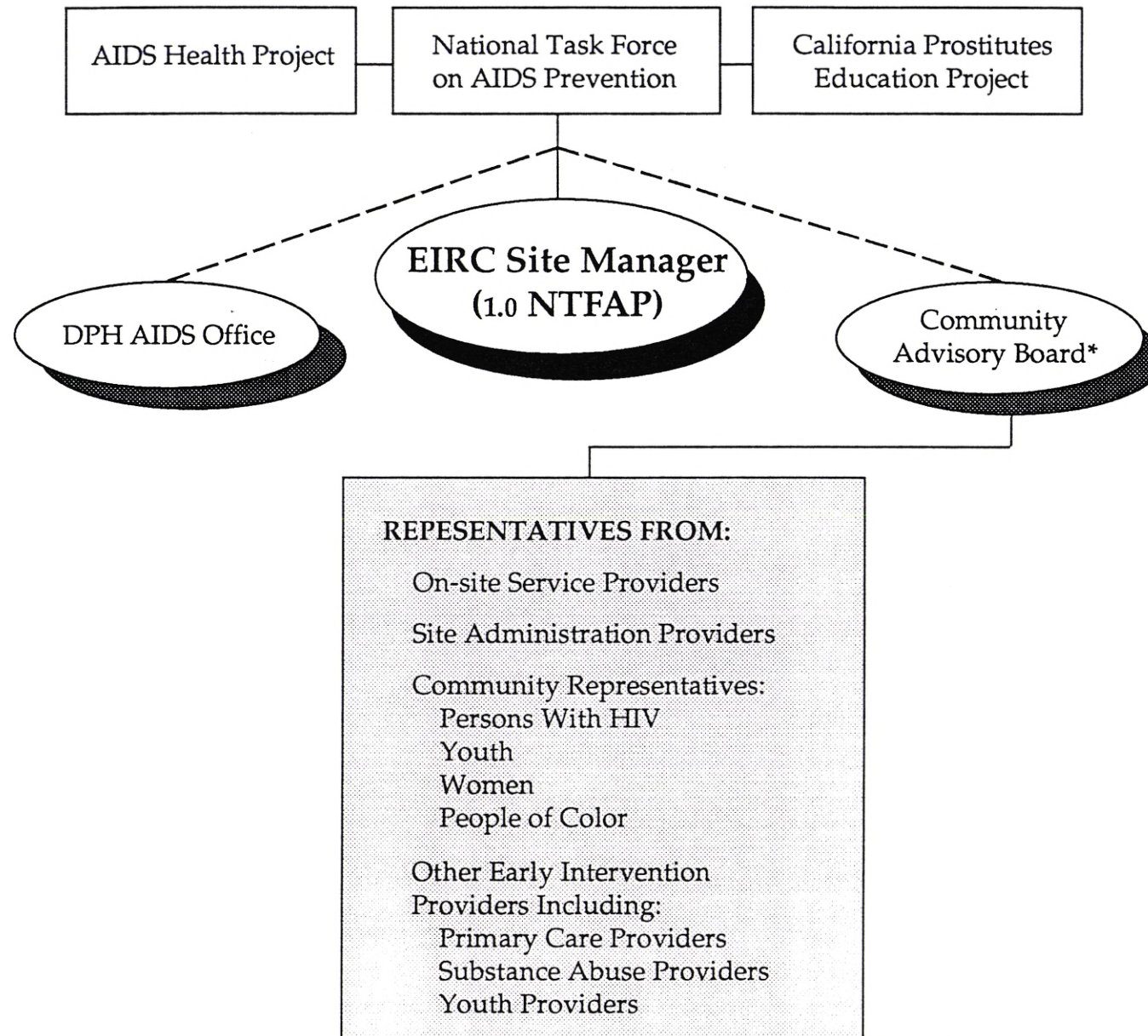
Site Administration



Early Intervention Resource Center On-Site Services



Early Intervention Resource Center On-Site Services



8/23/91

Issued Final: 4/12/90
Effective: 4/26/90

Wendell / Mike
FYI - from
Mission Neighborhood
Health Center.
Michael

EARLY INTERVENTION PROGRAM (EIP)

CASE MANAGEMENT PROTOCOL

TABLE OF CONTENTS

- 1.0 OBJECTIVES OF CASE MANAGEMENT
- 2.0 ORGANIZATION AND STRUCTURE
- 3.0 RESPONSIBILITIES
 - 3.1 Grantee
 - 3.2 Case Manager
 - 3.3 Clinician
 - 3.4 Health Educator
- 4.0 SERVICE PLAN
- 5.0 PROPER AUTHORIZATION AND COORDINATION OF SERVICES
 - 5.1 Eligibility Verification
 - 5.2 Covered Services
- 6.0 MEDICAL RECORD DOCUMENTATION
- 7.0 PROGRAM STANDARDS

1.0 OBJECTIVES OF CASE MANAGEMENT

The objectives of case management in the EIP are:

- A. To coordinate the multiple service needs of EIP Clients in order to promote efficient use of EIP Center and community resources.
- B. To ensure that each EIP Client receives needed services at the appropriate time in a manner which is acceptable, cost-effective, and of high quality.
- C. To foster continuity of services for EIP Clients throughout the continuum of HIV disease.
- D. To provide systematic monitoring and evaluation of EIP services to assure high quality of services and appropriate utilization of resources.
- E. To promote client understanding of HIV disease through the use of health promotion and disease prevention practices.
- F. To assist the EIP Client towards self-determination as much as possible.
- G. To track the unmet needs of EIP clients.

2.0 ORGANIZATION AND STRUCTURE

The above objectives shall be achieved through a collaborative interdisciplinary team model of case management in which each team member has responsibility for service activities in his/her area of expertise, and one member, the case manager, maintains primary responsibility for assuring coordination of services.

The case management team shall consist of the case manager, the EIP clinician, and the health educator, at a minimum. The EIP Client and the client's attending physician may attend, as appropriate.

The functions of the case management team will include:

- 1. Determination of client eligibility.
- 2. Completion of comprehensive health assessments.
- 3. Identification of service needs; resource identification.
- 4. Service planning, implementation and coordination, including regular re-evaluation and modification of service plan.
- 5. Linking the client with the appropriate service resources.

6. Monitoring and evaluation of service delivery.
7. Advocacy at the client and case management system levels.
8. Evaluation of the EIP case management system.

