

**HIV SURVIVAL SUPPORT
PROGRAM**

'HIV is a Manageable Disease'

Developed by
**BAY AREA HIV SUPPORT AND EDUCATION SERVICES
OF
BLACK AND WHITE MEN TOGETHER - SAN FRANCISCO BAY AREA
MEN OF ALL COLORS TOGETHER - GREATER BAY AREA**

(BAHSES of BWMT/MACT)

PROGRAM PURPOSE:

The purpose of this program is to provide a process by which HIV positive individuals can work through their AIDS issues and crisis from when they test positive or are diagnosed to a point where they can return to a proactive and productive action plan for living.

ROUNDTABLE DISCUSSIONS:

All Roundtable Discussions (RTD) are optional and are to be used only if the group can not come up with a topic. It is suggested that the facilitators try to keep the program moving in a self awareness direction, where the participants can begin to recognize their value and start looking forward.

BUDDY SUPPORT SYSTEM:

The purpose of this system is to provide a process in which people with life threatening diseases have a support system to improve the quality of their lives. It is not to replace professional services that can help the person process issues in their lives, but to provide an identified resource person in which a safety net is available when a support group member needs help.

Support group facilitators are not the main component of the Buddy Support System (BSS). The BSS is for the group members. The group members are paired off with each other. During times when the support group members need to talk to someone, their support buddy will be the immediate contact person. If that person is not available, then the other members in the group are to be contacted. In the event a group member is not able to contact the above individuals, the support group facilitator should be contacted.

The Buddy Support System offers resources and alternative support systems for support group members when they are in a crisis situation.

BUDDY SUPPORT SELECTION (Lottery Drawing):

The Buddy Support Selection (Lottery Drawing) will work in the following manner:

Two sets of numbers ranging from 1 - 4 (8 members) will be written on a piece of paper and placed in a hat, dish, or bag. The support group member will then draw a number. The two support group members who get the same number will be buddies. This process will continue until all support group members have been paired off.

MODULE I

MODULE I. Support Group 100

The goals of module I are to build Trust, Bonding, and Support between members. Support group members will examine their feelings about HIV and being seropositive, look at past and present accomplishments, decide on future accomplishments, and form personal support systems.

SESSION I. - Support Group 101

Week 1

TITLE: Getting together.

Section 1. Orientation, Expectations Program Overview and Outline

Orientation:

- ◆ Introduce yourself and Co-Facilitator
- ◆ Explain Ground Rules (Appendix A)
- ◆ Explain meeting format (Appendix B)
- ◆ Explain group facilitators responsibilities (Appendix C)
- ◆ Have everyone in the group introduce themselves and share some background.

Expectation:

- | | |
|------------------|---|
| Commitment: | Participants are expected to commit to the entire (10) ten week program |
| Participation: | Participants are encouraged to participate in group check in, group discussion, and sharing of information |
| Attendance: | Participants are asked to attend every meeting. If this is not possible, participants are asked to notify facilitators they will be absent. |
| Confidentiality: | By signing consent to participate form participants are agreeing to keep all group names and information confidential |

Module Overview and Outline:

- ◆ Explain 5th week activity is decided by group
- ◆ Explain Hot, Horny, & Healthy
- ◆ Explain the Buddy Support System

Section 2. Administrative and Housekeeping Information

- ♦ Have everyone complete consent to participate form (Appendix D)
- ♦ Have everyone complete client intake form (Appendix E)
- ♦ Ask group if they want a phone sign-in sheet. If so start one.
- ♦ Distribute program packets to group members.

Section 3. Roundtable discussion - Why I joined a support group

Section 4. Wrap Up

- ♦ During the week, have members write down anything they want to discuss at the next meeting

SESSION II. - Support Group 102

Week 2
(Free Forum)

TITLE: Dealing with the infection

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - How do I feel about HIV?

Section 3. Wrap Up

Week 3

TITLE: Looking at one's self

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - How do I feel about myself?

- ♦ Self Image

Section 3. Wrap Up

Week 4

TITLE: Ownership of feelings

Section 1. Announcements and Check-in

Section 2. Roundtable discussion

- ▶ Depression
- ▶ Anger
- ▶ Hate
- ▶ Blame
- ▶ Confusion
- ▶ Fear
- ▶ Abandonment
- ▶ Loneliness
- ▶ Betrayal of trust and security
- ▶ Love

Section 3. Wrap Up

Week 5

Section 1. Activity Week

Week 6

TITLE: Is life worth living?

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - Friendship/Suicide (topic should not be brought up by facilitator)

Section 3. Wrap Up

Week 7

TITLE: Mourning the passing of a way of life

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - What I enjoyed doing before HIV.

Section 3. Wrap Up

Week 8

TITLE: Looking Forward

Section 1. Announcements and Check-in

Section 2. Buddy Support System (BSS) Program

- ◆ Explain Buddy Support System (BSS).
- ◆ Prepare telephone list of participants and their respective buddy assignments. (Lottery Drawing)

Section 3. Roundtable discussion -Where do I go from here or where do I want to go?

- ◆ Look back on ones accomplishments and direction before HIV.
- ◆ Make a list of what one wants to accomplish now and in the future.

Section 4. Wrap Up

SESSION III - AIDS 101/Risk Reduction

Week 9

TITLE: History of the virus

Section 1. What is AIDS?

- ◆ History
- ◆ Epidemiology

Section 2. How did I get AIDS?

- ◆ Methods of Transmission

Section 3. AIDS Prevention.

Section 4. Wrap Up

Note: For **SESSION III** The Bay Area HIV Support and Education Services Hot, Horny, and Healthy Playshop can be used as the educational tool.

SESSION IV - Support Group 103

Week 10

TITLE: Closure (Pot Luck)

Section 1. Review Accomplishments and achievements
 ♦Where was I, where am I?

Section 2. Roundtable discussion
 ♦How do I feel about myself?
 ♦Have I learned anything about my feelings and how to deal with them?
 ♦Feedback on the 10 week program (what have I gained)

Section 3. Commitment to the Buddy Support System (BSS)
 ♦Confirm lottery selections

Section 4. Wrap Up

MODULE II

MODULE II. Support Group 200

The goals of module II are to empower group members to take control of the future and be responsible for daily living. Support group members will focus on personal goals and planning, legal and medical options, relationships and lifestyle changes

SESSION I. - Support Group 201

Week 1

TITLE: Taking Control.

Section 1. Announcements & Check In

Section 2. Distribute & complete "Self Analysis Profile" (Appendix F)

Section 3. RTD - "Self Analysis Profile"(SAP) - Using the SAP, the discussion should focus on questions like Where am I now? Where would I like to be?

Section 4. Wrap up - Next week Legal Affairs

Week 2

TITLE: Legal Affairs (Outside Guest).

Section 1. Announcements & Check In

Section 2. Q & A with outside guest on legal matters, (rights, responsibilities, wills, power of attorney)

Section 3. Wrap up - Next week Medical Information

Week 3

TITLE: Medical Information (Outside Guest).

Section 1. Announcements & Check In

Section 2. Q & A with outside guest on medical treatments and alternatives.

Section 3. Wrap up

Week 4

TITLE: Future Planning.

Section 1. Announcements & Check In

Section 2. RTD - What are my priorities?, What are my needs?, What are my resources?

(This discussion should cover the following areas:

Priorities: Things of importance in my life.

Goals: Completion of certain things in life.

Needs: What I need to feel whole.

Resources: What I see available to help me meet my objectives).

Section 3. Wrap up - Create a life plan and be prepared to talk about it at a later time.

SESSION II. - Support Group 202/Social Impact

Week 5

TITLE: Relationships.

Section 1. Announcements & Check In

Section 2. Exercise: Relationship Chart (RC/Appendix G)

Section 3. RTD - (This discussion should focus on how people on the RC support the member's action plan emotionally, spiritually, physically, and socially. It should also look at how the people on the chart cause or relieve stress and if anything is missing from the RC. Types of relationships: Family/Extended Family, Personal/Social, Sexual, etc.).

Section 4. Wrap up

Week 6

TITLE: Family/Extended Family

Section 1. Announcements & Check In

Section 2. RTD - (This discussion should focus on how family/extended family on the RC support the member's action plan emotionally, spritually, physically, and socially. It should also look at how the people on the chart cause or relieve stress and if disclosure of HIV status is appropriate).

Section 3. Wrap up

Week 7

TITLE: Personal/Social Relationships

Section 1. Announcements & Check In

Section 2. RTD - (This discussion should focus on how personal/social relationships support the members action plan emotionally, spritually, physically, and socially. It should also look at how personal/social relationships cause or relieve stress and if disclosure of HIV status is appropriate).

Section 3. Wrap up

Week 8

TITLE: Sexual Relationships

Section 1. Announcements & Check In

Section 2. RTD - (This discussion should focus on how sexual relationships support the members action plan emotionally, spritually, physically, and socially. It should also look at how personal/social relationships cause or relieve stress and if disclosure of HIV status is appropriate).

Section 3. Wrap up

Week 9

Section 1. Announcements & Check In

Section 2. RTD - What I want from my relationships. What I need from my relationships. How to get it.

Section 3. Wrap up

SESSION III - Support Group 203

Week 10

TITLE: Lifestyle Changes

Section 1. Announcements & Check In

Section 2. RTD - Diet, Exercise, Substance Abuse.

Section 3. Wrap up

Week 11

TITLE: Dealing with Stress (Outside Guest)

Section 1. Announcements & Check In

Section 2. Q & A with outside guest on Stress Identification and ways to handle it.

Section 3. Wrap up

Week 12

TITLE: Trust & Privacy

Section 1. Announcements & Check In

Section 2. RTD - Trust & Privacy

Section 3. Wrap up

Week 13

TITLE: Getting in Touch (Outside Guest)

Section 1. Announcements & Check In

Section 2. Exercise: Non-sexual touching of self and others, hugging, being close, mutual massage

Section 3. Wrap up

SESSION IV - Support Group 204

Week 14

TITLE: Looking Back?

Section 1. Announcements & Check In

Section 2. RTD - Review everyone's life plan and the changes made over the last 14 weeks. Also distribute and complete the SAP again and compare the 1st one to the last one.

Section 3. Wrap up

◆ Distribute program evaluation form (Appendix H)

Week 15

TITLE: Completion Ceremony

MODULE III

MODULE III. Support Group 300

The goal of module III is for group members to maintain and/or continue development of a productive lifestyle. Members will utilize the Buddy System and Facilitators for ongoing support, planning, and crisis resolution.

SESSION I. - Support Group 301

Week 1

TITLE: Follow Up.

Section 1. Explain Module III.

Section 2. Check in with buddy at least once a week.

Section 3. Check in with group leader(s) at least once a month.

Section 4. Attend group reaffirmation and progress meeting every two months.

SESSION II. - Support Group 302

Section 1. Social Events and Activities.

APPENDICES

**Bay Area HIV Support and Education Services
Support Group Ground Rules**

1. **Attend every week if possible.**
 - ♦Regular attendance is important to maintain group solidarity and continuity.
 - ♦The group is not the same if you are not there for the meeting.
2. **Be on time for each meeting.**
 - ♦This is a courtesy and respect to the others in the group.
 - ♦The meetings will start exactly on time each week.
3. **Call in advance if you are going to be late or absent.**
 - ♦This also a courtesy to the others in the group; others may worry if you are not present and have not called in advance.
4. **Don't come to group meetings under the influence of any non prescribed drugs or alcohol.**
5. **No physical or verbal violence.**
 - ♦It's okay to get angry and to disagree, but it is also important to respect one another's individual differences and point of view. We are not here to try to make everyone think or act the same way. Don't condemn anyone for the ideas, beliefs, or feelings s/he holds.
6. **Don't interrupt others.**
 - ♦This is a courtesy to the others in the group.
7. **No side conversations.**
 - ♦These are disruptive to the group and disrespectful to the person who is talking.
8. **People are free to speak their minds, and they are equally free not to talk if they don't feel like it.**
9. **Try to let everyone have equal time to talk.**
 - ♦Recognize that some people are more shy or reserved than others, and that they deserve equal time to talk if they want.
 - ♦Don't monopolize the conversation.

APPENDIX A

10. **Confidentiality: Never talk about what goes on in the group in a way that might reveal the identity of a group member.**
 - ◆It's okay to discuss the general content of the group meetings with others, but never disclose any information about a group member which might give a clue about the identity of that person (for example, it is not okay to reveal to someone that "there's this guy in the group who tends bar at the Midnight Sun.")
 - ◆If you ever happen to see someone from the group in public, be discreet.
11. **If a facilitator believes that a group member is at high risk of any of the following in the very near future, s/he will consult with his/her supervisor, and may be required to contact persons or services outside the group in an effort to keep it from happening:**
 - ◆suicide
 - ◆physically injuring someone else
 - ◆assisting with someone else's suicide.
12. **We all have responsibility to maintain the group ground rules.**
13. **If a group member is unable to follow each of the above ground rules, s/he may be asked to leave the group.**
14. **If a member leaves the group for any reason other than illness or relocation, it is requested they provide the group facilitators with the reasons.**
 - ◆this will allow us to determine if there are program problems that need to be corrected.

Support Group Meeting Format

Each group meeting should last the same length of time: 2 hours.

Each meeting should start exactly on time, and end right on time.

.....

Format for each meeting

1. Brief announcements (up to one minute per announcement)
2. Brief mention of any absent group members, including any information about their being absent
3. Check-in (2-3 minutes for each group member)
4. Post-check-in Process: Any comments or reactions to things mentioned in the check-in (up to 10 minutes)
5. Discussion of topics of interest or concern to the group
6. Wrap-up: Feedback about tonight's meeting (final 10 minutes)

APPENDIX B

**Volunteer Group Facilitator
Task and Responsibilities
General Information**

The facilitator's job is not to direct the group or to be the main source of support for the group members. Instead, his/her job is to enforce the groundrules and to offer emotional support and guidance when needed so that the group members can maximally support one another in the group.

Also, the facilitator is not there to get support in dealing with his/her personal issues or concerns. Although it is alright for the facilitator to disclose personal information about him/herself if s/he chooses to, it is not appropriate for the discussion to ever focus on the facilitator's personal situation or concerns.

Routine task for each group meeting include:
(in the order they occur in the meeting)

1. Start the group meeting on time.
2. Ask if there are any brief (up to 1 minute) announcements.
3. Briefly mention the circumstances of any absent group members (if you happen to know about them), or ask the group if they have any information about absent members.
4. Conduct the check-in.
5. Conduct the post-check-in process (up to 10 minutes).
6. Facilitate discussion of topics of interest or concern to the group.
7. Conduct the wrap-up (feedback about the meeting).
8. End the group meeting on time.

APPENDIX C

Other routine responsibilities include:

1. Enforce the group groundrules.
2. Offer referrals when appropriate (including crisis intervention)
3. Provide emotional support.
4. Intervene to help keep the group "on track".

**Consent to Participate
in a Volunteer Facilitated
HIV Support Groups**

1. CONFIDENTIALITY

As a client of the Bay Area HIV Support and Education Services the conditions of services have been explained to me to my satisfaction. I understand that records concerning my participation will be retained. Such data will be kept confidential according to the California Welfare and Institution Code, Section 5328. No information about me will be released to agencies or persons outside the Bay Area HIV Support and Education Services without my written consent, except in the case of medical emergency or as permitted by law.

2. CONSENT TO BE CONTACTED AND FOLLOW UP

I understand that it may be necessary for me to be contacted at a future date. If I am contacted by telephone, no mention of AIDS or the Bay Area HIV Support and Education Services will be made in any message that is left for me. If I am contacted through the mail, no mention of AIDS or the Bay Area HIV Support and Education Services will be made in writing on the outside of any envelope or other article mailed to me.

3. LIABILITY AT GROUP MEMBERS' RESIDENCES

I understand that the intent of the Bylaws of Bay Area HIV Support and Education Services and the chapters of BWMT and MACT does not permit any assumption of liability which does not result from and is not caused by the negligent acts or omissions of its officers, agents, employees or other persons under its direction and control.

4. AGREEMENT WITH GROUP GROUND RULES

I have read the "Group Ground rules" (see reverse side of this sheet), and I agree to follow each of them.

My signature below indicated that I have received a copy of this Consent Form, and I agree to its contents.

Client Signature: _____

Witness Signature (Bay Area HIV Support and Education Services):

Bay Area HIV Support and Education Services Staff: Name & Title (print):

Today's Date: _____

CLIENT INTAKE & SUPPORT INFORMATION

BAHSES BWMT/MACT

PERSONAL

Client: _____ Date: _____

Address: _____ City/State/Zip: _____

Day Time Phone: _____ Evening Phone: _____

Person To Notify In Case Of An Emergency: Relationship: _____

Name: _____

Address: _____ City/State/Zip: _____

Day Time Phone: _____ Evening Phone: _____

Next To Kin Notify In Case Of An Emergency: Relationship: _____

Name: _____

Address: _____ City/State/Zip: _____

Day Time Phone: _____ Evening Phone: _____

LEGAL:

Do You Have A Medical Power Of Attorney: ☐ Yes ☐ No

Name: _____

Address: _____ City/State/Zip: _____

Day Time Phone: _____ Evening Phone: _____

Do You Have A Completed Will ☐ Yes ☐ No

Executor: _____ Phone: _____

MEDICAL:

Doctor: _____

Office Phone: _____

Message Phone: _____

Hospital: _____

Address: _____ City/State/Zip: _____

Day Time Phone: _____ Evening Phone: _____

BACKGROUND INFORMATION:☐ Male ☐ Female☐ Current ☐ Former IVDU

Date of Birth: _____

Sexual Identity (Optional) _____

Age: _____

Ethnic Background: _____

NEEDS ASSESSMENT:

Practical Support:

☐ House Cleaning☐ Shopping☐ Transportation

Emotional Support:

☐ Volunteer: ☐ Morning ☐ Afternoon ☐ Evening (After 5pm)☐ Support Group: ☐ Mixed ☐ Racial Focus ☐ Culturally Focus ☐ Other

Client Signature: _____ Date: _____ Intake Person: _____

ACTION TAKEN:**FOLLOW UP:**

Self-Analysis Profile

The following items represent one way of categorizing a person's well-being. To complete the profile read each of the questions below and score the item as follows: "1" if you rate yourself poor; "2" if you rate yourself average, and "3" if you rate yourself excellent.

EMOTIONAL:

1. How do you feel about yourself; how satisfied are you with who you are?
2. How accepting of others are you; can you respect people who view life differently?
3. Are you sensitive to your own emotional feelings; do you permit them to tell you about yourself?

PHYSICAL:

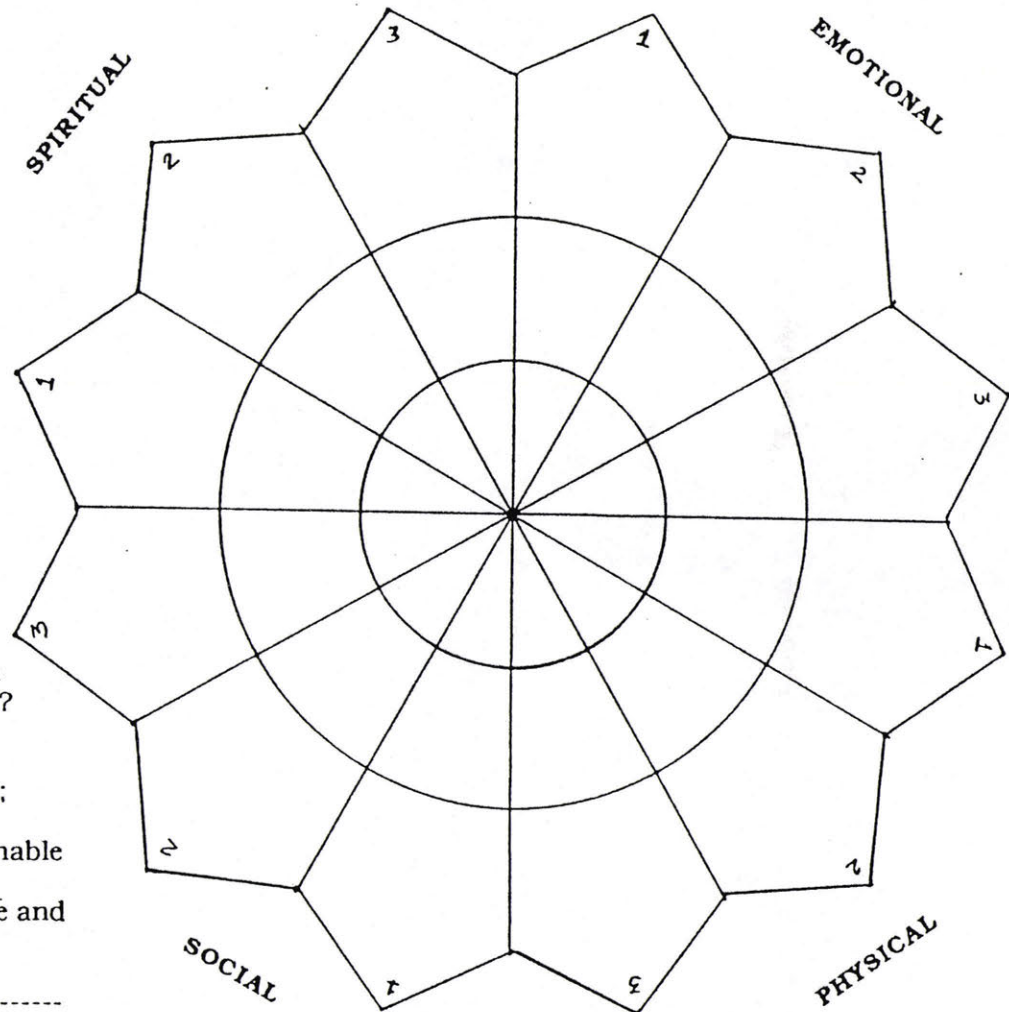
1. Are you familiar with your body; are you sensitive to the messages it sends?
2. Do you properly exercise; do you physically exert yourself in a regular routine for fitness?
3. Do you maintain a balanced diet; do you avoid excesses of known hazardous substances?

SOCIAL:

1. Can you express yourself in public; are you able to communicate your thoughts and feelings to others?
2. Do you exert the energy required to establish and maintain friendships. Do you take the necessary time?
3. Do you get and stay active in your community; do you think and work on problems confronting you and your neighbors?