3.0 RESPONSIBILITIES

3.1 GRANTEE

The GRANTEE shall assure the availability of a minimum of one (1) case manager to maintain primary responsibility for assuring case management service coordination.

The GRANTEE shall assure access to bilingual providers and interpreter services for those EIP Clients whose ability to speak and understand English is limited, and access to contact persons or organizations sensitive to the cultural and linguistic diversities of the EIP Client population.

3.2 Case Manager

The major responsibilities of the case manager are:

- A. Analysis of needs and community service resources of the target population(s).
- B. Plans and initiates inter- and intra-agency coordination efforts to facilitate service access and delivery.
- C. Service monitoring and evaluation.
- D. Assures that client needs and services coordinated.
- E. Provides assistance and support to case management team members.
- F. Assures documentation of client interactions, service coordination and delivery.
- G. Analyzes effectiveness of services for individual clients, target population, and case management system.

The requirements for the case manager include:

- A. Knowledge of:
 1. Resources available in the community which may be required by members of the target population.

2. Service plan development and implementation.
3. The service system.
4. Task group processes.
5. Advocacy principles.
6. Case management principles, methods, and techniques.
7. Biopsychosocial functioning.

B. Skills in:

1. Group facilitation and decision making.
2. Assessment of client's clinical status and abilities to function.
3. Excellent verbal and written communication.
4. Fostering client independence and self-advocacy.
5. Planning, scheduling and managing time.

3.3 Clinician

- A. Assessment and documentation of EIP Client's physical status and eligibility for EIP Services.
- B. Maintains contact with EIP Client and Case Manager throughout the continuum of the EIP's client's illness.
- C. Participates in the Core Case Management Team functions as delineated in this protocol.

3.4 Health Educator

- A. Promotes client understanding of HIV disease, utilizes health promotion and disease prevention practices.
- B. Provides information and education, including behavior change support, to prevent the spread of HIV infection to others.
- C. Provides community education regarding EIP Services.

4.0 SERVICE PLAN

The Case Manager, in collaboration with the case management team, shall

be responsible for development, documentation and implementation of an individual service plan for each client. The service plan shall contain the following minimum elements:

- A. Client identifier.
- B. Clearly defined priority areas for needed services.
- C. Within each area, measurable objectives which can be used to evaluate client progress and specific action steps which must be taken to reach the objectives.
- D. Agencies/service providers to which the client will be referred and, if possible, specific individuals and telephone numbers within those agencies.
- E. Realistic timeframes for completing activities.
- F. Identification of potential barriers to service utilization and delivery; proposed solutions to these problems.

The service plan shall be re-evaluated at each complete evaluation. The case management team members shall sign the initial and revised service plans within 10 working days of completion.

5.0 PROPER AUTHORIZATION OF SERVICES

5.1 Eligibility Verification

The case manager shall verify that each EIP Client meets the eligibility criteria for EIP Services as defined in the Health Assessment Protocol.

5.2 Covered Services

The case manager shall assure that only the following EIP services are authorized for EIP Clients: health assessment, psychosocial assessment, case management, health education and behavior change support services, minor medical treatment, and psychosocial counseling.

6.0 MEDICAL RECORD DOCUMENTATION

The case manager shall ensure that the EIP Client's medical record contains all pertinent past and present information concerning the management of an EIP Client's case, and shall ensure that each EIP Client's medical record is maintained in accordance with the provisions of the Medical Record Protocol.

7.0 PROGRAM STANDARDS

The GRANTEE shall comply with all of the following program standards for case management services which are delineated as follows:

- Standard 1. Case management services shall be provided by a social worker.
- Standard 2. The GRANTEE shall ensure adequate availability of case managers.
- Standard 3. The case manager shall verify each client's eligibility for EIP Services.
- Standard 4. The case manager shall coordinate the development of the EIP Client's service plan.
- Standard 5. The case manager shall assure the appropriate referral to support services for EIP Clients, according to the individual service plan.
- Standard 6. The case manager shall oversee the ongoing assessment of the EIP Client.
- Standard 7. The case manager shall monitor EIP Services to ensure quality of services.
- Standard 8. The case manager shall work collaboratively with the health educator in the assessment of each EIP Client's health promotion, risk identification, and disease prevention educational needs.

August 18, 1991

THE EARLY INTERVENTION RESOURCE CENTER

1. logo design. HIV Center
2. Tools for case workers/test counselors/social service people: File folder with two clean and simple 8 x 10 brochures, policy and services) intake forms, card with map & bus information, room for additional flyers ie: library, testing. Discuss mail lists. Quantities. Tours of facilities for referring agencies.
3. Advertising message/style/format. Case Managers Care. Discuss Media, including flyers.
4. Radio - Latin.
5. Policy for the EIRC. Highest standard of care; protecting the inherent dignity of the client. Message for advertising.
6. Photography. discuss case manager/models.
7. Fund raising. First brochure in package. Use as sales tool. Discuss uniqueness of policy ie: care/dignity. Set goal. \$500,000 in twelve months? Discuss Friends of the Center.
8. Timetables. Opening. Tuesday, 10AM Oct. 15/22. Refreshments. Ribbon cutting. Political - Mayor, etc.
9. Reference marketing memo

CASE

MANAGERS

CARE

If you're HIV Positive or have AIDS, A Case manager can help you find the help you need to keep living.

Case mangers know the systems. They're trained to help. They care.

If you don't have a case manager, get one. Your case manager could be your best friend.

Call today. It's free. 000 - 0000

LOGO

Early Intervention Resource Center

address with map

telephone

THE
**AIDS
HEALTH
PROJECT**

A project concerned
with AIDS Prevention
and Health Promotion

August 22, 1991

Valerie Dorr
Assistant Branch Chief, Health Resources
Dept. of Public Health AIDS Office
25 van Ness, 5th Floor
San Francisco, CA 94103

Dear Valerie:

This is a summary of the latest cost analyses for the EIRC contract. Please note that there are two general categories of costs, one time Capital Improvement Costs and Ongoing. Supporting documents are attached for a further explanation.

A. Capital Improvements

- | | |
|---|---------------|
| 1. For renovation costs for ATS space on the first floor | \$52,922* |
| 2. Additional capital cost for 17 workstations @ \$2,500
See Attachment A. | <u>42,500</u> |

TOTAL	\$95,422
--------------	-----------------

B. Ongoing Additional Costs

- | | |
|--|-----------------|
| 1. Operating costs for additional 17 workstations
at \$3,290/workstation (Attachment A) | \$55,934 |
| 2. Additional Rent & Utilities for entire 11,581 sq. ft.
See Attachment B. | <u>\$35,842</u> |

TOTAL	\$91,776
--------------	-----------------

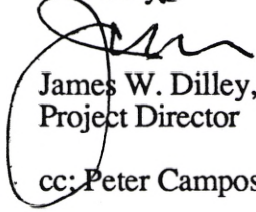
*Per previous correspondence.

Note that the above furniture and price configurations do not include entire furniture costs as per Attachment A. Additional expected costs include \$7,000 for two chairs and a table for 14 shared counseling rooms; \$1,500 for 10 chairs for ATS waiting area, and \$450 for an ATS phone clerk desk, for an additional \$8,950.00

Please understand that this is the "best case scenario" and we understand that all this may not be possible, especially at one time.

Thank you.

Sincerely,


James W. Dilley, MD
Project Director

cc: Peter Campos, Renetia Martin, Ellen Goldstein

Present Revenue and Expenses Summary for Site Renovation, Rent, and Utilities

Line Item		Period		Period	
		6/5/91	6/30/92	7/1/92	6/30/93
Revenue	Site Renovation (Not incl. build-out of 17 addl. wrk. stations)		\$79,318		
	Rent and Utilities		\$162,400		
	Total		\$241,718		\$139,200
Expenses	Site Renovation		\$155,440		
	Rent		\$126,224		\$177,189
	Utilities		\$12,663		\$17,140
	Total		\$294,327		\$194,329
Net	Revenue Minus Expenses		(\$52,609)		(\$55,129)

Proposed Revenue and Expenses Summary for Site Renovation, Rent, and Utilities

Line Item		Period		Period	
		6/5/91	6/30/92	7/1/92	6/30/93
Revenue	Current Budget		\$241,718		\$139,200
	DPH Mandated Cost Increases		\$52,922		\$60,089
	Total		\$294,640		\$199,289
Expenses	Current Budget		\$294,327		\$194,329
Net	Revenue Minus Expenses		\$313		\$4,960

Assumptions and NotesNotes on Expenses

1. Utilities. Expenditure level based on average gas/electric in SF per 1990 BOMA Experience Exchange Report
2. Last Month Rent Expense. Includes expenses associated with paying "last" months expense
3. DOES NOT INCLUDE additional costs associated with furnishing ATS and additional work stations, nor increased operating costs (telephone, office supplies, copier, etc.)

Additional Revenue Required in Year 1 (6/5/91 - 6/30/92) as Part of DPH-Mandated Additions

4. Due to addition of ATS work space build-out cost
\$52,922 Build-Out Cost

Additional Revenue Required in Year 2 and Beyond (7/1/92 - 6/30/93) as Part of DPH-Mandated Additions

5. Due to addition of ATS work space and displacement of program staff resulting in loss of EIRC rentable space.
 - 1,445 Square feet by ATS
 - 1.40 Cost per Square Foot for Rent and Utilities
 - \$2,021 Total Cost per Month
 - 12 At 12 Months
 - \$24,247 Total Cost per Year
6. Due to addition work stations from 15 to 32 resulting in loss of EIRC rentable space.
 - 11,581 Total square feet on 1st and 3rd floors
 - 8,000 Minus total square feet bid in proposal
 - 1,445 Minus total square feet required for ATS
 - 2,136 Square Feet displaced by addition of work stations
 - 1.40 Cost per Square Foot for Rent and Utilities
 - \$2,987 Total Cost
 - 12 at 12 Months
 - \$35,842 Total Cost per Year

THE
**AIDS
HEALTH
PROJECT**

A project concerned
with AIDS Prevention
and Health Promotion

Attachment A

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

$\frac{49,354}{15 \text{ workstations}} = \$3,290 \text{ per work station}$
 $\$3,290 \times 17 \text{ additional workstations} = \$55,934 \text{ additional needed}$

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 2, 1991

Bob Elkins
Project Inform
1966 Market Street
San Francisco, CA 94103

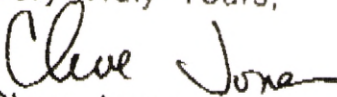
Dear Bob:

As you know I have just returned to San Francisco. I want to assure you that resolving the Pink Saturday financial statement has my personal attention. I will be meeting next week with the Pink Saturday accountant and attorney.

Most of the paperwork is already finished. I am confident that all remaining questions will be answered by the end of this month.

I appreciate your continued patience in this matter.

Very Truly Yours,


Cleve Jones

AIDS HEALTH PROJECT

A project concerned
with AIDS Prevention
and Health Promotion

FOR IMMEDIATE RELEASE:
September 26, 1991

FOR ADDITIONAL INFORMATION:

Mike Mitchell
Center for Positive Care
476 - 3644

CENTER FOR POSITIVE CARE DEFINES SERVICES

Funded through contracts between the San Francisco Department of Public Health and participating AIDS service organizations, The Center for Positive Care (Early Intervention Resource Center), will provide multi-cultural, multi-lingual outreach, intake assessment, case management services, education and psychosocial support services to newly diagnosed HIV seropositive people and people with AIDS.

Services available at the Center, which begins operations October 1, 1991 will include:

SERVICES OF THE CENTER

Anonymous HIV testing services.

Basic HIV information and referral services.

Brief client intake and assessment sessions to determine client needs and appropriate referral.

Case management to ensure stabilized treatment/care plans and continuity in service delivery.

Child care arrangements when needed.

Client advocacy.

Clinical trials information and workshops.

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

Crisis intervention.

Early intervention seminars: psychosocial issues related to HIV and early intervention, early intervention and the continuum of care, strategies to assist clients in accessing early intervention services.

Education seminars on gynecologic assessment and management related to HIV + women (for health care providers).

Employees benefits counseling.

Health education counseling

Health seminars on nutrition, pharmaceutical drugs, stress management, alternative medicines as treatment for HIV.

HIV early intervention Resource Library.

HIV education seminars open to the public.

Identification of gaps in medical care.

Individualized health maintenance plans.

Interpreter and liaison to referral agencies.