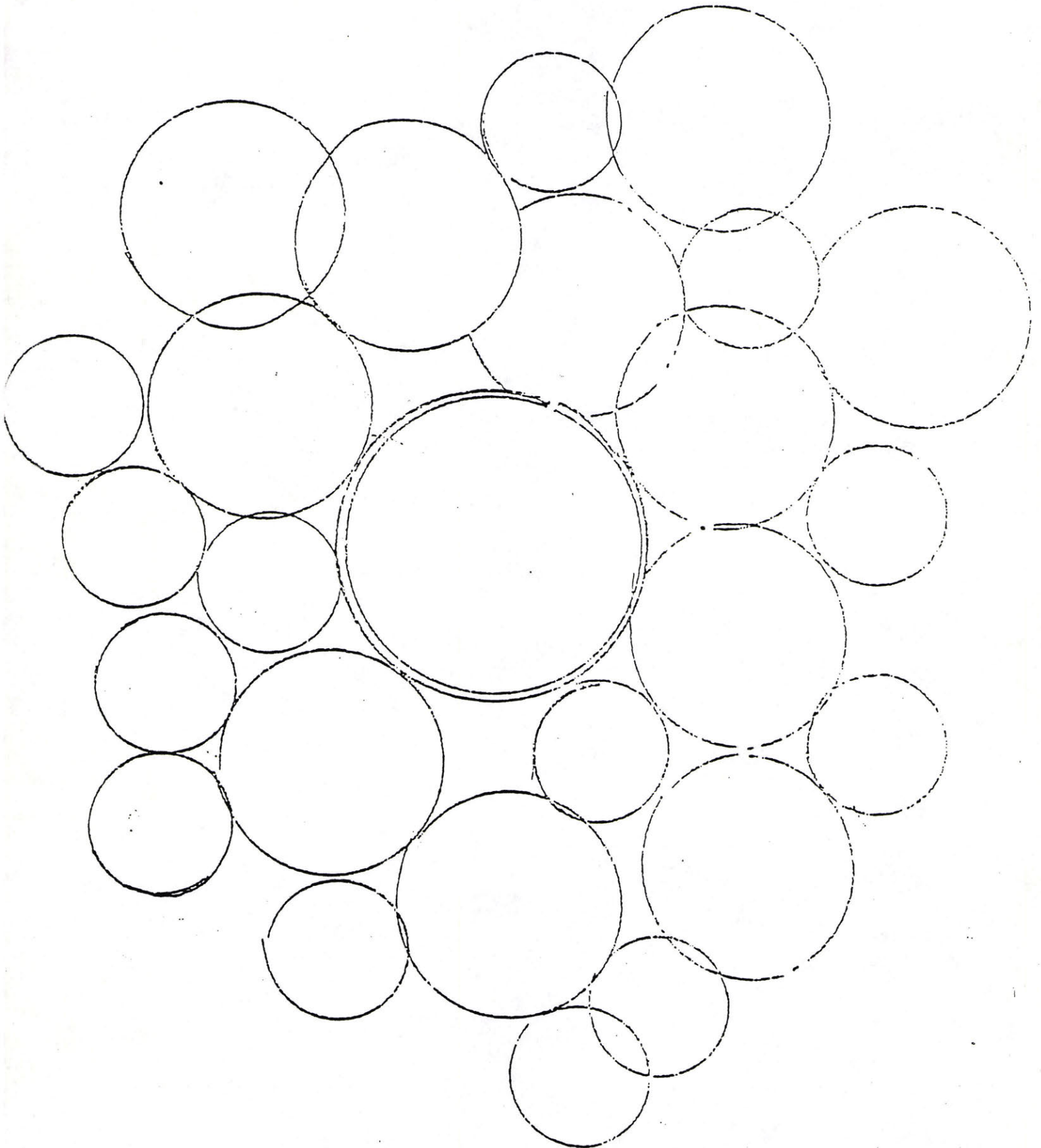
SPIRITUAL:

1. Are you engaged in reaching your own understanding of life; do you have a sense of purpose?
2. Are there ideas or activities or people that are of unquestionable value to you; can you really give of yourself?
3. Do you spend time with yourself; can you block out the noise and distractions of daily living?



Paint a graphic picture of your wellness, by coloring in the segment for each of the items above which represents your answer. The inner circle corresponds to scores of "1", the middle circle to scores of "2" and the outer circle to scores of "3".

RELATIONSHIP CHART



HSSP EVALUATION FORM

(Please read and rate each statement. 1 is the lowest, 5 is the highest)

1. I had a support system before this support group.
1 [] 2 [] 3 [] 4 [] 5 []
2. The support group improved the quality of my life.
1 [] 2 [] 3 [] 4 [] 5 []
3. The goals ,directions and ground rules were clear and followed.
1 [] 2 [] 3 [] 4 [] 5 []
4. I had a chance to make new friends.
1 [] 2 [] 3 [] 4 [] 5 []
5. The meetings stayed "on track".
1 [] 2 [] 3 [] 4 [] 5 []
6. The Buddy Support System worked for me.
1 [] 2 [] 3 [] 4 [] 5 []
7. My attitude about being HIV positive changed.
1 [] 2 [] 3 [] 4 [] 5 []
8. The facilitators were prepared and knowledgeable.
1 [] 2 [] 3 [] 4 [] 5 []
9. My confidentiality was respected.
1 [] 2 [] 3 [] 4 [] 5 []
10. I feel better about myself.
1 [] 2 [] 3 [] 4 [] 5 []
11. The support group helped me to set goals and future directions.
1 [] 2 [] 3 [] 4 [] 5 []
12. My issues were discussed.
1 [] 2 [] 3 [] 4 [] 5 []
13. The facilitators provided good leadership.
1 [] 2 [] 3 [] 4 [] 5 []
14. The 5th week activity outing is important.
1 [] 2 [] 3 [] 4 [] 5 []
15. The pot luck is a good way to end the support group.
1 [] 2 [] 3 [] 4 [] 5 []

(Please answer the following questions.)

1. What did you receive from the group?

2. What needs of yours were not met?

3. How can the support group be improved?

4. Would you recommend this support group to someone else?
Y [] N [] Why?

APPENDIX H

THE UNITED WAY AIDS FUND

REQUEST FOR PROPOSAL

COVER PAGE

Please complete and attach this cover page to your Proposal
Due no later than 4:30 p.m., Monday, March 11, 1991

Agency Name: Bay Area HIV Support and Education Services BWMT/MACT

Agency Address: 625 O'Farrell Street,
(street)
San Francisco, CA 94109
(city) (state) (zip)

Contact Person: Lee Y. Woo Phone: 749-6714

Total Agency Budget in your last budget year: \$ 144,738

Total Budget for this Program: \$ 110,000

Amount Requested from the United Way AIDS Fund: \$ 35,000

Focus of program:

- ☐ Education - Prevention
- ☒ Support Services
- ☐ Emergency Funds
- ☐ Early Intervention, Prevention and Health Maintenance

Geographic area to be served: Oakland

PROGRAM SUMMARY:

We have a 25+ week structured group program that is divided into three modules. Modules I (10 weeks), deals with feelings about HIV as well as emotional issues that impact people with HIV. Module II (15 weeks) is a more structured section that deals with such topics as general treatment information and available medical and social services. Module III (on going) clients will be meeting on a monthly basis to receive HIV update and social activities.

PARTICIPATING ORGANIZATIONS (If collaborative effort):

Proposals must be submitted no later than 4:30 p.m. on
Monday, March 11, 1991 to:

The United Way
410 Bush Street
San Francisco, CA 94618
ATTN: Dave White (Tel: 772-4467)

THE UNITED WAY AIDS FUND

2/1/91

BUDGET FORM:

A) LINE ITEM:	Request from UNITED WAY for this Program	Any Anticipated Matching Funds	TOTAL Proposed Program
Personnel	\$ 24,908	\$ 52,644	\$ 77,552
Occupancy (Facility)	3,000	2,400	5,400
Equipment/ Supplies	500	2,400	2,900
Phone	480	360	840
Other (Specify):			
Facilitators	2,000	7,500	9,500
Promotions&Adverting	900	3,503	4,403
Fiscal&Administration	3,212	6,193	9,405
TOTAL	\$ 35,000 (Total UW)	\$ 75,000 (Total Matching)	\$ 110,000 (Total Project)

B) SOURCES AND TOTAL AMOUNTS OF ANTICIPATED CASH MATCHING FUNDS FOR THIS SPECIFIC PROJECT:

Source	Amount
San Francisco Dept of Health	\$ 75,000

AGENCY REQUEST:

BAHSES-BWMT/MACT request an AIDS Fund grant from the
(agency name)
United Way for Fiscal Year 1992 (July 1, 1991 - June 30, 1992) in the
amount of: \$ 35,000.

Signed: [Signature]
Executive Director

3/11/91
Date

Signed: [Signature]
Board President

3/11/91
Date

BUDGET NARRATIVE

Personnel

.75 FTE Emotional Support Group Coordinator-Oakland (\$27,000 x .75 = \$20,250) to coordinate the support groups services and training. Responsibilities include recruiting, training and supervising both paid and non-paid staff. This line item includes fringe benefits of \$4,658., calculated at an annual rate of 23 %.

Supplies (\$600) Supplies are calculated at a rate of apx. \$40 per month for an annual budget of \$600.

Occupancy (\$3000) This represents a contribution of \$250 per month toward rental costs for support group facilities in the City of Oakland.

Telephone (\$450) Telephone for the Emotional Support Group Coordinator-Oakland.

Other:

Promotion (\$900)
Advertising This is for the development and distribution of materials to promote and advertise the support groups services to the target population in the City of Oakland.

Facilitators (\$2000) Funds are for payment to support groups facilitators at the rate of \$15.00/group per facilitator. There are two facilitators per group. There will be 5 groups with two facilitators each. Budget requests represents 53.3% of the total budget of \$3,750.

Fiscal and Admin.
Support(\$3,212) This budget line item is provided to the National Task Force on AIDS Prevention/National Association of Black and White Men Together

Bay Area HIV Support and Education Services BWMT/MACT
(BAHSES-BWMT/MACT)
United Way
July 1, 1991 - June 30, 1992

NTFAP/NABWMT and NABWMT for fiscal
and administrative support.

United Way Proposal

1. What are the Objectives or Intended Results of the Program?

Bay Area HIV support and Education Services of Black and White Men Together/Men of All Colors together (BAHSES-BWMT/MACT/MACT) requests, in program expansion and coordination, funds within the Psycho/social Support Service Area. These monies will fund priority emotional support services in the city of Oakland for Gay & Bisexual African American men living with HIV. By the end of the contract period we intend to serve 50 unduplicated clients.

2. Describe Your Proposed Program.

The programs support services include: support groups, safer sex workshops, emotional support, program consultants to other groups and community collaboration to expand these services. Our target population will be Gay and bisexual African American Men who are HIV positive in the City of Oakland. We plan a 25+ week structured support group program that is divided into three modules.. Module I deals with feeling about HIV as well as emotional issues that impact people with HIV. Module II is a structured section that deals with such topics as general treatment information and available medical and social services. Module III is basically a follow-up session where participants are the facilitators from Module I and II can participate in informal activities of their choice. Clients have the option to attend one or all three modules. The form of the group support provides a space for clients to deal with their individual issues, learn about how to control the effect/affect of the HIV disease, receive general treatment information, work on getting control over their life, and promote healthier life-style behaviors. Group facilitator will be trained in collaboration with the AIDS Health Project of UCSF during the first 2-3 months. Facilitators will be recruited from the African American community to the extent that they are available.

3. Outcome and Evaluation of the Program.

At the end of each module there is an evaluation form for each participants to complete. This evaluation form focuses on three (3) areas:

1. Program design (did the program fulfill you needs)
2. Facilitator performance
3. Participant Development (how the program helped me change.)

By evaluating this information, BAHSES we will be able to provide more responsive service and determine what changes, if any, need to be made.

Total units of service are defined as the number of hours, or portions there of, spent in direct contact with clients and in conference with others about specific treatment advocacy activities that are client related. Units of service for emotional support services are defined as each hour of client contact. Five support groups of 10 participants over 25 weeks at 1.5 hours each. ($5 \times 10 = 50$ x $25 = 1250$ x $1.5 = 1875$ units).

4. The Future of the Program.

It is anticipated that the need for emotional support services to the African American community will increase rather than decrease over time. The current lack of emotional support services for African American men who have sex with men is compounded by the fact that these individuals do not see themselves as at risk for HIV infection, and once infected with the HIV virus, do not seek and access necessary support services (medical and emotional) to manage the disease. BAHSES, because of its unique position of already working with this population can assist in overcoming this barrier and provide the crucial link in delivering emotional support services to this underserved population.

Application for increased funding to both public and private providers is in progress.

Bay Area HIV Support and Education Services BWMT/MACT
(BAHSES-BWMT/MACT)

United Way

July 1, 1991- June 30, 1992

5. Community Sensitivity, Involvement, and Support of the Program?

Currently, there is minimal service directed to this targeted population in dealing with HIV education and treatment advocacy, for emotional support services. By utilizing members of the community as support group facilitators we will be able to directly involve the community in the recruiting of support group participants and modification of the program to fit the needs of the community. Outreach activities will be done directly in the places the target population frequents, such as bars, and through referrals from advertising, churches & other organizations in the City of Oakland that serve Gay & Bisexual African American men.

Internal Revenue Service
District Director

Department of the Treasury

G.P.O. BOX 1680
BROOKLYN, NY 11202

Date: **MAR 09 1989**

NATIONAL ASSOCIATION OF BLACK
AND WHITE MEN TOGETHER INC
584 CASTRO STREET SUITE 140
SAN FRANCISCO, CA 94114

Employer Identification Number:
23-2308853

Contact Person:
MICHAEL SCIAME

Contact Telephone Number:
(718) 780-6134

Our Letter Dated:
MARCH 24, 1987

Addendum Applies:
NO

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Eugene D. Alexander
District Director

NATIONAL ASSOCIATION OF BLACK AND WHITE MEN TOGETHER: A GAY MULTIRACIAL ORGANIZATION FOR ALL PEOPLE

1990-91 National Board of Directors Listing

Revised: October 28, 1990

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317/876-7333 (H)

John Teamer, NA Co-Chair
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San Francisco, CA 94114
415/863-0925

Ollie Lee Taylor
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Tallahassee, FL 32304-3321
904/222-0684 (H)
904/222-5010 (W)

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Chicago, IL 60640
312/561-9661 (H)

Michael Lisowski
NA Corresponding Secretary
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414/273-1991 (W)

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301/772-0880 (W)

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195 West Newton St.
Boston, MA 02116
617/266-4378 (H)

ORGANIZATIONS' DESCRIPTION AND EXPERIENCE

BAHSES is a multiracial, multicultural organization with membership composed of individuals from the target population. It grew directly out of Black and White Men Together-San Francisco chapter and remains an integral part of that chapter. Like the 23 other chapters, BWMT-SFBA is committed to creatively bridging cultural barriers, increasing the cultural sensitivity of chapter members, as well as the general public, and overcoming racism and prejudice through education. Seven out of the 24 chapters are called Men of All Colors Together, and in the Bay Area a second chapter has formed with that name. The two groups operate in full harmony with each other, and BAHSES is a direct link between the two — a symbol of their commitment to cooperation on crucial issues such as standing against racial discrimination, supporting the Black freedom struggle in South Africa and fighting the AIDS epidemic.

BAHSES has been extremely active in HIV risk reduction/prevention education over the past five years and has hosted dozens of safer sex workshops, made numerous presentations to other community groups and organizations on the needs of gay and bisexual men of color and has been a leader in San Francisco in its outreach to the target population.

The organization has worked closely with numerous agencies in the delivery of HIV prevention services including the University of California/San Francisco's AIDS Health Project, Glide AIDS Project, Bayview Hunter's Point, San Francisco AIDS Foundation, STOP AIDS, 18th Street Services, AIDS Indigent Direct Services out of the Ambassador Hotel and others. Most recently, BAHSES has participated in the development of the Gay Men of Color Consortium. The organization is also a collaborative partner in a grant program funded by Northern California Grantmakers and a supportive partner to NTFAP in the "Relapse" grant program funded by SFDPH AIDS Office.

In an effort to expand its outreach to the underserved, and the at-risk groups, BAHSES has begun to modify its workshops and HIV prevention education model so that it is sensitive and appropriate for the needs of indigent people, transgender people and women. These efforts are all geared toward delivering appropriate and relevant safer sex and HIV risk reduction information to populations of people who otherwise would not receive similar messages from other sources. BAHSES is thoroughly committed to disseminating this information to all people who otherwise might not be served.

THE NATIONAL ASSOCIATION OF
BLACK AND WHITE MEN TOGETHER, INC.
STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN FUND BALANCES
FOR THE YEAR ENDING SEPTEMBER 30, 1990

	<u>RESTRICTED</u>	<u>UNRESTRICTED</u>	<u>TOTAL</u>
<u>REVENUE</u>			
Total Revenue (See Statement)	437,345	140,373	577,718
<u>EXPENSES</u>			
Salaries	208,594	-	208,594
Fringe Benefits	32,592	-	32,592
Temporary Help	10,439	-	10,439
Contractual Services	20,880	7,937	28,817
Rent	10,315	10,873	21,188
Conferences	6,440	340	6,780
Insurance	5,151	1,315	6,466
Office Expenses	12,866	3,090	15,956
Postage	4,565	3,371	7,936
Telephone	8,808	3,661	12,469
Printing	10,303	11,641	21,944
Program Support	8,570	176	8,746
Travel	19,195	13,872	33,067
Advertising	5,302	3,149	8,451
Staff Training	1,317	-	1,317
Membership	1,364	-	1,364
Convention Expenses	-	47,715	47,715
Donations	-	1,050	1,050
Grants	-	19,100	19,100
Depreciation	3,199	-	3,199
Others	<u>2,930</u>	<u>4,877</u>	<u>7,807</u>
TOTAL EXPENSES	<u>372,830</u>	<u>132,167</u>	<u>504,997</u>
EXCESS OF REVENUE OVER EXPENSES	64,515	8,206	72,721
<u>CHANGES IN FUND BALANCES</u>			
Beginning of Year	(1,910)	4,328	2,418
Prior Year Adjustments	<u>1,056</u>	<u>934</u>	<u>1,990</u>
END OF YEAR	<u>63,661</u>	<u>13,468</u>	<u>77,129</u>

FOOTNOTES ARE AN INTEGRAL PART OF THIS STATEMENT

BAHSES Paid Staff

Lee Y. Woo
Fred Wright
Shurland Aird
Paul McNabb
Gustave Arechavala

Regional Director
Project Assistant/Education
Outreach Coordinator
Administrative Assistant
Clerk/Receptionist

BAHSES Non-Paid Staff

Kevin G. Brooks-D
Robert Jensen-D
Kevin Berg-D
Buzz Bense-I
Frasier McConnell-I
Larry Burnett-I
Jim Ivory-I
Mark Harrison-D
Arnie Lovitt-I
Don Bradley-I
Kevin Wilcox-D
John Revicky-D
Avis Marie Sandar-D

Regional Program Dir./Spt. Service
Regional Project Administrator
Project Assistant/HIV info.
Project Assistant/Marketing
Project Assistant/Arch.-Rec. Mngt.
Archives/Data Base
Archives/History
Support Services Clerk
Administrative Clerk
Administrative Clerk
Education Clerk
Regional Administration
Outreach Worker

**APPLICATION TO THE HIV
CARE CONSORTIUM OF
ALAMEDA COUNTY**

Name: Bay Area HIV Support and Education Services of
Black and White Men Together/Men of All Colors
Together (BAHSES-BWMT/MACT)

Address: 625 O'Farrell Street
San Francisco, California 94109

Contact: Lee Y. Woo
Executive Director

Phone: 749-6714

**Title of
Project:** Tele-care/Transportation Program

**Project
Description:** Tele-care/Transportation Program of Bay Area HIV
Support and Education Services (BAHSES) is a
transportation token/voucher system designed for
gay/lesbian and bisexual African-Americans who are
HIV positive, symptomatic and have mobility issues.

The program allows BAHSES to expand its mission,
goals and services into the East Bay by coordinating
transportation services for clients of the AIDS
Minority Health Initiative, The Center for AIDS
Resources and BAHSES.

GT: cw
(ReqProp.AID) 7/26/91

222005/436010/513010/NTFAP (3)/GOC (5)
M. Hazard, D. Pharoah

Table of Contents

Statement of Need	Page #3
Program Plan Narrative	Page #3-5
Goals, Measurable Objectives, Activities and Time Lines	Page #5-7
Internal Evaluation Plan	Page #7-8
Project Budget/Budget Justification	Page #9
Organizational Capability	Page #10-11
Attachments	Page #12

STATEMENT OF NEED

A large segment of gay/lesbian and bisexual African-Americans who are HIV positive require practical support services, such as transportation. Many from this target population have little or no insurance, are marginally employed and/or barely existing on their meager income. Subsidies for transportation service are crucial to ensure that a client has the means to get to support groups, pick up medication, keep doctor and other medical appointments. A lack of transportation funds restrict access to these services--many of which are essential to the well being of HIV positive individuals.

Bay Area HIV Support and Education Services (BAHSES) proposes a collaborative transportation effort with the AIDS Minority Health Initiative and The Center for AIDS Resources. BAHSES' model for the proposed program is currently in-place within the City of San Francisco known as Tele-care/Transportation. The Tele-care/Transportation program is for African-American gay and bisexual men who are HIV positive, symptomatic, and meet mobility criteria/issues. BAHSES is currently coordinating the Tele-care/Transportation program for several agencies within San Francisco.

Expanding this model into Oakland, CA is a response to the lack of a coordinated transportation service for HIV positive gays/lesbians and bisexuals who reside in Oakland, CA. Low income, African-American HIV positive men and women who are clients of the AIDS Minority Health Initiative and The Center for AIDS Resources (initially) will be the immediate benefactors of such a service. Currently AIDS Minority Health Initiative clients use a bus token system. The agency will turn the entire transportation function over to BAHSES in order to augment the existing program. In so doing, AIDS Minority Health Initiative clients will be able to expand into service areas not currently available to them, e. g. taxicabs.

As Bay Area HIV Support and Education Services (BAHSES) responds to this transportation need in Oakland, CA it will be meeting a long-term organizational commitment to expand its missions, goals and services into the East Bay.

PROGRAM PLAN NARRATIVE

The proposed Tele-care/Transportation support system is a token/voucher system with public bus companies and local taxicab services. BAHSES will coordinate the system in the collaborative methods listed below:

- o BAHSES will lend in-kind management support to the Tele-care/Transportation system.
- o BAHSES will staff and implement day-to-day operations of the system.
- o In-kind office space from the AIDS Minority Health Initiative will be given to BAHSES from which to run the program.
- o Community Health Outreach Workers (CHOWs) will coordinate transportation efforts with AIDS Minority Health Initiative through BAHSES and be trained by BAHSES staff.

Program Plan Narrative: Collaborative Methods Continued

- o AIDS Minority Health Initiative and The Center for AIDS Resources will enter into a contracting agency agreement with BAHSES to serve their African-American gay/lesbian and bisexual client base.