Limited supply of free condoms, dental dams and safe sex kits.

Orientation and introductory tours of the Center for Positive Care.

Referral to detoxification facilities for substance abuse.

Referral to mental health providers.

Referral to public and private health care providers.

Social Security counselling - limited legal services offered for appeals.

Substance Abuse counseling and referral.

Support groups for those who are HIV +, families, friends and lovers.

Van for client transportation.

The Center for Positive Care is located at 3180 18th. Street at the corner of Folsom and 18th.

4163655 P.24

The Center is a unique collaborative effort, one of the first of its kind in the Nation, designed to help people affected with HIV negotiate their way through the complex and often confusing health care system.

The collaborating agencies are:

AIDS Benefits Counselors
AIDS Health Project
AIDS Indigent Direct Services
American Indian AIDS Institute
California Prostitutes Education Project
CURAS (Community United in Response to AIDS)
E.A.C.H. (Early Advocacy & Care for HIV)
Eighteenth Street Services
Filipino Task Force on AIDS
GAPA Gay Asian Pacific Association
Glide AIDS Project
Haight Ashbury Free Clinic
National Task Force on AIDS Prevention
PHREDA (Perinatal HIV Reduction & Education
Project Ahead
San Francisco AIDS Foundation

Although the Center for Positive Care will begin operations on October 1, 1991, the official opening reception will be held on Friday, October 18, 1991, from 4 - 6 pm.

#



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

FAX COVER SHEET

TO: *Gloria Lockett*

FAX NUMBER: *839-6775*

FROM: *Diana Mitchell*

TOTAL PAGES (INCLUDING COVER SHEET):

4

IN CASE OF ERROR IN TRANSMITTAL, PLEASE CALL 415/476-3644

F Y I

3180 18th Street at Polson
San Francisco, California 94108
Tel: (415) 476-3644 FAX (415) 476-3655

TRANSMISSION REPORT

USER NAME : SYS ADMIN

THIS DOCUMENT WAS CONFIRMED
(REDUCED SAMPLE ABOVE - SEE DETAILS BELOW)

**** COUNT ****

TOTAL PAGES SCANNED : 4

TOTAL PAGES CONFIRMED : 4

*** SEND ***

No.	REMOTE STATION	START TIME	DURATION	#PAGES	MODE	RESULTS
1	5108396775	9-30-91 8:27AM	2'22"	4/ 4		COMPLETED 9600

TOTAL 0:02'22" 4

NOTE:

No. : OPERATION NUMBER 48 : 4800B'S SELECTED EC : ERROR CORRECT G2 : G2 COMMUNICATION
PD : POLLED BY REMOTE SF : STORE & FORWARD RI : RELAY INITIATE RS : RELAY STATION
MB : SEND TO MAILBOX PG : POLLING A REMOTE MP : MULTI-POLLING RM : RECEIVE TO MEMORY

NOTES OF MEETING WITH
SANDRA HERNANDEZ

OCTOBER 4, 1991

Training:

The staff of the CPC bring a variety of backgrounds and knowledge. As a result there are a variety of training issues that must be dealt with on an on-going basis. The administrative staff of the CPC needs to identify the kind of training and orientation that the staff requires (especially staff with case management responsibilities); to establish a plan to coordinate training; and to establish the knowledge level of each case manager.

Physician referral needs to be addressed.

The SF AIDS Foundation Hot Line Training would ensure that everyone has the same knowledge base.

Memorandum of Understanding

The issue of quality assurance needs to be addressed.

There needs to be a generally accepted level of expertise.

Sandra Hernandez stated the need for her office to quarterly notify all case managers in the area about the general availability of physician appointments and who to contact.

Media Campaign

Since the ad funds are included in this year's contract, the funds may be spent at any time. It will be necessary to wire advertising as a program revision and include it in the file.

Richard needs to develop a time line and depth of long-term plan for media coverage. There is the problem that Richard does not know the charges to-date from Hispanic Headquarters.

The invitation to the failed to list the agencies sponsoring the CPC. This mistake cannot happen in the future.

The history of the funding of San Francisco's Early Intervention Center was discussed. It was decided that Sandra Hernandez would write a one page explanation of the history for distribution.

New Programs at the CPC

There is a need to establish a paper trail for the acceptance of Project Ahead at the CPC.

The CPC needs to establish a procedure to include new agencies or programs at the CPC.

- 1) CAB adopt a process for allowing an outside organization to apply to be on site. The CAB needs to establish criteria, identify gaps in services, establish written procedures, and establish a time line.
- 2) The Steering Committee needs to decide how new agencies are to be treated vis-a-vis on-site agencies. Will there be buy-in?
- 3) There will be the need to develop an MOU with new agencies, and there may be a difference between DPH agencies and community agencies.

The \$53,000 shortfall in buildout and furnishings was discussed. It will have to be resolved at a future time.

It was decided that no future meetings could be scheduled without the presence of Gloria Lockett.

Sandra Hernandez stated that local travel does not have to be broken down by category in future contracts if the total amount is less than \$1,000.

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 i.e. 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: i.e. 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.

**THE
AIDS
HEALTH
PROJECT**

*A project concerned
with AIDS Prevention
and Health Promotion*

MEMO

To: Reggie and Gloria

From: James Dilley, MD

Date: Oct. 7, 1991

RE: Dinner Meeting with Renetia and myself

Please confirm the four of us are having dinner on Thursday night, Oct. 24, 1991 at a place to be announced. If everyone is going to be in San Francisco we'll find a place here. Alternatively, Reggie and I can come to Oakland....if Reggie knows where it is.

Thanks. Call me to confirm

City and County of San Francisco

Department of Public Health



March 3, 1992

Reggie Williams
Executive Director
National Task Force on AIDS Prevention
631 O'Farrell Street
San Francisco, CA 94109

Reggie
Dear Mr. Williams,

Enclosed please find copies of two abstracts submitted to the VIII International Conference regarding the Center for Positive Care.

As you can see, one reports on the results of the data gathered on 243 of the 253 clients seen as of February 8, 1992 at the CPC. This abstract basically serves to identify that the Center is serving its target population.

The second abstract is more of an analysis with lessons learned about how to put together a collaborative program such as the CPC. This information is gathered from our ongoing conversations with contractors and the protocols we have received as part of the contract monitoring process.

We hope that both will be accepted for presentation at the conference. The CPC clearly serves as a model for other cities. Others may also be interested in learning how to structure successful collaborations as they attempt to deal with the growing epidemic in their own locale.

Please feel free to call me if you have any comments or questions regarding these abstracts.

Sincerely,

Valerie

Valerie Dorr
Assistant Chief
Health Services

cc: CPC Steering Committee
Sandra Hernandez
Rani Marx

4 March 1992

MEMORANDUM

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

FROM: Mike Mitchell *Mike Mitchell*

**CPC Client Characteristics and Needs
Abstracts Submitted to VII International Conference on AIDS/III STD World Congress**

Michael Thompson, Erik Wheaton and I met with Dr. Mitch Katz, Rani Marx, and Valerie Dorr yesterday to discuss the results of the CPC client records that have been abstracted. The results are attached.

For your information, two abstracts that were prepared for the VIII International Conference on AIDS/III STD World Congress by the AIDS Office were distributed. They are attached for your information.

A review of the data revealed that ten Center clients without a physician who know their CD4 counts qualify for AZT. Rani Marx will be supplying Michael Thompson with a list of those client numbers so that the appropriate service coordinators can do follow-up.

The AO offered to re-format the CPC intake/assessment forms for easier data entry. The timeline for completion is early April.

Dr. Mitch Katz was particularly enthusiastic about the data gathered at the Center. Data exist that clearly demonstrate that the Center is reaching its intended target population.

Abstract Form**A World United Against AIDS**VIII International Conference on AIDS/III STD World Congress
Amsterdam, the Netherlands 19-24 July 1992Secretariat Space RA _____ Date Received _____ Abstract # _____
Abstracts must be submitted on this form and accompanied by ten (10) photocopies.INTERAGENCY DYNAMICS: ESTABLISHING A COLLABORATIVE EARLY
INTERVENTION RESOURCE CENTER IN SAN FRANCISCO Dorr, Valerie;
Zellers, LR; Hernandez, SR; Chang, SW. AIDS Office, Department of
Public Health, San Francisco, CA. USAIssue/Problem: San Francisco established an early intervention resource center among 12
community organizations and one governmental agency. We reviewed interagency dynamics that
aided or impeded center development in meeting its objective: providing a full range of
non-medical services to traditionally underserved populations.Project Description: In 1991, 12 organizations successfully bid for 14 components of a non-medical
early intervention resource center, including: site administration, central intake and assessment,
case management, client advocacy, health education, linkage to substance abuse services and
clinical trials advocacy. Seven months after opening, we reviewed the collaboration, work
performed by each organization, interagency dynamics involved in center development, community
involvement, and implications for future public-private partnerships.Results: Rapid startup caused organizations difficulty in establishing working relationships and
trust necessary for open discussions of center programs/policies. Staffing problems diminished
the center's ability to provide consistent services. Lower-than-expected utilization created
anxiety among organizations regarding future funding and decreased interagency trust. Need was
identified for centralized marketing and inservice training. Community input was not well
channelled. However, clients reported high satisfaction with service.Lessons Learned: To succeed, collaborative efforts need sufficient lead time. Individuals
responsible for programs in each organization must commit to regular meetings discussing mutual
issues/concerns. Agreement is needed on standard definitions and service protocols to assure
consistent quality/service. Suggestions from community advisory boards must be communicated to
service providers for appropriate action. Greater centralization of essential services can
facilitate interagency communication and assure proper management. The dynamics among
organizations are products of their unique cultures. Without recognition of these differences
and facilitation of meetings, trust cannot be established and provision of coordinated services
is impaired.Valerie Dorr, AIDS Office, 25 Van Ness Ave., Suite 500, San Francisco, CA
94102, USA Telephone: (415) 554-9038. FAX: (415) 431-7547.

Abstracts received after 2 March 1992 will not be considered.

1. Presentation preference (check one): Oral presentation ☒ Poster presentation _____; 2. Indicate below two choices for track
and category codes (e.g., A10, A15 or D2, D25) in which you believe your abstract should be classified. See "Categories for Abstract
Submission" on page vi or on the other side of this form for codes. Choice 1: Track/Category (letter and number) D11;
Choice 2: Track/Category (letter and number) D13; 3. Rule of One Statement: I certify that this is the only abstract I have submitted
to the VIII International Conference on AIDS/III STD World Congress on which I am the presenting author.

Presenting Author's Signature _____

Print Presenting Author's Full Name Valerie DorrAir Mail or Express Mail this original Abstract Form, with ten (10) photocopies, and the original Abstract Information Form, with one
(1) photocopy, in the provided self-addressed orange envelope to: VIII International Conference on AIDS/III STD World Congress,
Abstract and Registration Administration, CONGREX Holland BV, P.O. Box 302, 1000 AH Amsterdam, The Netherlands.
Overnight Mail Delivery Address: VIII International Conference on AIDS/III STD World Congress, Abstract and Registration Adminis-
tration, CONGREX Holland BV, Keizersgracht 782, 1017 EC Amsterdam, The Netherlands.

For reviewers use: A _____ R _____ Score _____ Oral _____ Poster _____ Publish _____ International Merit _____

Comments: _____

Return this form in the orange envelope

Secretariat Space RA _____ Date Received _____ Abstract # _____

Abstracts must be submitted on this form and accompanied by ten (10) photocopies.

CREATING AN EARLY INTERVENTION CENTER FOR HIV-INFECTED PERSONS:
MEETING THE NEEDS Marx, Rani; Katz, MH; Barnhart, JL. AIDS
Office, Department of Public Health, San Francisco, CA, USA.

Issue/Problem: To improve access to early intervention services for HIV-infected persons, San Francisco established a freestanding center in October 1991 providing case management and referral, but no on-site medical care. We sought to characterize persons served by the center and evaluate client needs, including the need for medical services.

Description of project: Records were abstracted for all clients who used the center during the first 4 months of operation (n=243). Data were gathered on sociodemographic characteristics, HIV risk behaviors, health insurance coverage, and health care needs.