To implement the Tele-care/Transportation model, BAHSES will:

1. Coordinate transportation services with collaborative agencies for client use in the Oakland area. AIDS Minority Health Initiative and The Center for AIDS Resources are initial contracting agencies. Additional agencies may enter a collaborative agreement with BAHSES during the contract year.
2. Provide collaborative agencies with any report/auditing forms to maintain records.
3. Establish criteria for client qualification with collaborative agencies.
4. Provide in-service training for agency representatives.
5. Evaluate success of program through client satisfaction reports, agency feedback, etc.
6. Modify program based on methods of evaluation.
7. Seek funds to expand services from foundations, corporations and governmental sources.

To contract with BAHSES as a collaborative agency, AIDS Minority Health Initiative and The Center for AIDS Resources will:

1. Sign a Memorandum of Understanding with BAHSES to initiate the program.
2. Screen eligible individuals for Tele-care/Transportation funds.
3. Complete any report/auditing forms, as appropriate.
5. Issue bus tokens and/or taxicab vouchers to eligible clients on a bi-weekly basis.
6. Communicate progress of the program through client and representative feedback systems.

In order for service users from the target population to qualify for disbursement of funds, they will:

1. Reside in the Oakland area.
2. Be African-American and self identified as gay/lesbian.
3. Interview with a representative from the collaborative agency to determine eligibility.

Program Plan Narrative: Service User Qualifications Continued

4. Earn an income of less than \$15,000 per year.
5. Communicate transportation needs to an agency representative on a bi-weekly basis.
6. Report any lost or stolen bus tokens and/or taxicab vouchers to an agency representative.

**GOALS, MEASURABLE OBJECTIVES, ACTIVITIES,
AND TIME LINES**

The following goals are proposed for provision of transportation services to the target population:

GOAL #1

To recruit and hire a Project Assistant-Tele-care/Transportation to coordinate transportation services with contracting agencies and their clients.

GOAL #2

To provide transportation services to gay/lesbian and bisexual African-Americans who are HIV positive, have mobility problems and earn less than \$15,000 per year.

GOAL #3

To monitor the progress of the Tele-care/Transportation system and implement appropriate changes based on client and agency feedback.

Support activities and achievement dates for the proposed goals follow:

ACTIVITY	TIME LINE
o Send out job announcements for Project Assistant-Tele-care/Transportation	October 1, 1991
o Hire/train Project Assistant Tele-care/Transportation	October 15, 1991
o Modify existing report/evaluation systems to reflect Alameda County.	October 15, 1991
o Sign contract with AC Transit for bus tokens and Paratransit-Oakland for taxicab vouchers	October 15, 1991
o Sign Memorandum of Understanding with agencies	October 22, 1991
o Provide collaborative agencies with all report and auditing forms.	October 22, 1991

Goals, Measurable Objectives, etc.: Activity and Time Line Continued

ACTIVITY	TIME LINE
o Provide in-service training for collaborative agencies.	October 30, 1991
o Issue bus tokens and taxicab vouchers to collaborative agencies	October 30, 1991
o Announce Tele-care/Transportation program to agencies via flyers, etc.	November 1, 1991
o Begin issuance of bus tokens and/or taxicab vouchers to eligible clients	November 1, 1991
o Coordinate Transportation Community Health Outreach Workers (CHOWs) training with contract agencies.	November 2, 1991
o Conduct Transportation CHOWs training	November 9, 1991
o Gather initial feedback from agency representatives from first bi-weekly issuance of bus tokens/taxicab vouchers (informal method, i.e. verbal)	November 15, 1991
o Gather feedback and agency reports from first month of transportation system (formally).	December 2, 1991
o Review first reports/auditing forms from collaborative agencies. Evaluate findings.	December 2, 1991
o Report findings from first reports/auditing forms by collaborative agencies to Executive Director	December 9, 1991
o Coordinate with collaborative agencies findings from first reports/auditing forms to fine-tune system, provide re-training to agency representatives, respond to questions, etc.	December 16, 1991
o Modify any issues found during first month of program based on agency feedback, client satisfaction sheets, reports/auditing forms, etc.	January 3, 1992
o Report modifications to collaborative agencies	January 10, 1992
o Collect all monthly reports/auditing forms from collaborative agencies and review for input or suggested changes.	On-going-June,1992

Goals, Measurable Objectives, etc.: Activity and Time Line Continued

ACTIVITY	TIME LINE
o Under Executive Director supervision, modify program and implement suggestions which improve transportation program. Communicate any changes to collaborative agencies.	On-going-June,1992
o Communicate with other agencies to assess appropriateness of collaborative efforts with BAHSES' Tele-Care/Transportation program.	On-going-June,1992
o Complete required reports from HIV Care Consortium Alameda County, as assigned.	On-going-June,1992

INTERNAL EVALUATION PLAN

Program descriptions, forms and evaluation instruments have been developed for BAHSES' program within San Francisco. Similar forms will be modified for Oakland once approval of the proposal is received.

Evaluation of the Tele-care/Transportation program is multi-level. Collaborative agencies and clients will provide input in the following ways. Modifications to the Tele-care/Transportation program will result from the evaluation system.

Attachment #A-Program Description

Describes the program in detail. Contracting/collaborative agencies, client eligibility requirements, method of distribution and reporting relationships are focused.

Attachment #B-Memorandum of Understanding

Outlines responsibilities of BAHSES, Contracting Agencies, Clients and the Report System which contracting agencies and BAHSES maintain.

Attachment #C-Eligibility for Transportation Funds and Instructions

Completed by client and client representative to ensure criteria for funds are met.

Attachment #D-Transportation Funds Log and Instructions

Completed by client and client representative as documentation for bus tokens and/or taxicab vouchers issued.

Attachment #E-Contracting Agency Disbursement Log

Internal auditing form completed by BAHSES at the time bus tokens and taxicab vouchers are disbursed to contracting agencies, usually on a quarterly basis.

Internal Evaluation Plan: Evaluation Instruments Continued

Attachment #F-Monthly Audit Report

Complete audit of bus tokens and taxicab vouchers issued to contracting agency, number used and remaining for use by clients.

Attachment #G-Client Satisfaction Sheet

Monthly audit by clients about their use of, satisfaction with or issues about Tele-care/Transportation system.

Attachment #H-Doctor Certification Form

Completed by doctor to verify mobility problems/issues of individual client.

Attachment #I-Client Destination Log

Completed by client when bus tokens or taxicab vouchers are received which lists anticipated destinations for the bi-weekly timeframe.

Attachment #J-Paratransit Certification Form

(Sampled here is San Francisco-Paratransit form. Paratransit-Oakland will be similar). Completed by doctor to verify client mobility problems/issues and given to paratransit company.

PROJECT BUDGET/BUDGET JUSTIFICATION

Personnel

.25 FTE Project Assistant (\$22,000 per year) to coordinate the Tele-care/ Transportation program including: establishment of relations with contracting agencies, training of client representatives in Tele-care; collection of reports/auditing forms; evaluation of Tele-care program components; recommendations for revisions/modifications to program. **Annual Cost \$5,500** Attachment K reflects the Job Description for this position.

Fringe Benefits

.23% of gross salary. **Annual Cost \$1,265**

Bus Tokens and Taxicab Vouchers

Allocated \$2,450 at a rate of \$7.00/trip for taxicab vouchers which equal 350 one way trips. **Annual Cost \$2,450**

Allocated \$4,050 at a rate of \$0.75/trip for bus tokens which equal 5,400 one way trips. **Annual Cost \$4,050**

Annual Cost \$6,500 (TOTAL)

Telephone

Telephone expenses, including hook-up and fees \$735 for the contract year.
Annual Cost \$735

Office supplies, publicity, printing and photocopy

Funds for preparation of outreach, training, client information, agency forms, information brochures, etc. estimated to be \$1,000 for the contract year. **Annual cost \$1,000**

Total Budget:

Position-Project Assistant-Tele-care (.25FTE of \$22,000)	\$5,500
Benefits (.23%)	1,265
Bus Tokens	4,050
Taxicab Vouchers	2,450
Phone	735
Office supplies, publicity, printing, photocopy	<u>1,000</u>
Total	\$15,000

In-Kind Items:

- o Office space provided by AIDS Minority Health Initiative
- o Management and Administrative support provided by BAHSES
 - .10 FTE Executive Director
 - .20 FTE Program Director
- o Training of CHOWs by BAHSES non-paid staff (volunteer)

ORGANIZATIONAL CAPABILITY

Bay Area HIV Support and Education Services of Black and White Men Together/Men of All Colors Together (BAHSES-BWMT/MACT) is a multi-cultural, multi-racial organization begun in 1985 to support people of color who are HIV positive. Its membership is committed to fostering a supportive environment wherein racial and cultural barriers can be overcome. Issues which are of interest relate to human equality-education, political, cultural and social activities which focus on racism, sexism homophobia and other inequities within our communities and lives.

Black and White Men Together-San Francisco Bay Area(BWMT-SFBA) provides a supportive, safe environment for men involved with or interested in interracial relationships as well as racism present in organizations that serve people with AIDS/ARC. The Task Force has earned the respect of AIDS/ARC service providers as well as gay and straight minority groups while acknowledging the larger problem which needs to be addressed.

BWMT-SFBA has been in existence for over eleven years and is the founding chapter of a series that has totaled thirty nationally. Various chapters have been involved in AIDS education and intervention for several years. For example, the Los Angeles Chapter has developed a Safer Sex Workshop, "Hot, Horny & Healthy" presented to BWMT/MACT chapters. BAHSES has presented this sex positive and gay/bisexual positive safe sex workshop throughout the Bay Area to hundreds of interested individuals-many who are HIV infected. Most recently, this workshop was modified for the needs of indigent people, transgender individuals and women. Delivering appropriate and relevant safer sex and HIV risk reduction information to populations of people who would not ordinarily receive the information demonstrates BAHSES' commitment to making the information available to all people-some who otherwise might not be served.

BAHSES utilizes the Safer Sex S.W.A.T (Sex With A Twist) Team to interact one-on-one or groups with target population members in order to provide positive learning and education about HIV and doubles as a referral system to the organizations' other services, e.g. support services. S.W.A.T. Teams are an ideal way for bar patrons to be reached as well as one method of outreach at large events, such as street fairs.

HIV/AIDS issues at the individual/personal level are another focus for BAHSES through support services. The personal issues which surround HIV/AIDS require a proactive plan for positive living. A 25+ week structured and facilitated support group program, divided into three modules, is BAHSES' method of responding to such needs. Facilitators are thoroughly trained to provide guidance within the first two modules. Module I (10 weeks) deals with feelings about HIV and emotional issues that impact people living with HIV infection. Module II (15 weeks) is more structured and deals with such topics as general treatment information, available medical and social services. Module III is client directed and has no time constraints. Group members themselves continue the supportive relationships begun during the previous 25 weeks.

The Tele-care/Transportation program provides transportation to people with mobility problems surrounding ARC/AIDS through a token/voucher system which enables gay/lesbian and bisexual African-Americans the opportunity to go to doctor or other medical appointments, pick up medication, attend support group meetings.

Organizational Capabilities Continued

BAHSES is an advocate on behalf of those infected with HIV for quality health care, increased educational programs, early intervention and practical, emotional, social and financial support services.

BAHSES works with various Bay Area communities and agencies in the development of coalitions and partnerships in the fight against HIV/AIDS, homophobia and racism.

The mission and goals of BAHSES are published in the enclosed brochure (Attachment L)

ATTACHMENTS

Attachment-Letter and Title

- # A Program Description
- # B Memorandum of Understanding
- # C Eligibility for Transportation Funds
- # D Transportation Funds Log
- # E Contracting Agency Disbursement Log
- # F Monthly Audit Report
- # G Client Satisfaction Sheet
- # H Doctor Certification Form
- # I Client Destination Log
- # J Paratransit Certification Form
- # K Job Description: Project Assistant-
Tele-care/Transportation
- # L BAHSES Brochure
- # M 501 C Form
- # N Previous year financial statement
- # O Resumes of key personnel

Federal Care-Supplemental Transportation Contract Program Description

The Federal Care-Supplemental contract is part of BAHSES' Telecare program. It exists to provide HIV positive African American gay and bi-sexual men assistance in getting to and from support group meetings, doctor appointments, picking up medication, getting to medical appointments and other emergencies. Clients who qualify will be issued bus tokens and taxi vouchers to utilize the San Francisco bus and taxi systems.

This service is available not only to clients of BAHSES' but clients of other agencies who provide service to HIV positive African American gay and bi-sexual men in the City of San Francisco. Interested agencies who agree to the terms of the Memorandum of Understanding (MOU), will be issued an allotment of tokens and vouchers for their eligible clients.

The Federal Care-Supplemental Transportation Contract Program consists of the following areas:

- ◆ **Agency Requirements**
- ◆ **Client Eligibility Requirements**
- ◆ **Distribution System**
- ◆ **Reporting System**
- ◆ **BAHSES' Clients**

Agency requirements

Contracting Agencies that participate in the Federal Care-Supplemental Transportation Program are required to screen potential clients for eligibility. A form (Eligibility for Transportation Funds) will be provided by BAHSES to assist in client screening. Contracting agencies will issue bus tokens and taxi vouchers on a bi-weekly basis. A log on the disbursement of bus tokens and taxi vouchers will be kept by the contracting agency. An authorized person from the contracting agency will also be required to initial the log.

Client Eligibility Requirements

The Care-Supplemental Transportation Contract is targeted at African-American Gay and Bi-sexual men in the San Francisco area, who are financially stressed. Potential clients are to be interviewed by the designated contracting agency and will be required to fill-out the "Eligibility for Transportation Funds" form. Eligible clients will be of African-American

descent, be HIV positive and have a yearly income level of fifteen thousand dollars or less. Eligible clients will also need a doctor's certification verifying that they need assistance in getting to their various medical appointments. Eligible clients will inform the contracting agency of their transportation needs on a bi-weekly basis. Clients will also report to the authorized person any lost or stolen bus tokens and/or taxi vouchers as soon as possible.

Distribution System

Upon signing the "MOU" BAHSES will issue an allotment of bus tokens and taxi vouchers to the contracting agency. The allotment will be based on the number of eligible clients. Contracting agencies will provide BAHSES with the number of eligible clients in order to determine the agency's allotment of bus tokens and taxi vouchers. BAHSES will issue bus tokens and taxi vouchers in ninety day intervals. A schedule of these dates will be sent to the contracting agency along with a copy of the MOU.

Criteria for clients receiving bus tokens and /or taxi vouchers is based on assessment of the physical and financial condition of the clients. The responsibility of determining if a client receives bus tokens or taxi vouchers is solely that of the contracting agency. Each client will be issued bus tokens and/or taxi vouchers to cover scheduled visits up to four round-trips per week on a bi-weekly bases. Additional tokens and vouchers can be requested if an individuals needs exceed eight round-trips per two weeks. The Contracting agency will return any unused tokens and/or vouchers to BAHSES (see Reporting System) at the end of the contract year or at the cancellation/termination of the MOU.

Report System

The reporting responsibilities of the contracting agency consist of keeping a log signed by the client and the agency's authorized individual who issues bus tokens and taxi vouchers. The contracting agency will provide a monthly report to BAHSES. This report will indicate the following:

- who is receiving bus tokens and/or taxi vouchers
- the number of bus tokens and/or taxi vouchers the client is receiving
- the number of lost or stolen bus tokens and taxi vouchers reported
- a summary of how the program is progressing

**Federal Care-Supplemental
Transportation Contract
Memorandum of Understanding**

The Federal Care-Supplemental Transportation Contract is the transportation support component of the BAHSES Telecare program. It exists to provide clients assistance in getting to and from support group meetings, doctor appointments, picking up medication, and other medical appointments. Clients who qualify will be issued vouchers to utilize the San Francisco bus and taxi systems.

By signing this Memorandum of Understanding, BAHSES agrees to issue bus and taxi vouchers to the contracting agency. In turn the contracting agency agrees to the terms outlined in this Memorandum of Understanding.

This Memorandum of Understanding may be cancelled at anytime by either BAHSES or the contracting agency by notification in writing within 30 days.

BAHSES' Responsibilities

- ◆ To identify agencies who serve HIV+ African American Gay and Bisexual men in the city of San Francisco (from here on referred to as the contracting agency).
- ◆ Provide the contracting agency with bus tokens and taxi vouchers for clients to use in the San Francisco area.
- ◆ Provide the contracting agency with the "Eligibility for Transportation Funds" form.
- ◆ Provide the contracting agency with the criteria for qualifying clients.

Contracting Agencies Responsibilities

- ◆ Screening of eligible individuals for the Transportation Support Funds.
- ◆ Completing the "Eligibility for Transportation Funds" form.
- ◆ Issuing the bus tokens and taxi vouchers to eligible clients (tokens and vouchers will be issued on a bi-weekly basis).
- ◆ Reporting monthly on the disbursement of bus tokens and taxi vouchers (see Reporting System).

Client's Responsibilities

- ◆ Using bus tokens and taxi vouchers for the sole purpose of getting to and from their support group, picking up their medication, visiting their doctor and getting to other medical appointments.
- ◆ Informing the contract agency of their transportation needs on a bi-weekly basis.
- ◆ Reporting lost or stolen tokens and vouchers to the contracting agency.

Reporting System

- ◆ Contracting agency will keep a log containing the number of tokens and vouchers issued to the clients.
- ◆ Contracting agency will keep a log containing the names of clients issued tokens and/or vouchers.
- ◆ Contracting agency will provide a report of the number of tokens and vouchers reported lost or stolen.
- ◆ A monthly report will be presented to BAHSES by the 10th working day of the month which will indicate who received tokens and/or vouchers, the amount of tokens and/or taxi vouchers received, the amount issued, the amount remaining, and a summary of how the program is progressing.

Comments:

Signatures:

I have read and understand the above statements. I agree on behalf of my agency to enter into an agreement for Transportation Support Funds with the Bay Area HIV Support and Education Services of BWMT/MACT (BAHSES).

Name

Name

Title

Executive Director

Agency/Organization

Bay Area HIV Support and
Education Services

513020/513050/513075/513100/523020/523050/523075/523100

**BAHSES BWMT/MACT
TELECARE TRANSPORTATION PROGRAM
Eligibility For Transportation Funds**

Please fill out this form completely.

Client Name: _____

Client Address: _____

Client Phone Number: _____

Ethnic Background: _____

Employment Status: _____

Employed ☐ Unemployed ☐

Income Level:

0	to	5,000	☐
5,000	to	10,000	☐
10,000	to	15,000	☐
15,001	and	up	☐

Reason for Transportation:

Doctor Visit ☐ Support Group ☐

Prescription Pick up ☐ Other _____

Type of Transportation Requested/Authorized:

Bus System ☐ Taxi Service ☐

Authorizing Agent: _____

Organization: _____

FOR OFFICE USE ONLY:

Form Reviewed By: _____

Date Reviewed: _____

BAHSES -BWMT/MACT TELECARE TRANSPORTATION PROGRAM TRANSPORTATION FUNDS LOG

Attachment #D

CLIENT NAME/SIGNATURE		# OF BUS TOKENS	# OF TAXI VOUCHERS	AUTHORIZING AGENCY/SIGNATURE
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received
Print				
Signature			☐	Certification Received

Comments:

[illegible]

BAHSES-BWMT/MACT

TELECARE TRANSPORTATION PROGRAM

Contracting Agency Disbursement Log

AGENCY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

<u>DATE ISSUED</u>	<u># BUS TOKENS</u>	<u># TAXI VOUCHERS</u>	<u>AUTHORIZED BY</u>
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
7. _____	7. _____	7. _____	7. _____

**BAHSES-BWMT/MACT
TELECARE TRANSPORTATION PROGRAM
MONTHLY AUDIT REPORT**

Contract Agency	Allotment		Used		Remaining	
	# of tokens	# of vouchers	# of tokens	# of vouchers	# of tokens	# of vouchers
Totals						
Comments						

**BAHSES BWMT/MACT
TELECARE TRANSPORTATION PROGRAM
CLIENT SATISFACTION SHEET**

Please respond to all items/questions on a monthly basis and return to agency.

NAME: _____

ADDRESS: _____

PHONE: _____

1. Which method(s) of transportation was used during the past month under this system?

☐ Bus

☐ Taxicab

2. How often were any of the above services used?

☐ Once - Non-emergency

☐ Once - Emergency

☐ Regularly, as authorized/allowed

☐ Irregularly/on occasion

☐ Other: _____

3. For what purpose(s) was transportation used? (Check all that apply)

☐ Doctor appointment

☐ Medication pick up

☐ Support group meeting

☐ Other medical appointment, e.g. blood test at a laboratory

☐ Other: _____

4. Please comment on how this service has helped you during the past month?

5. Please comment on any issues/problems you encountered during the past month and explain.

6. From which agency did you receive bus tokens and/or taxicab vouchers?

7. Agency counselor/advocate name. _____

BAHSES-BWMT/MACT TELECARE TRANSPORTATION PROGRAM DOCTOR CERTIFICATION FORM

PLEASE PRINT CLEARLY OR TYPE.

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Birth Date: _____

THIS SECTION TO BE COMPLETED BY PHYSICIAN ONLY.

The BAHSES Transportation program provides alternative, city-subsidized transportation to persons, certified by a physician who have a mobility impairment which prevents their use of existing public transit.

A. To qualify, the applicant must meet one of the following criteria. Check all criteria that apply to your patient and briefly state medical diagnosis or cause for mobility impairment.

BAHSES Criteria	Medical Diagnosis
1. Unable to get on or off a public transit bus.	☐ _____
2. Unable to walk one block.	☐ _____
3. Unable to wait and stand for more than ten minutes.	☐ _____
4. Unable to grasp coins tickets or handles.	☐ _____
5. Unable to keep balance in a moving vehicle.	☐ _____
6. Unable to read and/or understand information, signs and transit schedules or directions due to being legally blind or having a developmental disability.	☐ _____

B. Certification will be limited to physicians licensed by the State of California. Physicians and surgeons, psychiatrists, optometrists, dentist, podiatrist, and osteopathic and chiropractic practitioners may certify those handicaps resulting in functional disabilities qualifying a person for paratransit service, within the scope of their practice as defined by California State Law.

The BAHSES Transportation program is funded with limited resources, so please certify only qualified persons meeting the stated BAHSES Criteria.

I, (print or type physicians name) _____
hereby certify that this applicant is eligible for BAHSES Transportation services because
he/she cannot use public fixed route transportation.

Authorized by (signature) _____

Title: _____ Medical License #: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Date: _____

Attachment #1

AGENCY _____

[illegible]



San Francisco Paratransit Certification Form

OFFICE USE ONLY

Received _____

Recertify _____

(2 years)

Assigned to:

TX LV GV

CSS AEF FW

COA ADHC

PLEASE PRINT CLEARLY OR TYPE.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birth Date _____

If you have questions, please call the Paratransit Broker at 552- 7908.

Please return completed application to: Paratransit Broker
1109 Oak Street
San Francisco, CA 94117

You will receive correspondence within two weeks indicating the status of your Paratransit enrollment. There is currently a waiting list for the Paratransit program, even for those applicants with medical life support needs. Immediate registration into the program is not guaranteed, but applications are encouraged. Thank you.

THIS SECTION TO BE COMPLETED BY PHYSICIAN ONLY.

The Paratransit program provides alternative, city-subsidized transportation to persons, certified by a physician, who have a *mobility impairment* which prevents their use of existing public transit.

- A. To qualify, the applicant must meet one of the following criteria. Check all criteria that apply to your patient and briefly state medical diagnosis or cause for mobility impairment.

Paratransit Criteria

Medical Diagnosis

1. Unable to get on or off a public transit bus.
2. Unable to walk one block.
3. Unable to wait and stand for more than ten minutes.
4. Unable to grasp coins, tickets or handles.
5. Unable to keep balance in a moving vehicle.
6. Unable to read and/or understand information, signs and transit schedules or directions due to being legally blind or having a developmental disability.

TO BE COMPLETED BY PHYSICIAN ONLY.

PLEASE PRINT CLEARLY OR TYPE.

Applicant's Last Name _____ First Name _____

Birth Date _____

B) Disability is (check one box): ☐ permanent ☐ temporary

If temporary, for how long? _____

C) Applicant uses (check boxes): ☐ wheelchair ☐ walker ☐ crutch
☐ cane ☐ oxygen ☐ braces ☐ prosthesis
☐ other _____

D) Please indicate the type of transportation applicant needs (check boxes):

☐ taxi ☐ lift-van ☐ group van, state name of agency _____
(for agency use only)

E) Certification will be limited to physicians licensed by the State of California. Physicians and surgeons, psychiatrists, optometrists, dentists, podiatrists, and osteopathic and chiropractic practitioners may certify those handicaps resulting in functional disabilities qualifying a person for paratransit service, within the scope of their practice as defined by California State Law.

The Paratransit program is publicly funded with limited resources. There is a waiting list, so please certify only qualified persons meeting the stated Paratransit Criteria.

I, (print or type physician's name) _____

hereby certify that this applicant is eligible for Paratransit services because he/she cannot use public fixed route transportation.

Authorized by (signature) _____

Title _____ Medical License # _____

Address _____ City _____ Zip _____

Telephone _____ Date of Signature _____

BAHSES - BWMT/MACT Policy and Procedure Manual

323025 Job Description Project Assistant-Tele Care

1. **JOB DESCRIPTION:** Project Assistant Tele-Care
2. **WORKING TITLE:** Project Assistant Tele-Care
3. **CODE:** 270xx-08
4. **SALARY SERIES:** B
5. **SALARY RANGE:**
6. **JOB SCOPE:** To coordinate transportation, practical and emotional support service for clients of BAHSES.
7. **JOB REQUIREMENTS:** Minimum of two years working in a community based organization that provides services to people impacted with AIDS. High School Graduate and computer experience.
8. **JOB RESPONSIBILITIES:**
 - Create and maintain BAHSES-BWMT/MACT client data base.
 - Develop transportation program and budget.
 - Supervise program staff.
 - Prepare program reports.
 - Attend and participate in city, county, and community boards and committees.
 - Work with transportation companies.
 - Train and evaluate program personnel.
 - Develop work plan.
 - Participate in program development, implementation and evaluation.
9. **WORK SCHEDULE:** 9:00 A.M.-6:00 P.M.
10. **SUPERVISOR:** Program Director-Support Services
11. **WORK LOCATION:** San Francisco Bay Area
12. **COST CENTER:** 5232 West Bay Area

ISSUED: August 8, 1991
REVIEW: August 1992
APPROVED:

BY: Executive Director
REVISED:

Internal Revenue Service
District Director

Department of the Treasury

G.P.O. BOX 1680
BROOKLYN, NY 11202

Attachment #M

Date: MAR 09 1989

Employer Identification Number:
23-2308853

Contact Person:
MICHAEL SCIAME

Contact Telephone Number:
(718) 780-6134

NATIONAL ASSOCIATION OF BLACK
AND WHITE MEN TOGETHER INC
584 CASTRO STREET SUITE 140
SAN FRANCISCO, CA 94114

Our Letter Dated:
MARCH 24, 1987
Addendum Applies:
NO

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

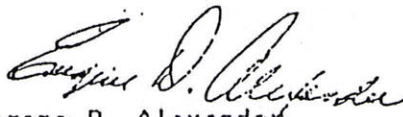
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


Eugene D. Alexander
District Director

Letter 1050 (DO/CO)

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c) (except black lung benefit trust or private foundation)
of the Internal Revenue Code or section 4947(a)(1) trust

(See separate instructions.)

1989Department of the Treasury
Internal Revenue Service

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.

For the calendar year 1989, or fiscal year beginning **October 1**, 1989, and ending **September 30**, 1990

Use IRS label. Otherwise, please print or type.	Name of organization National Association of Black & White Men Together	A Employer identification number (see instruction S) 23-2308853
	Address (number and street) or P.O. box number P.O. Box 408641	B State registration number (see instruction E)
	City or town, state, and ZIP code Chicago, Illinois 60640	C If application for exemption is pending, check here ☐

D Check type of organization—Exempt under section ☒ 501(c)(3) (insert number), OR ☐ section 4947(a)(1) trust (see instruction C7 and question 92.)E Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____F Is this a group return (see instruction Q) filed for affiliates? ☐ Yes ☒ No

G If either answer in F is "Yes," enter four-digit group exemption number (GEN) _____

If "Yes," enter the number of affiliates for which this return is filed _____

Is this a separate return filed by a group affiliate? ☒ Yes ☐ NoH Check here ☐ if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A). Some states require a completed return.

Note: Form 990EZ is available for organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

Part I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support				1a	33,409
	b	Indirect public support				1b	
	c	Government grants				1c	
	d	Total (add lines 1a through 1c) (attach schedule—see instructions)				1d	33,409
	2	Program service revenue (from Part VII, line 93)				2	423,604
	3	Membership dues and assessments				3	9,541
	4	Interest on savings and temporary cash investments				4	2,202
	5	Dividends and interest from securities				5	
	6a	Gross rents				6a	
	b	Less: rental expenses				6b	
	c	Net rental income (loss)				6c	
7	Other investment income (describe _____)				7		
Revenue	8a	(A) Securities		(B) Other			
	8a					8a	
	b	Less: cost or other basis and sales expenses				8b	
	c	Gain (loss) (attach schedule)				8c	
	8d					8d	
	9	Special fundraising events and activities (attach schedule—see instructions):					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)				9a	
	b	Less: direct expenses				9b	
c	Net income (line 9a less line 9b)				9c		
Revenue	10a	Gross sales less returns and allowances				10a	
	b	Less: cost of goods sold				10b	
	c	Gross profit (loss) (attach schedule)				10c	
	11	Other revenue (from Part VII, line 103)				11	108,724
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	577,480	
Expenses	13	Program services (from line 44, column (B)) (see instructions)				13	372,830
	14	Management and general (from line 44, column (C)) (see instructions)				14	132,167
	15	Fundraising (from line 44, column (D)) (see instructions)				15	
	16	Payments to affiliates (attach schedule—see instructions)				16	
	17	Total expenses (add lines 13 and 14, column (A))				17	504,997
Net Assets	18	Excess (deficit) for the year (subtract line 17 from line 12)				18	72,483
	19	Net assets or fund balances at beginning of year (from line 74, column (A))				19	2,418
	20	Other changes in net assets or fund balances (attach explanation)				20	1,990
	21	Net assets or fund balances at end of year (add lines 18, 19, and 20)				21	76,891

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages	208,594	208,594		
27	Pension plan contributions				
28	Other employee benefits	32,592	32,592		
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	23,892	17,431	6,461	
34	Telephone	12,469	8,808	3,661	
35	Postage and shipping				
36	Occupancy	21,188	10,315	10,873	
37	Equipment rental and maintenance				
38	Printing and publications	21,944	10,303	11,641	
39	Travel	33,067	19,195	13,872	
40	Conferences, conventions, and meetings	54,495	6,440	48,055	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	3,199	3,199		
43	Other expenses (itemize): a Temporary Help	10,439	10,439		
b	Insurance	6,466	5,151	1,315	
c	Contractual Services	28,817	20,880	7,937	
d	Program Support	8,746	8,570	176	
e	Grants	19,100		19,100	
f	See Attached	19,989	10,913	9,076	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines 13-15.	504,997	372,830	132,167	

Part III **Statement of Program Service Accomplishments** (See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.	Expenses Required for section 501(c)(3) and (4) organizations; optional for others
a (Grants and allocations \$)	
b (Grants and allocations \$)	
c (Grants and allocations \$)	
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	

Part IV Balance Sheets

Note: Where required, attached schedules and amounts in the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
Assets						
45	Cash—noninterest-bearing			2,307	45	27,758
46	Savings and temporary cash investments				46	
47a	Accounts receivable	47a				
b	Less: allowance for doubtful accounts	47b		5,363	47c	79,493
48a	Pledges receivable	48a				
b	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less: allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges				53	
54	Investments—securities (attach schedule)				54	
55a	Investments—land, buildings, and equipment: basis	55a				
b	Less: accumulated depreciation (attach schedule)	55b			55c	
56	Investments—other (attach schedule)				56	
57a	Land, buildings, and equipment: basis	57a	39,364	11,023	57c	34,328
b	Less: accumulated depreciation (attach schedule)	57b	5,036			
58	Other assets (describe ►)			18,693	58	
59	Total assets (add lines 45 through 58)			18,693	59	141,579
Liabilities						
60	Accounts payable and accrued expenses			16,275	60	64,688
61	Grants payable				61	
62	Support and revenue designated for future periods (attach schedule)				62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64	Mortgages and other notes payable (attach schedule)				64	
65	Other liabilities (describe ►)				65	
66	Total liabilities (add lines 60 through 65)			16,275	66	64,688
Fund Balances or Net Assets						
Organizations that use fund accounting, check here ► ☐ and complete lines 67 through 70 and lines 74 and 75.						
67a	Current unrestricted fund			4,328	67a	13,468
b	Current restricted fund			(1,910)	67b	63,423
68	Land, buildings, and equipment fund				68	
69	Endowment fund				69	
70	Other funds (describe ►)				70	
Organizations that do not use fund accounting, check here ► ☐ and complete lines 71 through 75.						
71	Capital stock or trust principal				71	
72	Paid-in or capital surplus				72	
73	Retained earnings or accumulated income				73	
74	Total fund balances or net assets (see instructions)			2,418	74	76,891
75	Total liabilities and fund balances/net assets (see instructions)			18,693	75	141,579

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
John Teamer	Co-Chairman	- 0 -	- 0 -	- 0 -
Ollie Lee Taylor	Recording Secretary	- 0 -	- 0 -	- 0 -
Kenneth S. Allen	Treasurer	- 0 -	- 0 -	- 0 -

Part VI Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	X
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did your organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	78b	
c At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	78c	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	79	X
80a Are you related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)	80a	X
b If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt.		
81a Enter amount of political expenditures, direct or indirect, as described in the instructions. 81a	81a	X
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b	
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III: . . . 82b		
83a Did anyone request to see either your annual return or exemption application (or both)?	83a	
b If "Yes," did you comply as described in the instructions? (See General Instruction L.)	83b	
84a Did you solicit any contributions or gifts that were not tax deductible?	84a	
b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.)	84b	
85a Section 501(c)(5) or (6) organizations.—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).)	85a	
b If "Yes," enter the total amount spent for this purpose. 85b		
86 Section 501(c)(7) organizations.—Enter:		
a Initiation fees and capital contributions included on line 12. 86a		
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) . . . 86b		
c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	86c	
87 Section 501(c)(12) organizations.—Enter amount of:		
a Gross income received from members or shareholders 87a		
b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
88 Public interest law firms.—Attach information described in the instructions.		
89 List the states with which a copy of this return is filed ▶		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	90	
91 The books are in care of ▶ Telephone no. ▶ Located at ▶		
92 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return.— Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year. 92		

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

93 Program service revenue:

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees from government agencies		423,604			
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest on securities					
97 Net rental income (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income (loss) from personal property					
99 Other investment income					
100 Gain (loss) from sales of assets other than inventory					
101 Net income from special fundraising events					
102 Gross profit (loss) from sales of inventory					
103 Other revenue: (a) <u>Fundraisers</u>		18,322			
(b) <u>GMOC Aids Institute</u>		5,785			
(c) <u>Convention</u>		68,916			
(d) <u>In-Kind Donations</u>		11,239			
(e) <u>Others</u>		4,462			
104 Subtotal (add columns (b), (d), and (e))					
105 TOTAL (add line 104, columns (b), (d), and (e))					

(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets

Please
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

Paid
Preparer'sPreparer's
signature

Date

02/21/91

Check if
self-employed ☐

ZIP code

NATIONAL ASSOCIATION OF BLACK AND MEN TOGETHER
1989 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
23-2308853

PART II - STATEMENT OF FUNCTIONAL EXPENSES

Line 43 - Other Expenses

Advertising	8,451
Staff Training	1,317
Donations	1,050
Others	7,807
Membership	<u>1,364</u>
	<u>19,989</u>

Resume

Lee Y. Woo

3135 Courtland Avenue.
Oakland, CA 94619-2641
Home (415) 261-7922

EMPLOYMENT HISTORY:

- 09/90 - **Executive Director**
Present Bay Area HIV Support and Education Services of BWMT/MACT
- Responsible for the administration and management of a regional HIV education and support programs. Monitoring and ensuring compliance of six grants in meeting program deliverable. Develop, implement and evaluate programs and personnel for quality and Manage a staff of approximately 25 paid and non-paid.
- 03/90 - **Project Assistant - Technical Assistance**
08/90 National Task Force on AIDS Prevention of NABWMT
- Responsible for providing HIV prevention program technical program development, implementation evaluation and analysis. Met with chapter representatives to formulate the best strategies for their respective prevention programs
- 06/88 - **Fringe Benefits Accounting Clerk**
03/90 Bay Area Rapid Transit District
- Responsible for the District's Health Care Continuation Program (COBRA). Post payments and generated spreadsheet reports reflecting revenue and cost of different health care programs.
- 08/85 - **Supervisor - Direct Pay Accounts**
11/87 Kaiser Foundation Health Plan
- Supervised the Direct Pay Accounts Department of Membership Accounting. Billed and collected \$140 million in membership dues annually. Supervised a staff of 20 employees. Responsible for providing customer service to Kaiser Northern California Region's 233,000 individual pay and 129,000 medicare members, regional facilities, and to eleven Kaiser Regions. Assisted in the development and implementation of three computer systems, updated department's regional membership policies and improved member services.
- Alameda County Health Care Service Agency
- 09/84 - **Patient Services Manager - Highland General Hospital**
08/85
- Managed a 24 hours, Patient Services Unit operation. Supervised 35 employees. Additional areas of responsibility included Admitting and Registration units. Developed and coordinated the implementation of registration and eligibility policies and procedures for the Patient Services Unit and Admission and Registration Departments

08/80 - **Registration Chief - Fairmont Hospital**
09/84

Managed a 24 hour Patient Registration Department consisting of Emergency and Outpatient Registration, Admitting, Communication/Information and Transportation. Supervised 24 employees. Conducted work and forms simplification analysis, and staff training programs.

EDUCATION:

71 - 73 San Francisco City College, AA Degree (Gen Curr)
1/74 - 6/74 UCSF Management Intern Program - Management Curriculum
9/81 - 6/83 St Mary's College of CA, BA (Health Services Administration)
9/83 - 6/85 California State University, Hayward, MPA (Health Care Administration)

COMMUNITY SERVICE:

2/91 Member, Board of Director, The Center for AIDS Services
2/91 Member, Alameda County AIDS Advisory Board
10/90 Co-Chair, Gay Men of Color Consortium
10/89 - Pres Chair, Men of All Colors Together - Greater Bay Area
3/91 - Pres Member, Alameda County Care Council
10/91 - Pres Member, Board of Directors, National Association BWMT

Former Co-Chair, BWMT/MACT AIDS Task Force
Former Corresponding Secretary Board of Directors NABWMT
Former Member, Board of Directors, AIDS Project of the East Bay
Former Member, Board of Directors, San Francisco Gay and Lesbian Historical Society of Northern California
Former Chair, Black and White Men Together
Former Member, Society for Individual Rights

Kevin G. Brooks
495 48th St
Oakland, CA 94609
(415) 653-1966

Work Experience:

10/89 - Present

Bay Area HIV Support and Education Services
625 O'Farrell St
San Francisco, CA 94109

Position: Program Director/Support Services

Duties: Facilitation of Hot, Horny, and Healthy safer sex playshops and HIV support groups. Outreach to establishments Gay men of color patronize. Program development, design and implementation of HIV Survival Support Program (a support program for people living with AIDS). Program development, design, and implementation of organization's Transportation program. Public speaking representing the African American community (one of four panelist for people of color panel at Shanti). Consulting on issues pertinent to those infected with the HIV virus. Operation of McIntosh Apple PC and IBM compatible PC using Microsoft Word 4.0, Microsoft Works 3.0, Adulus Pagemaker 4.0, and PFS 3.0.

9/88 - 10/89

UC Berkeley Radio Station - KALX 90.7 FM
2311 Bowditch St
Berkeley, CA

Position: Producer, Engineer, Interviewer

Duties: Operation of console mixing board for environmental show by maintaining volume levels of interviewer and guests. Patching of incoming calls over the air. Recording and Editing of programs on Tascam reel to reel tape recorder. Producer of 13 week program on AIDS services for people of color in the East Bay (The Color of AIDS) from 6/89 - 8/89. Researched and Developed questions for guests. Interviewed guests. Engineered, Recorded, and Edited programs. Program was nominated for the California Medical Association's 1989 Awards for Media Excellence.

11/82 - 1/88

California State Automobile Association
100 Van Ness Avenue Bldg 1/Flr 6
San Francisco, CA

Supervisor: Mrs Dorothy McHugh

Position: Computer Programmer

Duties: Analyzing, Designing, Coding, Testing, and Implementation of programs for Membership application.

File Types: BDAM, VSAM, ISAM, and Variable length records (blocked and unblocked)

Software: Capex Optimizer, (CRCS) Carrier Route Coding System, (ZAP 2) Zip Code Attachment Program, (PFS) Page Formatting Service, Panvelet, Report Writer, IDCAMS, IEFBR14, IEBCOPY, IEBGENER, OSDITTO, OS/VS, VS1, VS2, MVS, CMS.

Hardware: IBM - 370, 3380, 3033, 3090.

Education: VSAM Concepts, CICS Concepts and Facilities (command Level).

1/81 - 6/81

Highland General Hospital
1411 East 31st St
Oakland, CA

Supervisor: Job secured through Kelly Temp Services

Position: Clerk

Duties: Assembled and filed Medical Charts, Discharge Summaries, and Operation Reports. Answered telephones and assisted with patient information.

12/76 - 12/80

UNITED STATES NAVY, USS Trenton LPD - 14

Position: 3rd Class Petty Officer - Radioman (RM3)

Duties: Maintained logs and files of all incoming and outgoing messages. Operated and performed maintenance on teletypes, transmitters, receivers, couplers, and antenna. Supervised eight seamen.

Education:

(AIDS Related):

2/2/90 - 2/11/90

Emotional Support Volunteer Training-
AIDS Project of the East Bay

4/17/90

Managing in the 90's: Managing Cultural Diversity-
AIDS Office(SPDPH), AIDS Service Providers, TASMA

4/18/90 - 4/19/90

Program Management: A Multicultural Approach-
Multicultural Training Resource Center

4/27/90 - 4/29/90

Weekend Training for Volunteer Group Facilitator-
AIDS Health Project, BWMT/MACT AIDS Task Force

(Other):

9/88 - 3/89

Laney College, Oakland, CA
Course in Radio Broadcasting Technics.

2/82 - 8/82

Computer Learning Center, San Francisco, CA

Certificate in Computer Programming

Course of study in Cobol, Assembler, RPG-2, and Advanced JCL. Worked with ISAM, VSAM, BDAM, and sequential files. Created various types of systems using editing. Table searches, and file maintenance procedures. JCL involved utility programs, instream procedures, default values, symbolic parameters, over-ride statements, and referbacks. Also worked with VM/CMS, OS/VS, VS1, DOS/VSE, and Power. All applications were implemented on an IBM 370/138.

4/81 - 12/81

College of Alameda, Alameda, CA

Major: Business

Minor: Merchandising

Honors: Deans List Fall Quarter 1981

References:

Available upon request.

**EARLY INTERVENTION RESOURCE CENTER SERVICES
(EIRC)
FOR THE CITY AND COUNTY OF SAN FRANCISCO**

COVER PAGE

NAME: Practical Support Services of
Bay Area HIV Support and Education
Services of Black and White Men
Together/Men of All Colors Together
(BAHSES-BWMT/MACT)

ADDRESS: 625 O'Farrell Street, San Francisco, CA
94109

CARE SERVICE AREA: Psycho/social Support

AUTHORIZED OFFICIAL: Lee Y. Woo
Program Director

BUDGET MANAGER: Robert Jensen
Administrative Assistant

FISCAL SPONSOR: Reggie Williams
Executive Director
National Task Force For AIDS Prevention
NABWMT

222005/436040/513010/NTFAP (8)

ABSTRACT

The services covered in this proposal will cover emotional and practical support with an emphasis on the practical. Education component is the catalyst that brings these programs together in a perfect marriage of all BAHSES' services and the Early Advocacy and Care for HIV (EACH) program. We found that in order for African American gay and bisexual men to use medical and social intervention and support services, they need to deal with some of the basic survival needs of marginal living environment. The practical support services will provide the conduit for this target population to access the available medical and social services.

ORGANIZATIONS' DESCRIPTION AND EXPERIENCE

BAHSES is a multiracial, multicultural organization with membership composed of individuals from the target population. It grew directly out of Black and White Men Together-San Francisco chapter and remains an integral part of that chapter and the newest chapter Men of All Colors Together - Greater Bay Area.

DESCRIPTION OF PROGRAM

TARGET POPULATION

The target population is gay and bisexual African American Men who are HIV positive in San Francisco, including asymptomatic, mildly symptomatic and persons with AIDS and ARC. The BAHSES program will provide practical support services to this particular population with referral to the agency's emotional support services (A description of the Emotional Support Program is included in the program description). The funding for this program will support our current Care grant by increasing our outreach in the African American community.

PROGRAM DESCRIPTION

Practical Support Services

The Tele-care program is the newest component of our practical support services. It is designed specifically for our clients--African American gay and bisexual men. Services include practical and emotional support in the form of home and hospital visitation, assistance with home maintenance until services can be obtained from other community agencies, regular contact to home-bound clients through telephone or home visits by BAHSES staff, and providing information and referral to clients needing medical services.