Results: Most of the clients were male (81%). Caucasians accounted for 56% of clients, 21% were African American, and 18% were Latino/Hispanic. Twenty-three percent had annual incomes of less than \$5,000, 37% were unemployed, and 9% were homeless. The most common risk factor was same sex partners for men (75%) and sexual transmission for women (55%). Fifty-four percent of clients reported having no medical insurance; 46% reported not having a physician. Of the 100 clients asked about their CD4 count, 60% knew their count; of these, 30% had counts below 200 cells, and 35% had counts of 200 to 500 cells. Clients who reported having no physician were less likely to be insured ($p < .001$), and less likely know their CD4 count ($p = .005$); 48% of persons without a physician qualified for AZT.

Lessons learned: The early intervention center is serving a population with unmet needs. A substantial proportion of the clients are indigent, lack financial and medical resources, and require medical care. To ensure client receipt of appropriate medical services, close follow-up of medical care referrals is needed. Other cities establishing early intervention centers should assess needs carefully to determine the appropriate mix of services required.

Rani Marx, AIDS Office, 25 Van Ness Ave., Suite 500, San
Francisco, CA, 94102, USA. Telephone: (415) 554-9030.
FAX: (415) 431-7547.

Abstracts received after 2 March 1992 will not be considered

1. Presentation preference (check one): Oral presentation ☒ Poster presentation _____; 2. Indicate below two choices for track and category codes (e.g., A10, A15 or D2, D25) in which you believe your abstract should be classified. See "Categories for Abstract Submission" on page vi or on the other side of this form for codes. Choice 1: Track/Category (letter and number) D11; Choice 2: Track/Category (letter and number) C38; 3. Rule of One Statement: I certify that this is the only abstract I have submitted to the VIII International Conference on AIDS/III STD World Congress on which I am the presenting author.

Presenting Author's Signature _____

Print Presenting Author's Full Name Rani Marx

Air Mail or Express Mail this original Abstract Form, with ten (10) photocopies, and the original Abstract Information Form, with one (1) photocopy, in the provided self-addressed orange envelope to: VIII International Conference on AIDS/III STD World Congress, Abstract and Registration Administration, CONGREX Holland BV, P.O. Box 302, 1000 AH Amsterdam, The Netherlands.

Overnight Mail Delivery Address: VIII International Conference on AIDS/III STD World Congress, Abstract and Registration Administration, CONGREX Holland BV, Keizersgracht 782, 1017 EC Amsterdam, The Netherlands.

For reviewers use: A _____ R _____ Score _____ Oral _____ Poster _____ Publish _____ International Merit _____

Comments: _____

Return this form in the orange envelope

CENTER FOR POSITIVE CARECLIENT CHARACTERISTICS AND NEEDS

OCT. 3, 1991 - FEB. 8, 1992

TOTAL # CLIENTS: 253

RECORDS RETRIEVED & ABSTRACTED: 243

HOW CLIENTS LEARNED OF THE CENTER

THROUGH A FRIEND	21%
NEWSPAPER	19%
HIV AGENCY	11%
SF AIDS FNDTN/AIDS HOTLINE	7%
HEALTH CARE PROVIDER	5%
HEALTH CENTER	5%
BROCHURE	4%
ATS	3%
OTHER	21%

CLIENT PROFILESOCIODEMOGRAPHIC CHARACTERISTICSGENDER

MALE	81%
FEMALE	19%

AGE

<u>GENDER</u>	<u>MEAN</u>	<u>RANGE</u>
MALE	36	20-60
FEMALE	35	23-64

RACE/ETHNICITYCPCS.F. AIDS CASES

CAUCASIAN	56%	77%
AFRICAN-AMERICAN	21%	11%
LATINO/HISPANIC	18%	10%
OTHER	5%	2%



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

National Task Force on AIDS Prevention
Reggie Williams
631 O'Farrell St.
San Francisco, CA 94109

Dear Colleague:

The San Francisco ATS HIV Antibody Resource Compendium formerly published by the AIDS Health Project is undergoing revision and will now be published by the **Center for Positive Care**.

Currently your listing in the compendium reads as follows:

1. National risk reduction programs for black and latino gay men.
2. Basic research into knowledge, attitudes, and behavior.
3. Partnership building and advocacy.
4. Early intervention programs.

Fees: free (training have costs attached)

Hours: M-F 9-5:30

Phone: 749-6700, 749-6706 FAX

Please check your listing for accuracy. You may add any information you feel is relevant or useful. Refer to the attached questionnaire to add or change information to your listing. Changes are due ASAP and should be in our hands no later than December 31, 1991. We encourage you to FAX your responses; our FAX number is (415)476-3655.

Sincerely yours,

Viva Paredes
Erik Wheaton

CENTER FOR POSITIVE CARE - COMPENDIUM UPDATE QUESTIONNAIRE

Please indicate any changes in your agency description. Please be thorough, use additional sheets if necessary:

Is there a specific person clients should contact?

What specific population groups are your services targeted for?:

What hours are your agencies hours and days of operation?:

What fees (if any) do you charge for services?:

Is there any additional information about your agency that you would like listed?

Name of person completing this form: _____

Phone: _____

THANK YOU VERY MUCH FOR YOUR COOPERATION!



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

19 December 1991

Valerie Dorr
Assistant Chief
Health Services, Department of Public Health
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102-6033

Dear Valerie:

Pursuant to your letter dated 3 December, you invited me to respond in writing if I had any comments or concerns. This letter is prepared in cooperation with and under the direction of the Center for Positive Care Steering Committee.

In reference to the social worker position, CURAS requested that the social worker funded for the CPC be permitted to work off-site at CURAS, on call for the CPC. For your information, CURAS has already implemented this policy.

Allowing CURAS to move one of its three funded CPC positions to its headquarters on an on-call basis is troubling, and we would like to see this policy changed. First, there is the issue of service delivery. Agreements were made by sixteen agencies to be participants in the CPC. Fifteen agencies are adhering to those agreement in which CPC funded staff are on-site for their scheduled hours. This not only improves service delivery coordination, but fosters a spirit of collaboration at the Center. Second, if the Center is to have a chance of administrative success, all agencies must be treated equally. It is a simple matter of equity. To sanction one agency's use of a CPC funded position to augment its headquarters' staff will understandably raise similar questions in the minds of other agencies' staff and undermine the credibility of the staff, and eventually the AIDS Office as well. Third, the current contract calls for CURAS to provide the CPC with a clinical social worker to provide psychosocial support and counseling for "HIV positive individuals and groups, which include family, friends and lovers as well as HIV positive clients." This is a critical component of the services that are to be offered at the CPC.

A decision to allow CURAS to move one of its positions from the Center is ultimately detrimental to the spirit of collaboration that created it and its ability to offer early intervention services to persons with HIV. We are distressed by this decision and want to work with you and CURAS staff to rectify this situation.

Sincerely,

Michael L. Mitchell
Site Manager

cc: CPC Steering Committee
MLM:its



CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

Nat. Task Force on AIDS Prev.
631 O'Farrell St.
San Francisco, CA 94109
Reggie Williams

Gentleperson:

The Center for Positive Care will celebrate the Martin Luther King Jr. Birthday holiday on Monday, January 20. The Center will close that day and no services will be available. All services will return to normal Tuesday, January 21.

We would also like to take this opportunity to remind you that on January 15 the Living With HIV Forum will be held at the Center 7-9 p.m. The subject will be the CENTER FOR POSITIVE CARE and will have panelists from the AIDS Health Project, AIDS Benefits Counselors, the Women's Outreach Program, and the Haight Asbury Free Clinic. This a free event and all people are welcome.

Sincerely yours,

Erik Wheaton
Information and Resources Coordinator

MEMORANDUM

5 January 1992

TO: CPC STAFF

FROM: MIKE MITCHELL

Staff Hours

As we begin the new year, I think that it is imperative that each staff member review the applicable portions of the Policy and Procedure manual that relates to staff hours. They are attached for your information.

In the past, sign-in sheets have been FAXed to each staff member's home agency on a weekly basis. Beginning 31 January 1992, a monthly summary and a calendar year total to-date of staff absences will be provided to each CPC collaborating agency. Verification of staff attendance is done through the use of the sign-in/out sheets at the CPC reception desk.

As a follow-up to the 31 December 1991 staff meeting, staff should be aware that unexplained and unexcused absences will result in a memorandum being sent to the staff member's home agency noting the absence; copies will be given to the staff member and the Department of Public Health AIDS Office. This is the policy that has been established by the CPC Steering Committee.

Staff members are expected to arrive on-time and leave at the appropriate prearranged hour, otherwise the ability to serve clients is jeopardized.

9.1.b Planned Absences

It is the policy of the Center that should a staff member need to take days of leave on which s/he was scheduled to be at the Center, that a LEAVE REQUEST (*See 9.1.b. (1)*) form be filled out.

This form will be submitted first to the Supervising Case Manager (when applicable), then to the Site Manager. Once the Site Manager has approved, or disapproved (stating reasons), the form will then be forwarded to the staff member's supervisor for consideration.

Coverage at the Center and scheduled appointments of the individual Service Coordinators must be taken into consideration when seeking leave.

CENTER FOR POSITIVE CARE
HIV Early Intervention Resource Center
Policies and Procedures Manual

9.0

9.1.c Unexpected Absences

Should a staff member encounter an emergency or be required to be absent from the Center because of illness, the following is the proper procedure:

- i. The Site Manager or designee should be contacted as soon as possible. If the Center is not open at that time, a message should be left on the Center answering service, that it will not be possible for the staff member to be present for his/her prearranged working hours.
- ii. Should the Site Manager or designee be unavailable, a message should be left with the Receptionist with a reason why the staff member cannot make his/her scheduled hours.
- iii. It is the responsibility of the staff member to contact his/her Provider supervisor with the same message and information.

Should a staff member encounter an emergency or be required to be absent from the Center because of illness during the course of the regular working day, the following is the proper procedure:

- i. The Site Manager or designee should be contacted immediately, specifying a reason, whether it is an emergency or illness.
- ii. It is the responsibility of the staff member to contact his/her Provider supervisor and relay the same specific information on the circumstances.
- iii. A CHANGE OF SCHEDULED HOURS (See 9.1.c.(1)) form should be filled out.

Centralized Intake and Case Management for Service Coordinators

THE CLIENT IS THE PRIMARY REASON THE CENTER EXISTS AND ALL OTHER ADMINISTRATIVE OR PERSONAL MATTERS MUST TAKE A BACK SEAT TO THIS RESPONSIBILITY TO THE CLIENT. Thus, it is the policy of the Center that the client comes first, above all else.

Service Coordinators should check their appointment schedules each day to determine when they are scheduled to be at the Center. If there is ever a problem or a conflict with making a scheduled appointment, each service coordinator is responsible for:

- (1) finding alternate coverage for his/her intake slots,
- (2) calling any clients to reschedule, and
- (3) letting the receptionist and Site Manager know of his/her absence and any change in his/her schedule.

Service Coordinators should consider their schedules as generally inflexible. This will help everyone concerned in the long run, cut down on confusion and establish a familiar rhythm at the Center. The administration understands that changes will occasionally need to be made; however, these should be kept to a minimum and alternate coverage must be provided.

Any deviation from this structure will be documented, and the procedure will be for the Site Manager to send a memorandum to the Provider supervisor with copies to the staff member and the Department.

MEMORANDUM

3 January 1992

To: Richard Daquiaoag

From: Mike Mitchell *Mitchell*

CURAS's CPC Staff Hours

I met with Rosamaria Zayas on Thursday, 2 January 1991, and discussed the hours that CURAS staff would be at the CPC.

Bruce Fletcher is assigned to the Center M-F 9:00 AM - 5:00 PM. He is expected to attend CURAS's staff meetings on Monday mornings and CURAS's case conference meetings on Thursday afternoons. Bruce is to be assigned one day a week to do strictly CPC work (he may do intakes or act as a CPC client advocate). On all other days, Bruce is to be available to act as a client advocate for CURAS clients; he may however, do CPC intakes and act as a client advocate when he does not have specific CURAS assignments. Bruce is expected to work one Saturday a month (alternating a Friday with a Saturday). Rosamaria suggested that we reexamine Bruce's assigned day to do CPC work exclusively.

Valentin Aguirre is to be at the CPC M-F 9:00 AM - 5:00 PM. He is expected to attend CURAS's staff meetings on Monday mornings and CURAS's case conference meetings on Thursday afternoons. Valentin is expected to work one Saturday a month (alternating a Friday with a Saturday).