Transportation Services

A majority of our clients have little/not any insurance, are marginally employed, and/or are barely existing on their meager income. Subsidies for transportation as a services is crucial as it ensures that a client has a means to get to his support group, pick up his medication, visit his doctor, and make his other medical appointments. This service supports the Tele-care and support group programs by eliminating unnecessary barriers that would otherwise restrict access to these services due to lack of transportation funds by the clients.

Referral Program

Our referral program will be mainly to the EACH Program for individual treatment advocacy and counseling. This is a program that BAHSES currently sponsors as a member of the Gay Men of Color Consortium (GMOC). If a client is identified as needing health intervention assistance, they are referred to EACH or other appropriate programs for follow-up medical and social consultation.

BAHSES operates a 25+ week structured support group program that is divided into three modules. Module I (10 weeks) deals with feelings about HIV as well as emotional issues that impact people with HIV. Module II (15 weeks) is a more structured section that deals with such topics as general treatment information and available medical and social services. Unlike Modules I and II, Module III is directed by clients and has no time constraints. However, client(s) participation provides an ongoing emotional support by peers who have completed the prior modules. BAHSES continues to provide the clients with HIV informational updates and support as required.

Clients have the option to attend one or all three modules. The form of the support group provides a space for clients to deal with their issues, learn about how to control the effect/affect of the HIV disease, receive general treatment information, work on getting control over their life and promote healthier life-style behaviors.

In an effort to expand outreach and utilize the support group services to the underserved, the at-risk, and hard to reach groups, BAHSES will modify its outreach and HIV prevention education models to be sensitive and appropriate for the needs of our diverse target population - the African American communities. Working in conjunction with BAHSES' Playshop facilitators and Health Educators, Community Health Outreach Workers (CHOWS) will make a valuable addition to the education and support services teams. CHOWS are charged with the recruitment of clients into BAHSES' support services and intervention services of Early Advocacy and Care for HIV

(EACH) programs. These efforts are done concurrently while delivering appropriate and relevant safer sex and HIV risk reduction information to populations of people who otherwise would not receive these messages from other sources. BAHSES is committed to disseminating this information and providing support services to all people who otherwise might not be served.

It is projected that from the client contacts that we will be able to refer approximately 20 gay and bisexual African American men to BAHSES' support groups.

Support Group Recruitment

Support Group Members will be recruited through the following:

- Work with ATS sites counselors and clients when they receive their test result.
- Work with Playshop facilitators in providing information regarding the various services offered by BAHSES and other community organizations.
- Work with Health Educators at HIV Information Tables (H.I.T. Tables) to provide support services information.
- Work as part of the Agency's speakers bureau covering services provided by BAHSES and its Consortium members speaking to people of color organizations.
- Collaborate with other AIDS agencies in providing community health forums in the people of color communities.
- Participate in inter agency client referral programs to better utilize existing community services and resources

Staff Emotional Support

Emotional support for support group facilitators will be in the form of staff meetings, attendance at caregivers programs, and participation in seminars and annual retreats to deal with client and personal issues, and issues of loss.

BAHSES will work in collaboration with other caregivers to provide support, not only to facilitators, but the entire staff.

Substance Abuse Training

Since a number of the clients may have substance abuse co-factors it will be important for support group facilitators and practical support personnel to deal with these issues. Support service personnel will receive substance abuse trainings and on-going inservice through 18th Street Services and other substance abuse agencies in San Francisco.

Time Line

The following activities will occur during this grant period:

<u>Activity</u>	<u>Period:</u>
Send out job announcements for positions	May 31, 91
Start program and hire staff	July 1, 91
Place ads for CHOWS and train Practical Support Personnel by	July 31, 91
Conduct media campaign for support groups	Aug 30, 91
Complete Support Group Facilitator Training	Aug 31, 91
Conduct first Community Forum by	Sep 30, 91
Conduct media campaign for support groups	Oct 31, 91
Complete program evaluation	Dec 15, 91
Place ads for CHOWS and Practical Support Personnel by	Jan 15-31, 92
Complete Second Community Health Forum	Feb 15, 92
Complete CHOWS and Practical Support Personnel training by	Mar 1, 92
Complete Third Community Health Forum	Jun 15, 92
End of program and evaluation	Jun 30, 92

Definition of Units of Services

Units of service are defined as the number of hours or portion thereof spent in direct contact with clients and in conference with others about specific treatment advocacy activities that are client related.

Units of services for practical support services are defined as each 15 minutes of client contact. 50 client contacts per month, 600 client contacts of 15 minutes ($600 \times 4 = 2400$ units of service).

Evaluation

To determine the effectiveness of the practical support services, BAHSES will use a client satisfaction evaluation form. The evaluation form is designed to give feedback on the individual's satisfaction, and evaluate the effectiveness of the program. The HSSP Evaluation form gives a break down regarding degrees of satisfaction with each category indicated. This method of evaluation will provide the necessary input to allow program staff to modify the program and its services to meet the needs of our clients.

Program Organization

Personnel

1.0 FTE Site Program Coordinator (\$27,000 per year) will coordinate the Telecare, transportation, and education programs at the site. Responsibilities include program coordinating, CHOW supervision, client intake, and assignment with referral to BAHSES Emotional Support Program and/or other community services.

.50 Administrative Assistant for Program (\$22,000 per year) is responsible for the administration support to the Site Program Coordinator.

Department of Public Health - Program Budget

Contractor's Name: BAHSES BWMT?MACT

Page 1 of 5

Term of Contract: JULY 1, 1991-June 30, 1992

Submission Date: April 4, 1991

(Check One) New ☒ Renewal ☐ Modification ☐

Effective Date of Mod. _____ No. of Mod. _____

Cost Center Name Practical Education Support

Exhibit Reference-Page No.(s)

Expenditures

					TOTALS
A. Salaries & Benefits	\$46,740	\$	\$	\$	\$46,740
B. Operating Expense	\$12,893	\$	\$	\$	\$12,893
C. Capital Expenditure	\$	\$	\$	\$	\$
D. Subcontracts	\$	\$	\$	\$	\$
Gross Cost	\$59,633	\$	\$	\$	\$59,633
E. Indirect Costs	\$ 5,367	\$	\$	\$	\$ 5,367
Percent of Gross Cost	9%				9%
Adjusted Gross Cost	\$65,000	\$	\$	\$	\$65,000

Revenues

Ad Valorem	\$	\$	\$	\$	\$
Grants:					
EIRC	\$65,000	\$	\$	\$	\$65,000
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Client Fees:	\$	\$	\$	\$	\$
Private Sources:					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Total Revenues	\$65,000	\$	\$	\$	\$65,000

Units of Service 2,400 2,400

Cost Per Unit of Service \$27.08 \$27.08

Units of Svc. Divided by

Adjusted Gross Cost

Prepared by: Signature Date

Program Review Signature:

OCMC Review Signature:

31366-616

Department of Public Health - Cost Center Budget by Funding Source					Page <u>2</u> of <u>5</u>
Contractor's Name: BAHSES - BWMT/MACT					
Term of Contract: July 1, 1991-June 30, 1992					
Submission Date: April 4, 1991					
Cost Center Name: Practical/Educ.					
(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 \$46,740
B. Operating Expense	\$				\$12,893
C. Capital Expenditure	\$				\$
D. Subcontracts	\$				\$
Gross Cost	\$				\$59,633
E. Indirect Costs	\$				\$5,367
Percent of Gross Cost		%		%	9 %
Adjusted Gross Cost	\$				\$65,000
Units of Service					
Cost Per Unit of Service	\$				\$
Units of Svc. Divided by					
Adjusted Gross Cost					
			Signature	Date	
Prepared by :					
Program Review Signature:					
OCMC Review Signature:					31365-5281

Department of Public Health Salaries and Benefits Detail

Contractor's Name: BAHSES - BWMT/MACT

Page 3 of 5

Term of Contract: July 1, 1991-June 30, 1992

31360.46685

Submission Date: April 4, 1991

Post Center Name: Practical Support

Check One) New ☒ Renewal ☐ Modification ☐

Salaries and FTE's	Fiscal Year		Fiscal Year		Difference
Position Title	FTE	Amount	FTE	Amount	Incr (Decr)
Site Program Coordinator	1.0	\$	1.0	\$ 27,000	\$
Administrative Assistant			.50	11,000	
Total Salaries		\$		\$ 38,000	\$
II. Benefits		\$		\$ 8,740	\$
Total Salaries and Benefits		\$		\$ 46,740	\$

BUDGET NARRATIVE

Personnel

1.0 FTE Site Program Coordinator (\$27,000 per year) will coordinate the Telecare, transportation, and education programs at the site. Responsibilities include program coordinating, CHOW supervision, client intake, and assignment with referral to BAHSES Emotional Support program and/or other community services.

.50 Administrative Assistant for Program (\$22,000 per year) is responsible for administrative support to the Site Program Coordinator.

Fringe Benefits

Fringe benefits (\$8,740) are calculated at 23% of gross salaries. Composition of fringe benefit cost is detailed below:

<u>Item</u>	<u>Annual Cost</u>	<u>Meth. of Determ.</u>
FICA (Employers' portion)	\$2,907	7.65% x \$38,000
SDI (Employers' portion)	336	1.00% x \$38,000
FUTA	168	1.19% x \$14,000
Medical, Vision and Dental	\$4,560	\$190 per mo. for 1.5 positions.
Life and AD&D Insurance	218	Based upon empl. inc.
Workers' Compensation	<u>551</u>	\$1.45/100 of \$38,000
	\$8,740	

Department of Public Health Operating Expense Detail

Contractor's Name BAHSES - BWMT/MACT

Page 4 of 5

Term of Contract July 1, 1991-June 30, 1992

34368-48685

Submission Date: April 4, 1991

Cost Center Name: Practical Sup. & Education

(Check One) New ☒ Renewal ☐ Mod. ☐

Expenditure Category	FY	FY 91-92	Difference
	Amount	Amount	Incr (Decr)
Building Maintenance and Repair	\$	\$	\$
Building Maintenance Supplies			
Consultation			
Insurance			
Office Supplies		900	
Postage		600	
Printing and Reproduction		1,200	
Rental of Office & Other Equipment			
Rental of Property			
Scavenger			
Staff Training		1,650	
Staff Travel- Local		303	
Staff Travel and Conf. Out-of-town			
Utilities (Elec., Water, Gas, Tele.)		840	
Other:			
Educational Material		900	
Promotion & Advertising		1,500	
CHOWS		5,000	
Total Operating Expenses	\$	\$ 12,893	\$

BUDGET JUSTIFICATION

Operating Expenses

Office Supplies	(\$900)	Supplies are calculated at a rate of \$75 per month for a 12 month annual budget of \$900. ($75 \times 12 = 900$)
Postage	(\$600)	Postage is for mailing of brochures, flyers, correspondence, and other material to social and medical agencies regarding available services ($50.00 \times 12 = \$600$)
Printing and Reproduction	(\$1200)	These funds will be used in the preparation of outreach, training and client information brochure. (100.00×12 months)
Staff Training	(\$1650)	Funds are for outside training classes and seminars.
Staff Travel (Local)	(\$303)	Transportation costs for staff and clients for travel within San Francisco. (calculated @ $0.26/\text{mile} \times 1165$ miles)
Utilities-Telephone	(\$840)	Monthly telephone charges for the Site Program Coordinator and Assistant ($70 \times 12 = \$840$)

BUDGET JUSTIFICATION

Other:

Educational	(\$900)	Materials for Practical Support Groups i.e., training and support group materials. Information packets, condoms, and materials for clients at the time of intake interview.
Promotion Advertising	(\$1500)	This is for the development and distribution of materials i.e., Ads, PSAs, articles, flyers, support group flyers to promote and advertise the support groups to the target population. (\$125 x12 mo)
CHOWS	(\$5,000)	Community Health Outreach Workers. Workers are paid on a per diem basis of \$10.00 per hour worked.(500 hrs x \$10.00=\$5000).

Department of Public Health Indirect Costs Detail

Page 5 of 5

Contractor's Name BAHSES - BWMT/MACT

Term of Contract July 1, 1991-June 30, 1992

Submission Date: April 4, 1991

Cost Center Name: Practical Support Education

(Check One)	New	☒	Renewal	☐	Modification	☐
-------------	-----	-------------------------------------	---------	--------------------------	--------------	--------------------------

I. Salaries	Fiscal Year	Fiscal Year 91-92	Difference
-------------	-------------	-------------------	------------

Position Title	FTE	Amount	FTE	Amount	Incr (Decr)
----------------	-----	--------	-----	--------	-------------

	\$	\$	\$
--	----	----	----

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[illegible]

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--	--	--	--	--	--

Total Salaries	\$	.	\$	.	\$
----------------	----	---	----	---	----

Total Salaries					
11. Pension					

II. Benefits					

Total Salaries and Benefits	\$	\$	\$
-----------------------------	----	----	----

III. Operating Expenses	
-------------------------	--

Bookkeeping/Accts. time	\$	\$ 4,200	\$
-------------------------	----	----------	----

Supplies		192
----------	--	-----

Supplies					

A horizontal timeline with two shaded rectangular blocks representing periods of absence.

[illegible]

NABWMT (1.5%)-contract fee		975	
----------------------------	--	-----	--

[illegible]

Page 1 of 1

Total Indirect Costs			5,367	
----------------------	--	--	-------	--

Total indirect costs	10000	10000	10000
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Indirect

This amount (\$5,367) represents 9% to agency support. The NABWMT will receive \$975.00 (1.5% of \$65,000-the gross budget amount) for contract assistance.

**COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT
(CARE)
FOR THE CITY AND COUNTY OF SAN FRANCISCO**

COVER PAGE

NAME: Emotional Support Services of
Bay Area HIV Support and Education
Services of Black and White Men
Together/Men of All Colors Together
(BAHSES-BWMT/MACT)

ADDRESS: 625 O'Farrell Street, San Francisco, CA
94109

CARE SERVICE AREA: Psycho/social Support

AUTHORIZED OFFICIAL: Lee Y. Woo
Program Director

BUDGET MANAGER: Robert Jensen
Administrative Assistant

FISCAL SPONSOR: Reggie Williams
Executive Director
National Task Force For AIDS Prevention
NABWMT

ORGANIZATIONS' DESCRIPTION AND EXPERIENCE

BAHSES is a multiracial, multicultural organization with membership composed of individuals from the target population. It grew directly out of Black and White Men Together-San Francisco chapter and remains an integral part of that chapter.

DESCRIPTION OF PROGRAM

TARGET POPULATION

The target population is a gay and bisexual African American Men who are HIV positive in San Francisco

There is minimal emotional support services for this population in with respect to HIV education and treatment advocacy. BAHSES program can provide emotional support services to this particular population.

PROGRAM DESCRIPTION

We have a 25+ week structured support group program that is divided into three modules. Module I (10 weeks) deals with feelings about HIV as well as emotional issues that impact people with HIV. Module II (15 weeks) is a more structured section that deals with such topics as general treatment information and available medical and social services. Unlike Modules I and II, Module III is client directed and has no time constraints. However, client(s) participation provides an on going emotional support by peers who have completed the prior modules. BAHSES continues to provide the clients with HIV information update and support as required.

Clients have the option to attend one or all three modules. The form of the group support provides a space for clients to deal with their issues, learn about how to control the effect/affect of the HIV disease, receive general treatment information, work on getting control over their life and promote healthier life-style behaviors.

Group facilitators will be trained in collaboration with the AIDS Health Project of UCSF and will be funded through a special grant from the San Francisco Foundation. Facilitators will be recruited from the African American community i.e., support groups, through outreach, and advertisement.

Clients are referred to other community agencies for special practical and emotional support. Referral agencies include: E.A.C.H., Westside Community Mental Health, Shanti, Project Informed, AIDS Treatment News and AIDS Health Project, etc.

Although BAHSES currently have on-going support groups, it will take at least 1-2 months to train more group facilitators who can then lead the subject support groups. There will be two facilitators per group. During this contract period, we intend to provide 10 additional support groups and will enroll 10 African American clients each.

Time Line

The following activities will occur during this grant period:

Send out job announcements for positions	Apr 1, 91
Start program and hire staff	May 1, 91
Place ads for facilitators	May 30, 91
Conduct media campaign for support groups	Jun 1, 91
Conduct Support Group Facilitator Training	Jun 15, 91
Start first support group	Jun 30, 91
Start second support group	Jul 15, 91
Start third support group	Jul 31, 91
Conduct media campaign for support groups	Aug 1, 91

Bay Area HIV Support and Education Services BWMT/MACT
(BAHSES-BWMT/MACT)
Federal Care - Formula
May 1, 1991 - April 30, 1992

Exhibit A
pg. 3

Start fourth support group	Aug 31, 91
Start fifth support group	Sep 15, 91
Place ads for facilitators	Sep 15, 91
Support groups evaluation	Sep 30, 91
Start sixth support group	Oct 15, 91
Conduct media campaign for support groups	Oct 15, 91
Conduct Support Group Facilitator Training	Oct 31, 91
Start seventh support group	Nov 15, 91
Start eighth support group	Dec 1, 91
Place ads for facilitators	Dec 15, 91
Conduct media campaign for support groups	Dec 15, 91
Start ninth support group	Jan 15, 92
Support group evaluation	Jan 31, 92
Start tenth support group	Feb 15, 92
Conduct media campaign for support groups	Mar 15, 92
Conduct Support Group Facilitator Training	Apr 15, 92
End of program and evaluation	Apr 30, 92

Summary

Overall, this program will be staffed with a combination of paid and non-paid staff. For the support groups, we will recruit and train 8 group facilitators during the first 2-3 months.

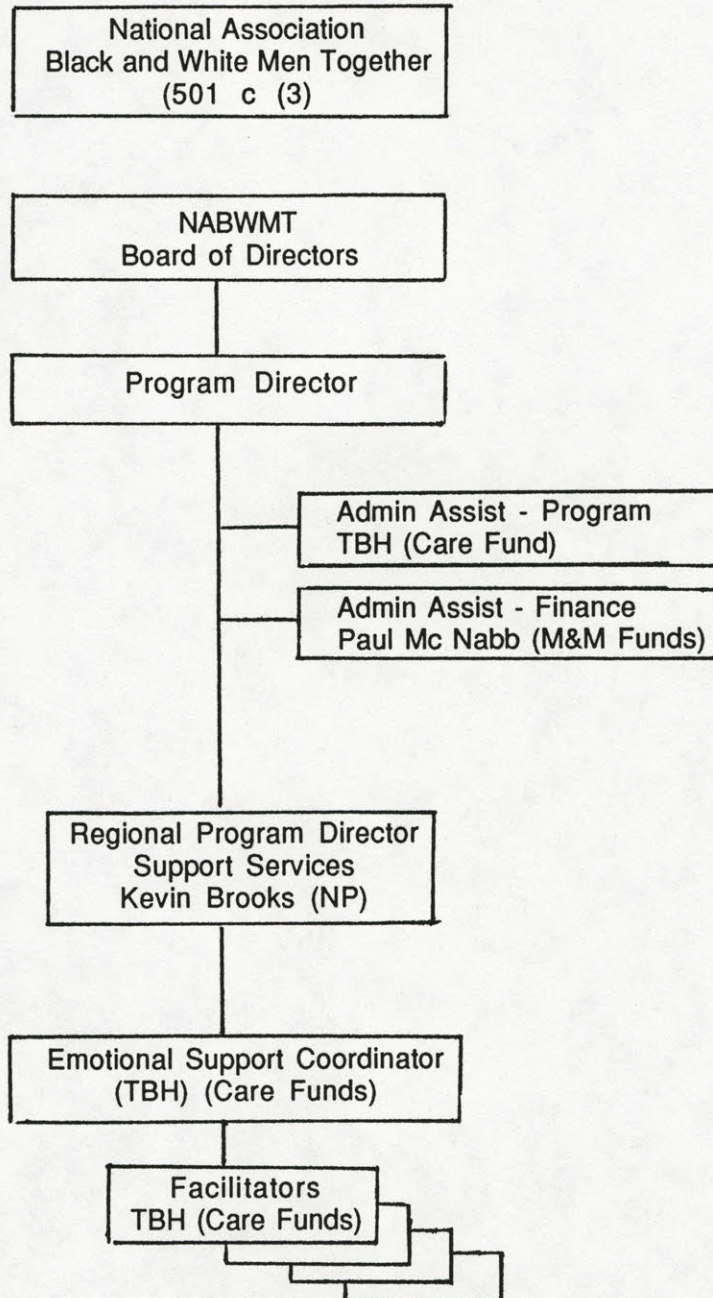
Definition of Units of Services

Units of service are defined as the number of hours or portion thereof spent in direct contact with clients and in conference with others about specific treatment advocacy activities that are client related.

Units of services for emotional support services are defined as each hour of client contact. Ten support groups of 10 participate over 25 weeks at 1.5 hours each. $(10 \times 10 = 100 \times 25 = 2500 \times 1.5 = 3750$ units of service)

BAHSES-BWMT/MACT ORGANIZATION CHART

(Care Funds)



Department of Public Health - Program Budget					Page 1 of 5
Contractor's Name: BAHSES - BWMT/MACT					
Term of Contract: May 1, 1991 - Apr. 30, 1992					
Submission Date: March 6, 1991					
(Check One) New ☒ Renewal ☐ Modification ☐					
Effective Date of Mod. _____ No. of Mod. _____					
Cost Center Name		Emotional			
Exhibit Reference-Page No.(s)					
Expenditures					
					TOTALS
A. Salaries & Benefits	\$52,644	\$	\$	\$	\$ 52,644
B. Operating Expense	\$16,163	\$	\$	\$	\$ 16,163
C. Capital Expenditure	\$	\$	\$	\$	\$
D. Subcontracts	\$	\$	\$	\$	\$
Gross Cost	\$68,607	\$	\$	\$	\$ 68,607
E. Indirect Costs	\$ 6,193	\$	\$	\$	\$ 6,193
Percent of Gross Cost	9%				
Adjusted Gross Cost	\$75,000	\$	\$	\$	\$ 75,000
Revenues					
Ad Valorem	\$	\$	\$	\$	\$
Grants:					
CARE	\$75,000	\$	\$	\$	\$ 75,000
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Client Fees:	\$	\$	\$	\$	\$
Private Sources:					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Total Revenues	\$75,000	\$	\$	\$	\$ 75,000
Units of Service	2,400				2,400
Cost Per Unit of Service	\$ 31.25	\$	\$	\$	\$ 31.25
Units of Svc. Divided by					
Adjusted Gross Cost					
Signature		Date			
Prepared by:					
Program Review Signature:					
OCMC Review Signature:					

Department of Public Health - Cost Center Budget by Funding Source					Page <u>2</u> of <u>5</u>
Contractor's Name: BAHSES - BWMT/MACT					
Term of Contract: May 1, 1991 - Apr. 30, 1992					
Submission Date: March 6, 1991					
Cost Center Name: Emotional Support					
(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	\$		\$		\$ 52,644
B. Operating Expense	\$		\$		\$ 16,163
C. Capital Expenditure	\$		\$		\$
D. Subcontracts	\$		\$		\$
Gross Cost	\$		\$		\$ 68,607
E. Indirect Costs	\$		\$		\$ 6,193
Percent of Gross Cost		%		%	9.0 %
Adjusted Gross Cost	\$		\$		\$ 75,000
Units of Service					
Cost Per Unit of Service	\$		\$		\$ 750
Units of Svc. Divided by					
Adjusted Gross Cost					
			Signature	Date	
Prepared by :					
Program Review Signature:					
OCMC Review Signature:					31366.6281

Department of Public Health Salaries and Benefits Detail

Contractor's Name: BAHSES - BWMT/MACT

Page 3 of 5

Term of Contract May 1, 1991 - Apr. 30, 1992

31360, 48685

Submission Date: March 6, 1991

ost Center Name: Emotional Support

Check One)	New	☒	Renewal	☐	Modification	☐
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Salaries and FTE's

Fiscal Year 91 - 92

Fiscal Year⁹¹ - 92

Difference

Position Title

.....
| FTE

.....	Amount
1000	1000
2000	2000
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000
9000	9000
10000	10000
11000	11000
12000	12000
13000	13000
14000	14000
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FTE

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Program Director

.13

4,800

\$ 4,800

\$

Emotional Spt. Grp Coord

d 1.

27,000.

27,000

Administrative Asst.

1.50

11,000

11,000

Category	Amount
Total Salaries	100000

\$ 42,800

\$ 42,800

1

II. Benefits

\$ 9,844

9,844

3

Category	2023	2024	2025	2026	2027	2028	2029	2030	Total
Salaries	1000000	1050000	1100000	1150000	1200000	1250000	1300000	1350000	10000000
Benefits	200000	210000	220000	230000	240000	250000	260000	270000	2000000
Total Salaries and Benefits	1200000	1260000	1320000	1380000	1440000	1500000	1560000	1620000	12000000

\$ 52,644

52,644

1

Exhibit A-1

BUDGET JUSTIFICATION

Personnel

.13 FTE Program Director (\$32,000 per year) to provide management and administrative direction to the program.

1.0 FTE Emotional Support Group Coordinator (\$27,000 per year) to coordinate the support groups services and training. Responsibilities include recruiting, training and supervising non-paid staff.

.50 Administrative Assistant (\$22,000 per year) are responsible for the administration support to the Program Outreach Coordinator of the program.

Fringe Benefits

Fringe benefits (\$9,844) are calculated at 23% of gross salaries. Factors provided by the Department of Health at in informational meetings. Composition of fringe benefit cost is detailed below:

<u>Item</u>	<u>Annual Cost</u>
FICA (Employers' portion)	\$3,274
SDI (Employers' portion)	332
FUTA	250
Medical, Vision and Dental	4,777
Life and AD&D Insurance	591
Workers' Compensation	<u>620</u>
	\$9,844

Department of Public Health Operating Expense Detail

Contractor's Name BAHSES - BWMT/MACT

Page 4 of 5

Term of Contract May 1, 1991 - Apr. 30, 92

31360-48685

Submission Date: March 6, 1991

Cost Center Name: Emotional Support

(Check One) New ☒ Renewal ☐ Mod. ☐

Expenditure Category	FY	FY 91 - 92	Difference
	Amount	Amount	Incr (Decr)
Building Maintenance and Repair	\$	\$	\$
Building Maintenance Supplies			
Consultation			
Insurance			
Office Supplies		600	
Postage		403	
Printing and Reproduction		03 1000	
Rental of Office & Other Equipment		1200	
Rental of Property		2400	
Scavenger			
Staff Training		500	
Staff Travel- Local		600	
Staff Travel and Conf. Out-of-town			
Utilities (Elec., Water, Gas, Tele.)		360	
Other:			
Educational Material		600	
Promotion & Advertising		1000	
Trainers & Facilitators		7500	
Total Operating Expenses	\$	\$ 16,163	\$

Exhibit A-1

BUDGET JUSTIFICATION

Operating Expenses

Office Supplies	(\$600)	Supplies are calculated at a rate of \$50 per month for 12 months an annual budget of \$600. ($50 \times 12 = 600$)
Postage	(\$403)	Postage is for mailing of brochures, flyers, correspondence, and other material to social and medical agencies regarding available services ($33.60 \times 12 = 403$)
Printing and Reproduction	(\$1000)	These funds will be used in the preparation of outreach, training and client information brochures.
Rental of and other Equipment	(\$1200)	BAHSES will lease one Macintosh Office Classic computer.
Rental of Property	(\$2400)	This represents a contribution of \$200 per month toward rent for BAHSES' support group facilities. This contribution equals 31.8% of the monthly rental costs of \$627.50 or \$.78 per square foot.
Staff Training	(\$500)	Funds are for outside training classes and seminars.
Staff Travel (Local)	(\$600)	Transportation costs for staff and clients for travel within San Francisco.

Exhibit A-1

BUDGET JUSTIFICATION

Operating Expenses (Con't)

Utilities	(\$360)	This is for an additional telephone for the Emotional Support Group Coordinator.
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Other:

Educational Materials	(\$600)	Support Group Facilitators materials i.e., training and support group manuals Client information packets and intake materials.
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Promotion Advertising	(\$1000)	This is for the development and distribution of materials i.e., Ads, PSAs, articles, flyers, support group flyers to promote and advertise the support groups services to the target population.
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Facilitators	(\$7500)	This line item represents payments to support group facilitators at the rate of \$25.00 per facilitator per session. There are two facilitators for each group. Each support group meets for 25 sessions. This translates into \$1250per group (25 weeksx \$50/session = \$1250). There are 10 groups with the total cost of \$12,500. This line item request cover 60% of the total cost.
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Department of Public Health Indirect Costs Detail

Contractor's Name BAHSES - BWMT/MACT

Page 5 of 5

Term of Contract May 1, 1991 - Apr. 30, 1992

Submission Date: March 6, 1991

Cost Center Name:Emotional Support

(Check One)	New ☐	Renewal ☐	Modification ☐
-------------	------------------------------	----------------------------------	---------------------------------------

I. Salaries	Fiscal Year		Fiscal Year 91-92		Difference
Position Title	FTE	Amount	FTE	Amount	Incr (Decr)
		\$		\$	\$
Total Salaries		\$		\$	\$
II. Benefits		\$		\$	\$
Total Salaries and Benefits		\$		\$	\$
III. Operating Expenses					
Bookkeeping		\$		\$ 2400	\$
Fiscal Management Services				2400	
Audit				750	
Payroll Services				643	
Total Indirect Costs		\$		\$ 6,193	\$

Bay Area HIV Support and Education Services BWMT/MACT
(BAHSES-BWMT/MACT)
Federal Care - Formula
May 1, 1991 - April 30, 1992

Exhibit A-1

BUDGET JUSTIFICATION

Indirect

This amount (\$6193) represents 9% to agency's fiscal sponsor for fiscal and administrative support.

**COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT
(CARE)
FOR THE CITY AND COUNTY OF SAN FRANCISCO**

COVER PAGE

NAME: Practical Support Services of
Bay Area HIV Support and Education
Services of Black and White Men
Together/Men of All Colors Together
(BAHSES-BWMT/MACT)

ADDRESS: 625 O'Farrell Street, San Francisco, CA
94109

CARE SERVICE AREA: Psycho/Social Support

AUTHORIZED OFFICIAL: Lee Y. Woo
Program Director

BUDGET MANAGER: Robert Jensen
Administrative Assistant

FISCAL SPONSOR: Reggie Williams
Executive Director
National Task Force For AIDS Prevention
NABWMT

Dated: Apr 26, 1991

**National Association of Black and White Men Together
(NABWMT)
FEDERAL CARE - SUPPLEMENTAL
July 1, 1991 - June 30, 1992**

Exhibit A
page 2

ORGANIZATION DESCRIPTION AND EXPERIENCE

Bay Area HIV Support And Education Services (BAHSES) is a multiracial, multicultural organization with membership composed of individuals from the target population. It grew directly out of Black and White Men Together-San Francisco chapter and remains an integral part of that chapter. The fiscal agent for this contract will be the National Association of Black and White Men Together (NABWMT). The program will be managed by the National Task Force on AIDS Prevention which will function as a management team and provide technical assistance to BAHSES. BAHSES will operate the program of services.

DESCRIPTION OF PROGRAM

TARGET POPULATION

The target population is gay and bisexual African American men who are HIV positive in San Francisco, including asymptomatic, mildly symptomatic and persons with AIDS and ARC. The program will provide practical support services to this particular population.

PROGRAM DESCRIPTION

A majority of our clients have no or little insurance, are marginally employed, and/or are barely existing on their meager income. Subsidies for transportation as a services is crucial as it ensures that a client has a means to get to his support group, pick up his medication, visit his doctor, and make his other medical appointments. This service supports the Tele-care and support group programs by eliminating unnecessary barriers that would otherwise restrict access to these services due to lack of transportation funds by the clients.

Definition of Units of Services

Units of service are defined as the number of African-American clients attending the 25+ week structured support group program.

BAHSES intends to serve 100 unduplicated clients. Units of services for practical support services are defined as each clients' attendance per group held. Ten support groups of seven average participants/group over 25 weeks. $10 \times 7 = 70 \times 25 = 1750$ units of service.

Evaluation

Effectiveness of the transportation program will be evaluated based on the regular attendance at the support group(s) and the services provided for individual client(s)' medical appointments.

Department of Public Health - Program Budget						Page 1 of 3
Contractor's Name: BAHSES - BWMT/MACT						
Term of Contract: July 1, 1991 - June 30, 1992						
Submission Date: April 26, 1991						
(Check One) New ☒ Renewal ☐ Modification ☐						
Effective Date of Mod. _____ No. of Mod. _____						
Cost Center Name Spt. Grps Emotional Practical						
Exhibit Reference-Page No.(s)						
Expenditures						
					TOTALS	
A. Salaries & Benefits	\$ 52,644	\$	\$	\$	\$ 52,644	
B. Operating Expense	\$ 16,163	\$ 5,000	\$	\$	\$ 21,163	
C. Capital Expenditure	\$	\$	\$	\$	\$	
D. Subcontracts	\$	\$	\$	\$	\$	
Gross Cost	\$ 68,807	\$	\$	\$	\$ 73,807	
E. Indirect Costs	\$ 6,193	\$	\$	\$	\$ 6,193	
Percent of Gross Cost	9%					
Adjusted Gross Cost	\$ 75,000	\$	\$	\$	\$ 80,000	
Revenues						
Ad Valorem	\$	\$	\$	\$	\$	
Grants:						
CARE: Formula	\$ 75,000	\$	\$	\$	\$ 75,000	
CARE: Supplemental	\$	\$ 5,000	\$	\$	\$ 5,000	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
Client Fees:	\$	\$	\$	\$	\$	
Private Sources:	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
Total Revenues	\$ 75,000	\$ 5,000	\$	\$	\$ 80,000	
Units of Service	2,625	1,750				
Cost Per Unit of Service	\$ 28.57	\$ 2.86	\$	\$	\$	
Units of Svc. Divided by						
Adjusted Gross Cost						
Prepared by:	Signature			Date		
Program Review	Signature			Date		
OCMC Review Signature:						

\$1366.636

Department of Public Health - Cost Center Budget by Funding Source

Contractor's Name: BAHSES - BWMT/MACT

Page 2 of 3

Term of Contract: July 1, 1991 - June 30, 1992

Submission Date: April 26, 1991

Cost Center Name: Practical Support

(Check One) New ☒ Renewal ☐ Modification ☐

Effective Date of Mod. _____ No. of Mod. _____

Funding Source and

Term of Funds

Exhibit Reference-Page No.

Expenditures

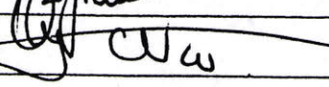
					TOTALS
A. Salaries & Benefits	\$	\$	\$	\$	\$
B. Operating Expense	\$	\$	\$	\$	\$ 5,000
C. Capital Expenditure	\$	\$	\$	\$	\$
D. Subcontracts	\$	\$	\$	\$	\$
Gross Cost	\$	\$	\$	\$	\$ 5,000
E. Indirect Costs	\$	\$	\$	\$	\$
Percent of Gross Cost		%	%	%	%
Adjusted Gross Cost	\$	\$	\$	\$	\$ 5,000

Units of Service

Cost Per Unit of Service \$ 2.86

Units of Svc. Divided by

Adjusted Gross Cost

	Signature	Date
Prepared by:		<u>4/26/91</u>
Program Review Signature:		<u>4/26/91</u>
OCMC Review Signature:		

31355.6281

Department of Public Health Operating Expense Detail

Contractor's Name BAHSES - BWMT/MACT

Page 3 of 3

Term of Contract July 1, 1991-June 30, 1992

34360-48685

Submission Date: April 26, 1991

Cost Center Name: Practical Support

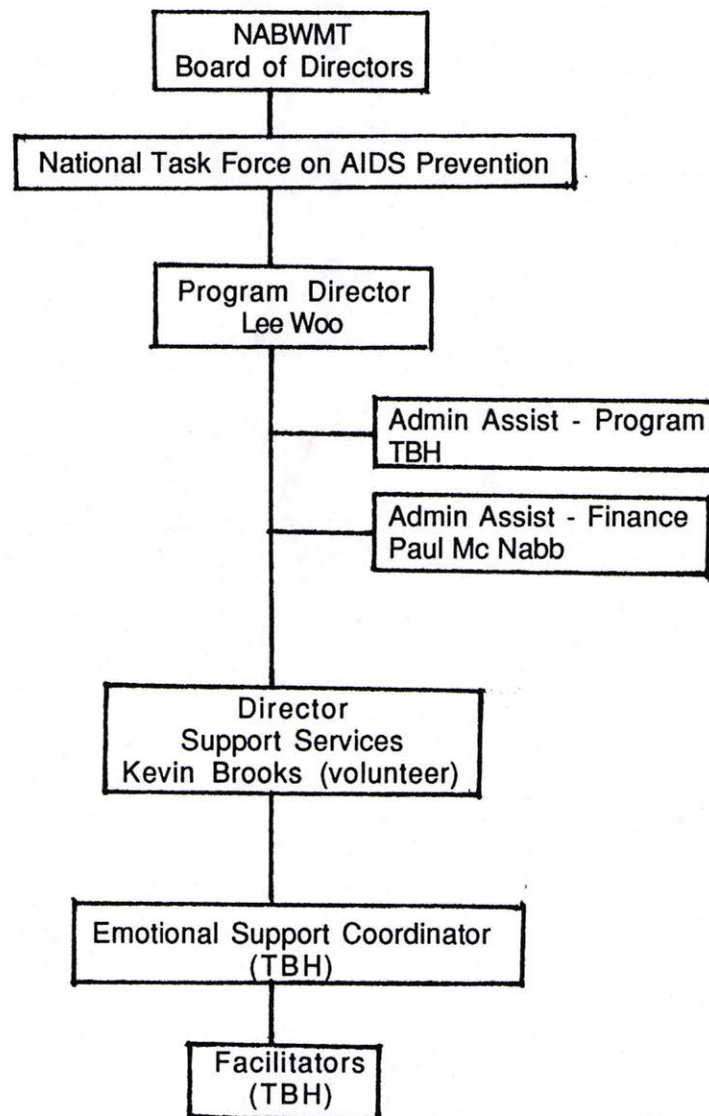
(Check One) New ☐ Renewal ☐ Mod. ☐

Expenditure Category	FY	FY 1991-92	Difference
	Amount	Amount	Incr (Decr)
Building Maintenance and Repair	\$	\$	\$
Building Maintenance Supplies			
Consultation			
Insurance			
Office Supplies			
Postage			
Printing and Reproduction			
Rental of Office & Other Equipment			
Rental of Property			
Scavenger			
Staff Training			
Staff Travel- Local			
Staff Travel and Conf. Out-of-town			
Utilities (Elec., Water, Gas, Tele.)			
Other:			
Client - Travel		5,000	
Total Operating Expenses	\$	\$ 5,000	\$

BUDGET NARRATIVE

Travel-client(s)	(\$5000)	To help support transportation services for program participants. Support will be in the form of travel vouchers. The cost is approximately \$416.67 x 12 months = \$5,000.
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ORGANIZATION CHART



**Memorandum of Understanding (MOU) between the National
Association of Black and White Men Together (NABWMT)/National
Task Force on AIDS Prevention (NTFAP) and the Bay Area HIV Support
and Education Services (BAHSES)**

This MOU defines the relationship between NABWMT/NTFAP and BAHSES in providing HIV services to African American gay and bisexual men supported by funds from the San Francisco Department of Public Health, AIDS Office during the contract period from July 1, 1991 through June 30, 1992

The NABWMT/NTFAP will act as fiscal agent for BAHSES and perform the following services for BAHSES.

1. Maintain an accounting system for BAHSES and tract expenses and income for the program outlined in the contract approved by the AIDS Office.
2. Provide budget reports to BAHSES on a monthly basis detailing the expenses as incurred by the program.
3. Provide payroll services for BAHSES and facilitate the tracking of employee accrual of vacation and sick leave benefits.
4. Provide health benefits to employees hired for this program including health, dental vision, life insurance, and state disability coverage.
5. Employees hired by BAHSES for this program will be governed by the personnel policies and procedures of the NABWMT/NTFAP until such time BAHSES has its own personnel and policies and procedures manual.
6. BAHSES will assure compliance with all contract requirements outlined in the contract with the AIDS office for HIV services for African American gay and bisexual men.

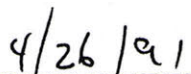
Signed:

Reggie Williams, Executive Director, NTFAP

Date



Lee Y. Woo, Regional Director, BAHSES



Date



625 O'FARRELL STREET
SAN FRANCISCO, CA 94109
415-749-6714 FAX 749-6706
P.O. BOX 811, OAKLAND, CA 94604



June 30, 1991

David Silven
Coordinator, Prevention/Education
UCSF AIDS Health Project
P.O. Box 0884
San Francisco, CA 94143-0884

Dear David:

Pursuant to the reporting requirements of the contracting agency in the San Francisco Foundation's Volunteer Facilitated Support Group Training Grant, please find attached the progress report for the period ending August 30, 1991. Should you have any additional requirements or questions, feel free to contact me at 749-6714.

Thank You

Kevin G. Brooks
Regional Program Director
Support Services

cc: Lee Woo
NTFAP

222005/513040/513110



San Francisco Foundation
Progress Report
June 30, 1991

Program Description

During this contract period, BAHSES has been contracted to collaborate with the AIDS Health Project in designing, promoting and conducting Volunteer Facilitated Support Group Trainings, monitoring support groups, and outreach to the gay and bisexual men of color communities.

Deliverables

The contract deliverables were to recruit gay and bisexual men of color to participate in the Volunteer Facilitated Support Group Trainings, and produce one (1) ongoing support group.

Activities Related to Deliverables

Recruitment:

BAHSES has been instrumental in recruiting men and women of color to participate in the Volunteer Facilitated Support Group Trainings. These participants have been from various communities and have volunteered for BAHSES and/or other organizations, or gone on to create support programs for their own organizations. To date, BAHSES has recruited ten (10) people of color to participate in the Volunteer Facilitated Support Group Trainings.

Development of Training Program:

In collaboration with the AIDS Health Project, BAHSES has helped to develop a training program that is multicultural and can be used as a building block for culturally specific support group programs within the various communities of color (ie: Latino, Asian/Pacific Islander, Native American, and African-American) as well as the European-American community.

Participation in Training Program:

BAHSES has had a high level of participation in the Volunteer Facilitated Support Group Trainings. Our involvement has ranged from facilitating various segments to providing experienced speakers and panelists. To date, BAHSES has participated in two (2) trainings with the AIDS Health Project and a third is scheduled for the weekend of July 12, 13, 14, 1991.

Support Group Description:

Through this contract with the AIDS Health Project, BAHSES has been charged with starting one (1) on-going support group. This group started on September 5, 1990 and at this point is on going. The members went through two (2) modules spanning twentyfive plus (25+) weeks of discussing various topics. This group currently in module three (3), has continued to meet on their own in member homes.

Outside guests, such as Doctors and Lawyers were called in to discuss legal and medical issues. Safer sex and relapse issues were discussed through the use of our Hot, Horny, and Healthy playshop. The members also took a look at the various aspects of their life through written and group exercises. These exercises were in turn used as topics for group discussion.

Along with this group, BAHSES currently has four (4) more groups in various stages of our support group program. To date, BAHSES has started six (6) support groups with a total number of 35 clients.

Promotional Materials:

These materials have not yet been developed. Our organization is dissatisfied with the agency assigned to assist with developing the culturally specific promotional materials requested. This dissatisfaction has forced us to look for another agency to assist in the development of a support services poster. The major problems in the development of promotional materials are:

- ◆ After meeting with the promotion agency twice, our opinions and suggestions were ignored. They were not incorporated into the copy submitted.
- ◆ Our concept of support for those living with HIV was ignored and an early intervention message was presented in its place.
- ◆ The photograph selected for the poster was opposite BAHSES' goals and mission message.

The promotion agency perceives they are better equipped to reach our community than we. We disagree.

Action to Complete Deliverables

Although there have been problems in completing the required promotional materials, we have not given up. Another agency has been identified and contracted to complete the support services poster. Work on the project has begun and we anticipate a final product to be presented to us before the completion of this grant period.

HIV - Support Group

These ideas were collected during the brain storming meeting of 2/11/92 - Lee Woo and Mike Brunetti.

- GOAL: 1. Identify the needs of HIV- individuals
2. Structure
- a. Module I - Dealing with Emotions
 - b. Module II - Develop Coping skills

Items to be considered:

Module I.- Dealing with Emotions

- Relationships with friends and lovers
 - Types of relationships
 - Sex
 - Communication (active/non-active)
 - Health/dealing with illness
 - mood swings
 - understanding what a HIV+ person is going through
 - guilt
- Relapse issues
- Survivors guilt
 - Fate
 - Community is dying
- Unknowns
 - Denial of own HIV status
 - Question of Support of friends and/or family
 - Rejection by HIV + and HIV -
 - Cultural aspects of the relationship and how it impacts on the relationship.
 - Length time of the relationship
 - Casual sex (tricking) outside of the relationship
 - Breaking up, but staying together
 - Co-dependency/enabler factors
 - Care taking role and expectation
 - AIDS Widows - in the relationship looking for the dollars
 - Excitment (low self esteemed person)
- Fear - dealing with lost of relationship
- Testing issues
- Denial - Tempting fate - unsafe sex
- Love of the Disease versus the person
- Having unsafe sex as HIV (Relapse issues)
- Substance abuse
- Dating
- Isolation as HIV-
- Abuse by HIV+ peson (this should be put in HIV + support grp module)
 - Dealing with it - (Financial issues)
 - Recognizing abuse
 - Being used

Module II.- Develop Coping skills

- b. Social Activity [Y] [N]
1). Going out [Y] [N]
2). Having meals together [Y] [N]
3). Others [Y] [N] List

- c. Support Group [Y] [N]
1). Mixed group [Y] [N]
2). Racial focused group [Y] [N]
3). Culturally focused group [Y] [N]
4). Other [Y] [N] List

NOTE: These services are limited to the availability of chapter members participating. We will try to utilize services provided by established community agencies first, then fill-in where needed.