Beginning Monday, 6 January 1991, CURAS will be adding a psychosocial component to the CPC staff. As now planned, Celia Sampayo is assigned to fill this position on an interim basis. She will physically be assigned to the CPC two days a week (details are still to be worked out with the AIDS Office). She will be at the CPC from 9:00 AM - 5:00 PM on Tuesdays to attend staff meetings, case conferences, review treatment plans with Valentin, supervise Bruce and do intakes. She will be at the CPC from 12:00 PM - 8:00 PM on Wednesdays to do one-on-one counseling and groups exclusively. Her schedule is still incomplete for Monday, Thursday and Friday. Celia will be at the CPC one Saturday a month.

cc: Rosamaria Zayas
CPC Steering Committee



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

ABOAH AIDS ALLIANCE Treatment Resource CENTER PREVENTION EACH 18TH Street Services HIV AG COMMUNITY HAITIANT PIREDA Project AHEAD/SP/DPH AG

Center for Positive Care
HIV Early Intervention Resource Center
Providers Recallable Cover Sheet

TO: PROVIDERS

AIDS Health Project
ATTN: James Dilley, MD

AIDS Indigent Direct Services
ATTN: Michael Freeman-McGuire, Roz Leiser

AIDS Treatment News
ATTN: Laura Thomas

American Indian AIDS Institute
ATTN: Les Hanmon

California Prostitutes Education Project
ATTN: Gloria Lockett

CURAS
ATTN: Rosamaria Zayas

EACH
ATTN: Wendell Carmichael

18TH Street Services
ATTN: Mike Shriver

Filipino Task Force on AIDS
ATTN: Jaime Geaga

GAPA Community HIV Project
ATTN: John Silva

Glide-Goodlett AIDS Project
ATTN: Anna Mautz

Haight-Ashbury Free Clinic
ATTN: Barry Lawlor

National Task Force on AIDS Prevention
ATTN: Reggie Williams

PIREDA Project
ATTN: Mohr Downing, Amanda Newstetter

Project AHEAD/Special Programs for Youth
ATTN: Ron Henderson

San Francisco AIDS Foundation
ATTN: Bill Hayes

San Francisco DPH AIDS Office
ATTN: Valerie Dorr

FROM: Michael Mitchell, Site Manager

Number of pages: 3

Additional comments:

MINUTES

Providers

19-Dec-91 Meeting

I. Present:

John Yarling - ABC

Roz Leiser - AIDS

Gloria Lockett - CAL-PEP

Anna Maurer - Glide

Amanda Newstetter - PHREDA

Valerie Dorr - SF DPH AIDS Office

Jim Dilley - AHP

Anne Guillous-Thorn - AIAI

Ana Bertha Camps - CURAN

Reggie Williams - NITAP

Bill Hayes - SF AIDS Foundation

Staff:

Mike Mitchell

Richard Daquino

Marisa Davis

Irving Sambolin

Erik Wheaton

- II. **PROPOSED** that the Center invite Mayor-Elect Frank Jordan to see the Center and meet with Center staff, preferably prior to inauguration.

- III. **PROPOSED** that the demographics identify what is happening with the clients that have been seen at the Center according to client-specific needs.
Center's Information & Resources Coordinator, Erik Wheaton, voiced that the database is being organized to include such information.

IV. ATS

The ATS will begin Friday, 13 December, from 1:00 - 4:00 PM and continue each Friday.

Only first time testers will be tested by appointment only--due to the nature of the individualized pre-test health education counseling.

PROPOSED that it not be ONLY first time testers and that drop-ins be permitted, especially clients of the Center.

Jim Dilley explained that once all is in order, the question of the nature of the ATS at the Center will be revisited.

PROPOSED that ATS Coordinator, Ed Diaz, attend the next Providers Meeting to assess the nature of the ATS on-site.

ACCEPTED that the ATS services at the Center would be assessed at the next Providers meeting.

- V. The **POLICIES AND PROCEDURES MANUAL** was delivered to all Providers personally by Mike Mitchell. Six (6) Providers have not returned the **MOU** signed.

VI. CAB

The present edition of the **POLICIES AND PROCEDURES MANUAL** does not include the clause in the **CAB By-Laws** which states that two members of the Board will be chosen from amongst the Providers. Wendell Carmichael of EACH and Marisa Davis of the AHP Women's Advocacy

Program Wendell will be stepping down as ED of EACH, therefore, he must be replaced on the CAB as well.

SUGGESTED that a replacement be elected at the next meeting.
Bill Hayes has expressed an interest.

CALL FOR NOMINATIONS—PLEASE CONTACT IRVING AT 476-3674 WITH YOUR NOMINATIONS TO BE INCLUDED IN THE AGENDA FOR THE NEXT MEETING.

- VII. A schedule of activities taking place at the Center will be published each month. This will include weekly meetings and workshops and month-to-month activities. *(Please see attached)*

VIII. **OUTREACH**

CALL FOR OUTREACH TO SPREAD THE EXISTENCE OF THE CENTER

Several suggestions were made. The brochure will be ready some time in January. Newspaper ads will be running in various periodicals. Radio ads were suggested to reach a wider audience, esp. people of color, but audio-visual publicity is outside the budget of the Center.

SUGGESTED that we try to be included in KC Diaz's *Wish List* with the primary needs of the Center.

- IX. **QUESTION** was raised whether the Center would serve a client from without the City and County of San Francisco.

The *Statement of Mission* requires that NO HIV+ individuals be turned away or refused services. Service Coordinators will ask for a San Francisco address, but will not turn a client away.

- X. **PROPOSED** that the multicultural face of the Center be present to all clients.

A client is given the option to remain with his/her initial Service Coordinator or be referred to a culturally- or gender-specific organization. This is part of the **STANDARD INTAKE PROCEDURES**.

PROPOSED that the lobby of the Center should be used to display posters of all the Providers. Stationery and public relations devices are being altered to include a list of all the Providers' acronyms directly underneath the Logo.

QUESTION raised about obtaining *quotas* of culturally- or gender-specific clients. Valerie Dort of SF DPH AIDS Office voiced that each Provider staff member will be credited with each unduplicated client s/he sees at the Center regardless of personal identification. We cannot seek-out clients on a cultural- or gender-specific level.

- XI. **Next Providers meeting: Wednesday, 15 January 1992, 2:00 PM**
in the Center Library.

All successive meetings will take place the THIRD Wednesday of each month at 2:00 PM in the Center Library.

PLEASE MARK YOUR CALENDARS FOR THE FOLLOWING MONTHS!