Is it OK for other chapter members to know of your health condition and your need for assistance [Y] [N]

Signature:

Intake Person's Name:

Date:

V. Action Taken:

1. Referred to Support Group [Y] [N]
a. BWMT/MACT [Y] [N]
Eff:
b Other - Name:
2. Advocacy Assistance [Y] [N]
3. Resource Information Only [Y] [N]

Support Person

Eff:

VI. Follow-up:

- Honesty
- New Relationships
- Meeting new people
 - Place to go
 - Activities/Events
 - Dealing with rejection by (HIV+)(HIV-)
 - Dating
 - Dealing with HIV+ (relationship)
 - Risk taking with new people
- Just tested HIV+ how to deal with change of mind set
- Review pattern of selection (HIV+ only?)
 - Roommate situations/responsibilities
 - Finance
 - Care
 - Compassion -versus guilt issues) or made to feel guilty
- How much support do I give.
 - Setting Limits
 - Ask first
- Death Watch
- Remaining Positive regarding outlook
 - Disease
 - Attitude
- Dealing with negative feelings
 - HIV+
 - Self
- Permission to plan for rest of life

513010

CONTRACT DELIVERABLE REPORT

GRANT NAME: RELAPSE

FOR MONTH OF: August 1991

BAHSES BWMT/MACT

[illegible]

SUBMITTED BY: Shurland Aird

DATE: 9/06/91

CODE: 90-05



625 O'FARRELL STREET
SAN FRANCISCO, CA 94109
415-749-6714 FAX 749-6706
P.O. BOX 811, OAKLAND, CA 94604



February 26, 1991

Mr. Ken Allen, NA Treasurer
Black and White Men Together - Chicago
P.O. Box 408641
Chicago, IL 60640

Dear Ken:

This letter is to confirm our conversation regarding the use of BAHSES-BWMT/MACT support group format.

We are very pleased to hear that your chapter is starting a support group and would like to use our model. As previously stated, BAHSES is not charging for the manual. However, we request that recognition be given to BAHSES for the development of the model.

We appreciate any comments, suggestions or changes made to the model. This will allow us to update our program before we share it with other agencies or chapters.

I have taken the liberty of enclosing the latest copy of our manual. If you have any questions or need any assistance, please feel free to call. The staff of BAHSES wishes you the very best with your support group and your commitment to help those impacted by HIV.

Sincerely,

Lee Y. Woo
Regional Director

Encl.

cc: Kevin Brooks
✓NTFAP

513010/747040

#1: BLCSG/pgm



A PROJECT OF BLACK & WHITE MEN TOGETHER / MEN OF ALL COLORS TOGETHER



June 28, 1992

Oliver Morgan, Co-Chair,
Chuck Allen, Board of Directors
BWMT Memphis
P. O. Box 42157
Memphis, TN 38174-2157

Chuck and Oliver,

It was a pleasure for Shurland and myself to meet with the both of you and spend time talking about your HIV/AIDS program in Memphis. The willingness and desire to do the work is very commendable. I am sure your program will be a success because of your dedication and willing to give it 110% of your time.

The items about your program Shurland and I pointed out will require time to get in order. The following recommendations should be in place before starting up the organization and/or taking outside funds:

1. Creation of Mission, goals and strategic program plan. This will provide direction and a road map for all to see. Also why do you/chapter want to do this work.
2. Does chapter have the person person power to do the work and is there a commitment from the Board of Directors to develop ongoing funds. This is part of their charge as member of the Board of Directors
3. Check to see what existing agencies are doing the work and see if a collaboration or partnership (Memorandum of Understanding)can be developed to provide service to your targeted population (Gay/bisexual African American Men)
4. What type of service(s) does your chapter plan to provide and can chapter do it effectively.
5. Would there be any problems with African Americans having BWMT Memphis providing culturally sensitive materials in their communities.
6. See if you have anyone who can take on the project as well identify an alternate as backup.
7. Will the Chapter participate, if so how? Will all members be allowed to work on the project.
8. Develop a realistic program budget that will cover the program operations. The initial budget must include one time start up costs, then a program maintenance budget and a project program and growth budget.

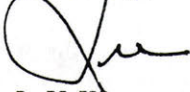
This is not a complete list of things that need to be reviewed. There is a large operations side that includes: finance, administration and management, policies and procedures etc. I have enclosed additional information on management of non-profit finances, budgets and non-profit check list.

I can not stress the importance of establishing a solid operational foundation to ensure the success, viability, creditability and longevity of this program. If there is an urgency, the program can be implemented in stages once the homework is done.

As we stated during our meeting, Shurland and I are always available to answer your questions, look at programs, ideas, organization, etc.

Continue the good effort and work and we wish you and the chapter every success in this project.

Sincerely,

A handwritten signature in black ink, appearing to be 'L. Y. Woo', written over the printed name.

L. Y. Woo
Executive Director

Encl:

cc: Shurland Aird

511120/511010/512010/513010/749040/749010/511200

WORKSHOP PROGRAM

SHOULD I BE TESTED?

I. The reason for setting up this program for workshops on being tested for AIDS is to enable each person to reach the decision to be tested for the virus. It should be kept in mind during the workshops that this is the reason for setting up the program and not the reason for the individual workshop.

A. The specific aim of each workshop is to enable the participants to reach the decision to be tested or not tested for the AIDS virus rationally. Those who give the workshop need to keep in mind that the final decision may not be reached during workshop but may be made even a year later.

In order for each participant to be able to reach his decision as rationally as possible, the environment of the workshop must be non-threatening and supportive. If the environment is threatening, the participants would more likely react to the situation and not to the question; in fact, many could well walk out. In order to keep the situation from becoming threatening the leaders and the participants must be allowed to argue, make fun of, or express any judgment about what someone says. The leaders of the workshop must be especially sensitive to this both in themselves and in the participants. By being supportive I mean that the environment must be one that enables each person to speak in his own voice; in other words, it must be such that each person finds in himself the courage to own up to what he says and so reach his own decision.

Some people will find this easier than others. Since courage tends to be contagious, by letting those people speak first others should then be able to find their own voices. The leaders should not force anyone to speak; they should, however, indicate to the less aggressive by subtle means (for example, by looking at them and raising an eyebrow) that they may speak and are welcome to do so. One indication of how well the leaders have established the proper environment will be the willingness of everyone to speak.

B. In order to accomplish the above aim, the workshop will be divided into four main modules. These are:

1. Setting the environment.
2. Discussion of the question.
3. Giving the information.
4. Making the decision.

II. MODULE 1: SETTING THE ENVIRONMENT: The aim of this particular module is to set an environment that is not threatening and is supportive. It is divided into three submodules.

A. Submodule A: The aim here is to set the stage for what is to follow. Thus the leaders should begin by explaining the aim of the workshop: namely, to

enable each individual to answer for himself the question whether he should be tested. In order for this to be possible, there are three rules that must be observed. At this point the leaders should announce them. They are:

1. Each individual will speak in his own voice. No one will be permitted to say, e.g.: "One ought", "Someone said", "People ought", etc.
2. There will be no arguments. No one is right or wrong.
3. No name calling, ridiculing, or put downs.

Before the workshop begins the leaders should decide which of them would see to the enforcement of the rules. When it is clear that one of the participants is breaking one of the rules, particularly either 2 or 3, that leader should step in and stop the person, restating the rule. It should be done politely and gently; the person should be reminded of his promise. The other leader can then return the workshop to where it was.

After the rules have been stated and the leaders have explained the "why" of them, the participants should then be asked if they agree to the rules. Afterward, then they should promise aloud to abide by them.

B. Submodule B: Introductions: The purpose here is to introduce the participants to each other and thus to establish an easy atmosphere where people can call each other by their first names and begin to feel comfortable with each other.

The leaders would begin this submodule by introducing themselves and then by telling something about themselves (for example, I'm John Pugh. I'm a teacher, love to play on my computer, and have a reputation as being something of a gardener. My hobby is raising orchids). Then the leaders will invite the participants to introduce themselves (telling them that no one need use his last name if he doesn't wish to) and to tell the group something about themselves. As each member of the group introduces himself, one or the other of the leaders should welcome the participant. After everyone has introduced himself, the participants will then be given the time to welcome each other. If they rise and embrace each other in turn, calling each other by name, it might help.

C. Submodule C: Statement of Dreams or Wishes: The purpose of this module is to give each participant an anchor of hope. Here the leaders should ask each person to tell the group of something that they've dreamed about doing and haven't done yet. After each person has told his dream, the leaders should tell them to remember their dream. Later on at the beginning of the third module each person will be asked to recall his dream.

III. MODULE 2: DISCUSSION OF THE QUESTION: The purpose here is to let each person exercise his fears and feelings in trying to answer the question "Should I be tested?"

The section of the workshop by asking again the question "Should I be tested?". The leaders should then tell the participants that they are not

asking the question, "Should one be tested?" but the question that each of them ask themselves, "Should I be tested?" At that point they should tell them once again that there are no right or wrong answers, that no one is to attack the reasons that anyone else gives, that there are to be no arguments nor any put downs. Then each person in the work shop should be asked to answer the question and give his or her reasons why they think that they should or should not be tested.

Here the leaders should be as supportive as possible and let the discussion take its own course; though if the discussion begins to veer too far off the topic, one of them might ask the question again. They should, however, try not to be directive. On the other hand they should be willing to help the participants articulate their feelings. During this exercise they should also allow space for people to comfort each other, including space for embracing.

In order to allow for enough space for the participants here, if the group is large (say over twelve), it might be helpful to divide the group in two with each of the leaders taking one of the two subgroups.

At the end of this exercise the participants should then be invited to join hands and then to embrace.

IV: MODULE 3: IMPARTING THE INFORMATION: The purpose of this module is to give everyone the best and latest information on the status of the disease, the course of treatment, the latest advances in treatment, and to inform them where they might find further information. In order to accomplish this it will be necessary for the leaders to keep themselves up to date on the latest information.

There are three submodules in this module. The first of them is the imparting of personal information, the second is the imparting of the information about the disease, and the third is to allow for questions.

A. Submodule A: The Imparting of Personal Information. The purpose of this submodule is to authenticate the leaders and to verify the information they will subsequently impart. Thus they will begin by telling their own HIV status; they might speak briefly of their treatment if they wish. Furthermore, by declaring their own HIV status they will show the participants that being HIV+ or having ARC or AIDS is not something to be ashamed of and to keep hidden. Thus at least one of the leaders should be HIV+ or have ARC or AIDS (it would be better if both were); both must have been tested.

B. Submodule B: The Imparting of the Information on the Disease: The purpose here is to give the latest information on the disease. This would be a straightforward report that should be up-to-date.

C: Submodule C: Question Period: If the participants can ask questions, it should help lower their level of anxiety. During this submodule the leaders should answer the questions as fully as they can and tell the participants where additional information can be found. During this period they should be aware of any particular anxieties and try to allay them. They should also remember that the rules of "no argument" and "no putdowns" still hold.

V. MODULE 4: MAKING THE DECISION: The purpose of this module is to allow the participants rethink their answers in the light of the information they have received. In order to accomplish this the participants must be given some time to themselves in silence. Thus the leaders, after they have reminded the participants of the hopes and dreams that they expressed earlier, give them time to go off by themselves to think or to get some coffee or go to the toilet or whatever. As they do so, they could suggest that it might be better for them to think about matters if they didn't engage in conversations. When the leaders see that the participants are becoming restless and beginning to converse, they should call everyone together for second thoughts. Here they would invite the members of the workshop to express any further thoughts that they might have. They should tell them that there has been a lot to think about here and it could well take a long time to think it all over; thus they're not looking to anyone to change his mind. Rather, this time is being given them to express any further thoughts that they might have. Depending on the mood of the workshop they can then either invite each participant one by one to speak or merely allow each person to speak spontaneously.

When it is obvious that everyone has had his say, the leaders should then tell everyone that they will be available to anyone who wishes to speak privately with them. If possible they should now introduce those who will be available from that point on for support; if the members of the support group are not present, they should have the names of those who are willing to give support to anyone who needs it. The workshop could then close by having everyone embrace as friends.

SUPPORT PERSONS

FOR THE "SHOULD I BE TESTED?" WORKSHOP,

FOR THOSE WHO DECIDE TO TAKE THE TEST,

AND

FOR BWMT MEMBERS WHO ARE IN THE SPECTRUM

In order for the workshop to do its job well, there will have to be a group of support persons whose task will be to provide support for those who have taken the workshop and decide to be tested either at that time or later. In this capacity, they will need to keep up to date on the best medical information on the various tests for determining the status of those who are in the spectrum and the kinds of treatment available to those who are. As they play this role, they should be trained to continue the spirit of the workshop which is not judgmental or directive but allows the individual to reach his own decision. Furthermore, all of these support persons should themselves have been tested.

We would presume that if the support person who stands by, helping the individual find the courage in himself, does his job well, then he would be the one chosen by the person who has decided to be tested to go to the testing center with him. Thus he should know whether the testing center gives their tests anonymously or confidentially. Clearly, if there is a choice, it should be the center that gives it anonymously. And the support person should make clear to the possible testee the difference. The support person should also know whether the center has a counseling program and if it has one, how good it is. The criteria for determining how good the counseling is would include whether the counselors have been trained, whether they are sensitive to the feelings of those who are to be tested, whether they have an adequate knowledge of the disease to give hope to those who have good reason to hope that they are negative and enough good sense not to offer it where it doesn't seem to be justified and, if asked, can speak truthfully that they don't know, and whether they are aware of the various services that the community offers to those who are positive. If the counselors at the centers are not so well trained, then the support persons who go to the testing center with the person to be tested should then himself do the counseling. One way that the support persons can determine this is to go themselves to the center and be tested; they will then have a better sense of how good the counseling is.

The support person should go down with the testee both when he goes to the center to have the blood drawn and when he returns to get the results of the test. If the testee is negative, the support persons task will probably be over; if the testee is positive, the task of the support will have just begun. The next month as the testee learns to accept his status is probably going to be one of the most difficult times that the testee will ever go through. The testee will go through periods of anger, despair, sadness, and grief; he will need all of the support that he can receive. Thus the support

persons should during this time become a buddy for his testee, calling him and going to see him until the testee can be enrolled in a support group. Once his testee is enrolled and attending such a group, it wouldn't be necessary for the support person to keep as close a watch on his testee. But he should be available to the testee for a time; the testee will need a confidant whom he can trust with all sorts of confidences. It should be remembered that it will take awhile for someone who has just joined a support group to begin to feel comfortable in it. And it could well be the case that the support group the individual is enrolled in doesn't meet his needs; the support person should then know of the availability of some alternative.

In some of our cities in the region it may also unfortunately be necessary for the support persons to set up support groups for members of our chapters who are in the spectrum. Not all support groups can meet the needs of everyone who might need a support group; where the support groups of a city are open to significant others and family members of those in the spectrum there may be an urgent need for support groups open only to those in the spectrum since there are issues that some may not feeling comfortable talking about in front of those who aren't. There may also be a need for a support group for those who are in the spectrum and their lovers. Thus the support persons will need to keep track of how the support groups work in their cities and listen carefully to the complaints they might receive; only in this way will they come to know what exactly is needed.

Clearly, then there must be some kind of training for those who are to be support persons. The first step in their training should be participation in the "Should I Be Tested?" workshop. Clearly, the support persons will need to be up to date on all of their information. Finally, they will need some kind of sensitivity training. If there are any persons in the region or in the national who have had such a training, they should be enlisted to give this training to the support persons. If there aren't, then perhaps we need to find some way of raising the money to bring someone in for such training. This sensitivity training should also include a session on grieving because grief is such a central part of the experience of those who are in the spectrum. In fact, it might be best if we could find a time and place for all of those in the region who would be support persons to come together to take this training.

Both Daryl Hood and I agree that both our giving of the workshop and the circle of support persons should form a nucleus whose training would reach out in circles to encompass as many as possible and eventually to reach out into the communities where the need is even greater. Both of us envision training others to give the workshop so that it might be given in all of our chapters in our region at least and to those black and white men whom present services don't reach -- in particular we see the need for the workshop in the black gay and bisexual community.

In order for this program to accomplish its aims, we see the need for regular get togethers of those in the whole program to trade experiences and ideas and to go through the workshop and the sensitivity program together at least yearly and probably better every six months. Such sessions could also serve as checks on the quality of the program and the participants in it; we're both aware individual egos and agenda can distort the program -- our own included. Moreover, if the program is truly what we envision that it should

be, it should grow and respond to the needs of our members and the greater community.

A personal note: As someone who found himself to be in the spectrum just a little over a month ago in a chapter that has only sporadically addressed the issue of AIDS and never with great seriousness, I speak from the point of view of someone who feels quite alone. Only because I'm a stubborn son of a bitch and was not happy with the situation that I found here have I begun to gather the kind of information that someone else in my situation needs. And because I don't want anyone else to have to go through this alone as I've done I have devised this program that I'm sending you. I hope that it makes sense and I hope that you people can give me support and advice.

Yours in brotherhood,

3/16/92

Lee-

This is a copy of a project Kevin had me do after the July, 1991 Facilitator training.

I'm glad I found it since it reflects several points we discussed about reasons for a one rather than 2 1/2 day training.

Adjusted training will reflect this input & I'm working on the new one-day course now.

Mila

Lee
Support Group
Facilitator's
Training

513 030

Q. A.

Summary- 2/91 and 7/91 Support Group Facilitators Training

Four areas rated very high by groups were:

- o Usefulness of the training
- o Trainers competence
- o Characteristics of a smooth group
- o Group facilitator role

Four areas rated mid-to-high by groups were:

- o Enjoyment of training
- o Group facilitation skills
- o Emotional/personal HIV issues
- o Crisis intervention

Several questions solicited written feedback from participants. These may provide insight into ratings and are given below. Points for discussion are included in brackets.

- o Emotional/personal HIV issues- additional information/skills :
Substance abuse; women's issues; IVDU; conflicts w/HIV; listening skills; interaction between group and facilitators. (Some issues may not relate to current target population. Listening and group interaction skills can be addressed in future trainings)
- o Characteristics of a smooth group- additional information/skills :
Cases of a "poor" group; actual examples; handling conflict between group members; observational skills; more group-not one-on-one (These skills would come with direct experience. Seem to be providing sufficient information in the training)
- o Group facilitator role-additional information/skills listed as:
Legal issues; better contract forms; conflict; detachment issues; timing
(Detaching oneself from group member needs can be addressed in future training- timing and determining when to facilitate vs. other behaviors comes with experience)
- o Group facilitation skills-additional information/skills listed as:
Suicide role plays; sample exercises; body language; group dynamics
(Group dynamics and body language are key skills and could be easily added to the training. Other techniques beyond role plays may assist with group skills e.g. in-basket exercises, small group or large group discussion, etc.)
- o Crisis intervention-additional information/skills listed as:
Hearing/identifying subtle messages; what happens when one calls hotlines; hear from people at other end of hotline (Topic itself created anxiety for facilitators but response question in relation to use of hotlines is a good one and could be added)

Summary items may give us specific reasons for the ratings given. Comments for discussion follow participant written feedback in brackets.

1. What did you like the most about the weekend?

Format; people; role plays (6); meeting new people; group facilitation skills; crisis intervention; group feedback after training; HIV discussions; no note taking; socializing; panel; well planned; good mix of people; mixed training group (2) and punctuality (3). (Obviously, people are key to support group facilitator training. We need to maximize involvement on every occasion we can)

2. What did you like the least about the weekend?

Too long-too many days (3); no A/V; having to cook; the room (5); slow tempo; volunteer panel; psychosocial session; rigid time schedule; reading to us (2); too many role plays (3); not enough time on crisis. (We can't please everyone however these contribute to 'enjoyment' factors. The room was too hot and the sessions too long. We can change that. We can change role plays to include other training techniques.)

3. What was missing from the training?

More group interaction; multicultural, gender, ethnic issues (3); more discussion of emotional reaction of group to information on HIV (2); panel of group members; activities need variety; constructive games; BAHSES module role-play; nothing-excellent program. (Some of these items could have been addressed if the participants of the training asked during the weekend. We can create more variety.)

Comments:

Written data provided by facilitators is in line with their ratings. By working on group facilitation skills, i.e. listening/observing; dealing with emotional/personal HIV issues; having the physical needs of the group met to increase the enjoyment and recognizing a high need for crisis information, e.g. answering questions about referrals, the next training should be compact but easier on all-those who train and those being trained.

Specific Conclusions

1. Include skills training, particularly listening, observational, body language, group dynamics.
2. Add /emphasize group issues, which deal with conflict about HIV, conflicts within the group, detachment needs of facilitators and facilitators feelings about HIV.
3. Address referral items such as hotlines, resource identification and expectations from resources used.
4. Demonstrate awareness of other issues which may not affect everyone but exist, e.g. women's issues, IVU, legal aspects.
5. Incorporate different training techniques throughout the training which involve participants more and keep people actively doing/learning.

This sets-up our understanding of what is needed, as viewed by participants of the training. Now, we can discuss what to include/eliminate from the feedback given then decide how to reflect these changes in the actual training.

Hope this overview helps !

Facilitator Manual

Weekend Training of
Volunteer Facilitators
July 12-14, 1991

HIV Support Groups

BAHSES
of Black & White Men Together / Men of All Colors Together,

in collaboration with

The AIDS Health Project

Agenda for Weekend Training of Volunteer Facilitators

July 12-14, 1991

Friday evening, July 12

6:30 - 7:00	Check-in (coffee, tea, etc. available)
7:00 - 7:15	Welcome and overview
7:15 - 8:10	Introductions
8:10 - 8:15	Break
8:15 - 9:15	Panel of current volunteer facilitators
9:15 - 9:30	Wrap-up

Saturday, July 13

9:00 - 9:30	Coffee, tea, etc.
9:30 - 10:25	Psychosocial issues
10:30 - 11:15	Characteristics of a smoothly running group
11:20 - 12:10	Ground Rules, & Getting the group started
12:10 - 1:30	LUNCH Break
1:30 - 2:15	Group Facilitation skills
2:15 - 3:30	Group Facilitation skills: Skills-building exercises
3:30 - 3:45	Break
3:45 - 5:15	Dealing with difficult situations in groups: Skills-building exercises
5:15 - 5:30	Wrap-up

Sunday, July 14

9:00 - 9:30	Coffee, tea, etc.
9:30 - 11:30	Crisis intervention and referral
11:30 - 12:30	LUNCH Break (pot luck)
12:30 - 2:30	AHP and BAHSES split apart to discuss the specifics of their groups
2:30 - 2:40	Break
2:40 - 2:55	Question-and-answer period
2:55 - 3:10	Evaluation
3:10 - 4:00	Goodbyes

Specific Issues of People with HIV

- feel isolated, alone
- feel angry and cheated at having HIV and at having to deal with it
- feel envy and anger towards those who do not have HIV
- feel sad about the multiple losses they face
 - Four stages of grief:
 - a. denial
 - b. anger
 - c. depression
 - d. acceptance
- feel anxious
- feel guilty for having HIV
- feel contaminated or "untouchable" -- feeds into low self-esteem
- feel that things are "out of their control" -- helpless
- feel afraid of what will happen to them physically
- feel afraid of being rejected
- feel uncertain about many things, including
 - whether to focus on living or preparing to die
 - whether to continue doing what they've been doing, or change
 - how much to focus on acquiring information about HIV/AIDS
 - which medical or alternative treatments, if any, to choose
 - who to tell, and how to tell them
- feel worried that they are not getting good enough medical care or other HIV-related services
- question whether to go on living
- quality of life issues; setting priorities
- need information about HIV, HIV-related illnesses or complications
- need information about how to cope with specific illnesses and complications related to HIV
- need information about treatments, including anti-virals, immune modulators, alternative treatments, and prophylactic treatments such as aerosolized pentamidine, Dapsone, or Septra
- need information about resources and services in the community (financial planning, insurance, medical, recreational/social, etc.)
- dealing with doctors and the medical profession
- sex
- dating and relationships

Sample Topics From Past Groups

Asking for what you want
What to tell a lover
Safe and safer sex
AIDS and loss of sexual feelings
Wellness - caring for our bodies
Getting what you want
Telling your family about HIV
Death of friends
Racism and AIDS
Western medicine vs. holistic care
Healing the child within
Anal intercourse
Sexual communication vs. sexual performance
AIDS and the bars
Our new families
Fear of loss
I want love, but all I get is sex
Getting it up...or not getting it up
Initiating intimacy
Vulnerability: Taking risks for intimacy
Because I have HIV, I'm..
Self defeating attitudes
Making and maintaining friendships
Bisexual stereotypes
Self image
The "shoulds" and "should nots" in our lives
Meditation, yoga, and your health
Masturbation
How to work the social welfare system
Touching - body awareness
Interracial issues about AIDS
Children and AIDS
Artificial insemination
What we seek in a love/partner
Buying condoms
Negotiating safer sex
Insurance

Basic Dimensions of a Smoothly Running Support Group

1. Shared participation

- Is each group member actively participating? ("Participation" includes *active listening*.)
- Or, are certain members dominating, while others are relatively quiet?

2. Nature of each member's participation

- Does s/he talk about his/her own thoughts, feelings, and experiences?
- Does she seem to feel safe to express his/her inner thoughts, feelings, and concerns?

3. Bonding between members

- Do group members express a sense of having issues or concerns in common with one another?
- Do group members show interest and attention towards the person speaking, or do they seem more focused on expressing their *own* opinions or feelings, or on giving advice? Do they change the subject in the middle of a discussion of importance to other group members?
- Are there any members who may feel left out or "not part of the core group"?

4. Dealing with conflict

- What happens when group members disagree or have different feelings from one another?
Do they convey respect for the differences? Do they try to get others to change, rather than trying to understand how the others actually feel or think?
- Do group members feel free to express themselves even then there might be differences of opinion or feelings, or do they seem to avoid saying things that might lead to conflict?

5. Making decisions about what to focus on

- How are these decisions made?
- Are certain group members very heavily influencing the decision-making process, while others are remaining relatively quiet in the process?
- How does the group decide *when* to change the focus of the discussion?

6. Carry-over from week to week

- Do group members appear to remember and show interest in the issues other group members were dealing with in previous group meetings?

Volunteer Group Facilitator Ground Rules

1. Make a commitment to attend each meeting of your group.
 - Other activities should not take priority over your group meetings, unless it's an emergency situation that you need to deal with.
2. Never attend meetings while under the influence of non-prescribed drugs or alcohol.
3. Never have sex with anyone in your group.
4. Never collect any money from group members as a donation or payment for your services.
5. Make a commitment to attend once-a-month consultation with a staff member.
6. Confidentiality: Never disclose the identity of a group member to someone outside the group.
 - Exceptions:
 1. your staff supervisor
 2. in crisis situations involving imminent threat of injury to self or others
7. Call your staff supervisor whenever you need help with your group. We are here to help.
8. Be sure you remain familiar with the procedures for "Crisis Intervention" (see handouts), and remember to contact your staff supervisor immediately following any encounter with a group member in which there was a definite or suspected impending crisis (see handout for definition of "crisis").
9. Suicide and assisted suicide:
 - If a group member expresses an intention to end his/her life or to assist another person in ending their life, you must consult with your supervisor to decide on how to best intervene. In any case, you must always intervene to try to stop someone from ending his/her own life, and help him/her explore other options.
10. Make a commitment to facilitating a group for 6 months.

Group Ground Rules

- 1. Attend every week if possible.**
 - Regular attendance is important to maintain group solidarity and continuity.
 - The group is **not** the same if you are not there for the meeting.
- 2. Be on time for each meeting.**
 - This is a courtesy to the others in the group.
 - The meetings will start exactly on time each week.
- 3. Call in advance if you are going to be late or absent.**
 - This is also a courtesy to the others in the group; others may worry if you are not present and have not called in advance.
- 4. Don't come to group meetings under the influence of any non-prescribed drugs or alcohol.**
- 5. No physical or verbal violence.**
 - It's okay to get angry and to disagree, but it is also important to respect one another's individual differences and points of view. We are not here to try to make everyone think or act the same way. Don't condemn anyone for the ideas, beliefs, or feelings s/he holds.
- 6. Don't interrupt others.**
 - This is a courtesy to the others in the group.
- 7. No side conversations.**
 - These are disruptive to the group and disrespectful to the person who is talking.
- 8. People are free to speak their minds, and they are equally free not to talk if they don't feel like it.**
- 9. Try to let everyone have equal time to talk.**
 - Recognize that some people are more shy or reserved than others, and that they deserve equal time to talk if they want.
 - Don't monopolize the conversation.
- 10. Confidentiality: Never talk about what goes on in the group in a way that might reveal the identity of a group member.**
 - It's okay to discuss the general content of the group meetings with others, but never disclose any information about a group member which might give a clue about the identity of that person (for example, it is not okay to reveal to someone that "there's this guy in the group who tends bar at the Midnight Sun.")
 - If you ever happen to see someone from the group in public, be discreet.
- 11. If you decide to leave the group, it is your responsibility to attend a group meeting to inform the group of your decision, before you actually stop coming to meetings.**
- 12. We all have the responsibility to maintain the group ground rules.**

Support Group Meeting Format

Each group meeting should last the same length of time: 1-1/2 or 2 hours.

Each meeting should start exactly on time, and end right on time.

.....

Format for each meeting

1. Brief announcements

- *up to one minute per announcement*

2. Brief mention of any **absent group members**, including any information about their being absent

3. Check-in

- *2-3 minutes for each group member*
- *No "cross-talk"*
- *If they want to, group members can mention topics or problems they would like the group to come back to in the Discussion.*

4. Discussion of topics of interest or concern to the group

- *this could involve:*
 - a. discussion of things mentioned in the check-in, or*
 - b. discussion of topics brought up in previous group meetings, or*
 - c. other topics or problems group members are dealing with*

5. Wrap-up

- *Final 10 minutes: Verbal feedback, and/or non-verbal activity*
- *Feedback about tonight's meeting*
 - Ask questions such as:*
 - "How was tonight's meeting?"*
 - "What about the meeting worked?"*
 - "What about it could have been different?"*
- *Non-verbal activity, such as a group hug, link arms in a circle, guided imagery or relaxation exercise, etc.*

Volunteer Group Facilitator

Tasks: *Beginning Session(s)*

Below are those specific tasks which should be carried out during the first group meeting, or by the end of the second group meeting at the latest.

1. Discuss group ground rules.
 - Distribute handout *Group Ground Rules*, and discuss each one on the list.
 - For the rule about "confidentiality," emphasize the importance, and ask if everyone can agree to follow the rule.
 - Ask if there are any questions.
2. Ask the group to decide *where* they will meet for future meetings.
 - It is suggested that the group meet at one member's residence for 4 meetings before switching to another member's residence.
3. Ask the group to decide *when* they will meet.
4. Ask the group to decide *how long* the meetings will be (1-1/2 or 2 hours).
5. Ask the group to decide what procedures will be followed if/when a group member is absent
 - *Whom* should the group member call?
 - Will a group member try to contact a member who doesn't show up for a meeting and who hasn't given advance notice?
6. Ask the group if they want a phone list
 - If they do, pass around a sheet, and ask a volunteer to photocopy it for the following week.
7. Ask the group if they want to appoint someone to maintain an updated phone list.
 - If so, members should be advised to notify that person whenever their phone number changes, and a revised phone list should be distributed whenever there are changes.
8. Discuss "Format of Group Meetings"
9. Discuss "Main Functions of the Volunteer Group Facilitator"
10. Mention your six-month commitment.
11. Distribute "Consent to Participate" forms, and get signatures.

Main Functions of the Volunteer Group Facilitator

Main functions of the facilitator include:

- help group members feel safe to bring out their feelings, concerns, and thoughts
- engage the group members in being supportive towards one another
- help group members experience what they have in common with one another
- help group members deal with differences among one another / manage conflict
- help the group keep on track
- move the meeting along from one section to the next
- help the group deal with obstacles or threats to any of the above.

Main Techniques Used by the Volunteer Group Facilitator

The main techniques used by the facilitator include:

*1. Say **nothing**; just listen.*

When the group is running smoothly (i.e., when the discussion is flowing, when group members are listening and responding to one another), usually the most effective thing for the facilitator to do is to sit quietly and listen attentively. Listening attentively is a way of offering a positive "role model" to the other group members, encouraging them to also listen respectfully and attentively to what others are saying.

*2. Say **something** when:*

*A. a group **Ground Rule** is being violated*

Examples:

1. Group members are attending meetings sporadically.
2. Group members repeatedly show up late to meetings.
3. A group member shows up apparently intoxicated.
4. A group member becomes verbally abusive towards another member.
5. A group member repeatedly interrupts others as they are speaking.
6. A group member is monopolizing the conversations by talking a lot.

*B. the group (or a group member) seems "**stuck**" in some way*

Examples:

7. The group seems to be "chit-chatting" a lot, and several members appear somewhat bored or disinterested.
8. A group member who is usually somewhat talkative in the meetings has been relatively silent.
9. Something is going on in the group that is irritating or troubling to group members, yet it isn't being talked about. For instance, the facilitator notices that a few group members have frowns or disgruntled looks on their faces near the beginning of a meeting in which three members are absent, but nobody mentions anything about the issue of absenteeism.

10. Someone has just expressed a point of view or asked a question, and nobody comments in response.

C. *two or more group members are in conflict with one another, and each person's position is not being fully expressed and/or acknowledged*

Examples:

11. Two group members are arguing over the question of whether to take "Western" or "Eastern" medicines, and one of the two becomes extremely angry and vocal, while the other becomes quiet and "backs away."
12. Several group members are having a heated discussion about the value of "positive thinking" versus the importance of facing and focusing on painful feelings such as depression. One of the group members speaking in favor of "positive thinking" becomes irritated at some of the other group members and says, "I don't want to be in a group where people are bringing me down by talking about their depression," and the discussion about this issue quickly comes to a halt. Another group member then changes the subject by bringing up a problem he has been having lately with his boyfriend.

D. *a group member is disrupting or interfering with the discussion in some way*

Example:

13. A group member asks the group for help in dealing with a problem he is having, and another group member brings up a different topic that shifts the focus of the discussion.

3. *Usually, the most effective thing to say is:*

- ***to make an observation of one or more group member's behavior***
Often, this is all you need to do, though sometimes it helps to follow your observation with a question (see examples below).
- ***to ask a question***

Examples (The numbers of these sample responses correspond to the numbers of the examples given above):

1. "I notice that some group members have not been coming to meetings regularly. How does that affect the rest of you?"
2. "I notice that often people show up late for the meetings. Does anyone have any thoughts about that?"
3. "John, you keep getting off the subject, you're slurring your words, and seem to be having a hard time finishing your sentences. What do you think the difficulty is?"

4. "It's fine to disagree and to get angry in here, but we also have an agreement to respect one another's rights to take a different point of view."
5. "Bruce, you are interrupting Jim. Can you hold off till he's finished?"
6. "I notice that Sam has been doing a lot of the talking, but that several others of you have been saying relatively little."
7. "I realize I'm interrupting in a way, but I notice that some of you seem kind of bored right now."
8. "David, you seem quiet tonight."
9. "A few of you seem kind of irritated or frustrated with something right now. Am I right?"
10. "What do you guys think? Any reactions to what Bill was saying?"
11. "Tom, it seems like you sort of backed off just now. What's happening?"
12. "Mike, I'd like to come back to what you are saying, but before we do that, it feels like we sort of left things hanging in terms of the discussion we were just having. Does anyone else have that sense?"
13. "Roger, maybe we can come back to your issue. But first, it seems like Robert brought up an issue and we didn't get a chance to respond to him."

Active Listening

Encouraging.

Mmm hmm.

What else?

And?

Tell me more about that.

What happened next?

I'm not sure I understand. Can you say that in another way?

Could you be more specific?

What does that (emotion) feel like to you?

Processing.

How did that feel?

How did you feel about that?

What does that mean to you?

How was that significant?

What are your suspicions?

What struck you about that?

What did you learn/relearn?

What is the worst/best that could happen?

What is your objection?

How might it have been different?

Problem Solving

What would you prefer?

Could you offer a suggestion ?

Would you be willing to try?

If you could guess the answer, what would it be?

What are your options?

How could you make it better?

Things the Facilitator Should *Not* Do

The facilitator is there to facilitate others; s/he is not there to get support or help for him/herself.

Don't:

1. Attempt to analyze a group member's personal problems by making interpretations (for example, "I think your problem is...")
2. Allow the discussion to stay focused on your own personal issues or concerns
3. Give advice, beyond offering referrals
4. Push a group member to disclose information s/he is very uncomfortable talking about
5. Allow a group member to be abused-- verbally or physically
6. Offer opinions about how to treat medical problems that group members are having (beyond offering referrals)
7. Allow a Group Ground Rule to be violated without bringing attention to it and trying to correct the problem.

Definition and Signs of Crisis in Which You Must Intervene

DEFINITION

A crisis requiring specific intervention is *when there is reason to suspect or predict that a group member in your group, in the very near future, may:*

- *physically injure him/herself, or*
- *physically injure someone else.*

“Very near future,” in the context of your work as a facilitator, means **before** your next expected contact with the group member. For example, if you suspect that a group member may injure him/herself or someone else before your next scheduled group meeting, you should intervene.

As another example, if you suspect that a group member may injure him/herself or someone else at some unknown point in time in the near future (e.g., within the next several days or weeks), and you are doubtful about whether s/he will attend your next scheduled group session, you should intervene.

WARNING SIGNS

Note: None of the following signs necessarily means that the person is at serious risk of physical injury; these signs can mean many other things.

Primary Signs

- **Thoughts about suicide or wanting to die**
Group member expresses thoughts about **wanting to kill or hurt** him/herself, or wanting to die or stop living. Keep in mind that just *thinking* about suicide does not at all mean that the person is seriously considering taking action to *do* it. Thoughts are not the same as action.
- **Suicide plan**
Group member indicates s/he has considered or decided on a **plan for killing or hurting** him/herself.
- **Suicide preparation**
Group member indicates that s/he has taken steps to **prepare** for carrying out a suicide plan (such as buying a gun, stockpiling pills, selling or giving away one's possessions).
- **Hopelessness**
e.g., “I can’t go on this way any longer,” or “I’m not sure I can take this anymore.”

Other Signs:

- **Depressed mood:** Sad, blue, empty feeling.
- **Withdrawal:** Group member seems to be pulling away from people, or seems to feel isolated from others.
- **Substance abuse/
heavy substance use:** This increases the possibility of impulsive behavior, as well as of accidents (such as falling, car accident, etc.)

Basic Steps of Crisis Intervention in Volunteer-Facilitated Groups

If a group member shows any of the *primary signs* (see handout "Definition and Signs of Crises...") of crisis:

1. Take the group member's feelings very seriously, and do not try to dismiss them as not really serious. Show concern.
2. However, do not automatically assume, just because a group member mentions thoughts about suicide or about hurting him/herself or someone else, that the group member is likely to act on those thoughts. Most people with HIV think about suicide at some point, but most do not actually attempt suicide.
3. Encourage the person to discuss his/her feelings, as well as the events that may have triggered the idea of suicide. Offer support and understanding.
4. Listen for any indications of any of the following:

- Does the group member have a specific *plan* for how to kill or injure?
- Has the group member *taken action to prepare* to kill or injure?

For example, does s/he have access to a *means* for carrying it out, such as pills or a gun? Or, has s/he prepared by writing a suicide note, for example, or by getting rid of important belongings or responsibilities?

- Does the group member have in mind a *specific date and/or time* to carry it out?

5. If there is reason to suspect any of the three items in #3 above:

- Tell the group member that you are very concerned about him/her
- Ask if s/he can guarantee you that s/he will not hurt him/himself (or someone else, if that is what you are concerned about) anytime within the very near future.
- *If s/he does not strongly convince you that s/he will not injure in the very near future,*
 - a. tell him/her that you need to work out some plan whereby you can feel confident that s/he will not injure, and discuss options, such as:
 - S/he can promise to call the 24-hour Hotline if, at any time, s/he feels on the verge of injuring;
 - S/he can promise to go to Psych Emergency at SF General immediately after the group meeting, with adequate arrangements for transportation to get there;
 - S/he can promise to call a friend or other acquaintance if, at any time, s/he feels on the verge of injuring;
 - S/he can get rid of his/her gun (or pills, or other potential means of injury).
 - b. tell him/her that you need to contact your supervisor at The AIDS Health Project immediately after the meeting, to discuss the situation and how you (the facilitator) have responded to it.

(Basic Steps of Crisis Intervention, continued)

- c. **contact your supervisor immediately after the group meeting** to discuss.
- d. If, after step "a" above, you are still strongly suspecting that the group member might injure in the very near future:
 - Tell the group member that you want to try to work out some kind of plan right now, to help protect him. Examples of possible plans might include:
 - In your presence, s/he can call a friend or family member right now and make arrangements to be with that person tonight.
 - In your presence, s/he can call Psych Emergency at SF General Hospital, or at Mount Zion Hospital, and talk with a staff person about the situation.
 - If the group member does not cooperate and does not want you to intervene, explain that you would like him/her to stay a little longer while you contact your supervisor at AIDS Health Project, or while you contact Psych Emergency, for a consultation.

NOTE: Depressed mood can sometimes be caused by the following:

1. medications the group members is taking
2. non-prescribed drugs, or alcohol.
3. physical illness or problems in any of various parts of the body

For the client who appears depressed for more than a few days at a time, it is always a good idea to suggest that s/he consult with a physician for a more complete evaluation of the problem.

12 Questions About HIV

1. How is HIV transmitted from one person to another? What are some ways to prevent the transmission of HIV?

HIV is transmitted in four basic ways:

- a. Unprotected sexual intercourse (anal, vaginal, oral).
- b. Sharing of needles or other paraphernalia for injection drug use or other purposes.
- c. From an infected woman to her fetus (*perinatal* transmission) or through her infected breast milk (*neonatal* transmission).
- d. Through other direct exposure to infected blood or through open cuts such as needlesticks (occupational transmission) or through open cuts, sores, or other breaks in the skin that would facilitate direct blood-to-blood exposure.

HIV was transmitted through some blood transfusions given before 1985, and blood products used in treatment of persons with hemophilia before 1985. Currently, the risk of HIV transmission through blood transfusions is quite low in the U.S.

People can prevent HIV transmission by:

- a. Sexual abstinence (don't have sexual intercourse with anyone under any circumstances).
- b. Abstinence from injection drug use or other needle sharing activities. Don't *ever* share works.
- c. Have sex (sexual intercourse) *only* with a partner *known* not to be infected with HIV.
- d. Practice safer sex (which might include mutual masturbation, massage, body rubbing, and use of condoms for all forms of intercourse -- vaginal, oral, anal).
- e. Clean injection works with bleach before sharing.
- f. Keep a clear head: avoid use of alcohol or other drugs that might impair judgement or resolve to follow safer sex activities.

*It is **behaviors** which put people at risk for HIV, not membership in any particular "risk group."*

3. HIV has been found in which body fluids?

HIV has been isolated in many different body fluids. The Centers for Disease Control recommends precautions be taken with the following fluids:

- Blood
- Any bodily fluid containing visible blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid (surrounding the joints)
- Pleural fluid (surrounding the membranes of the lungs and the thoracic cavity)

- Peritoneal fluid (in the membranes lining the abdominal-pelvic walls)
- Pericardial fluid (surrounding the heart)
- Amniotic fluid
- Human breast milk

Menstrual blood would be included in "blood" on this list. It is considered to have a high concentration of virus.

Although HIV has been detected in some of the following fluids, the viral concentrations are not sufficient to cause transmission (unless visible blood is present):

- Tears
- Saliva
- Urine
- Feces
- Vomitus
- Sputum
- Nasal secretions

Sweat is not considered to be a risky fluid.

(Reference: Centers for Disease Control. Update: universal precautions for prevention of transmission of Human Immunodeficiency Virus, hepatitis-B, and other blood borne pathogens in health-care settings. *MMWR* 1988; 37:377-382, 387-388.)

4. What is the difference between HIV infection, ARC and AIDS? What does the term "HIV Disease" mean?

Everyone infected with HIV has "HIV infection," sometimes referred to as "HIV disease."

Some people have no physical symptoms of infection. They are said to have "asymptomatic HIV infection". Some asymptomatic individuals have healthy results on medical tests of immune function, whereas others show signs of immune system damage on medical tests.

Some people have mild to severe physical symptoms, but do not meet diagnostic criteria for AIDS. In the past, they were commonly said to have ARC, "AIDS-related complex". A term being used by many physicians now is "symptomatic HIV infection." The term "ARC" is used less often now.

Some people do meet the diagnostic criteria for AIDS. They have evidence of HIV infection, or no other reason for immune suppression, along with the presence of one or more of the following conditions:

- Kaposi's sarcoma (KS)
- *Pneumocystis Carinii* pneumonia (PCP)
- One of several designated opportunistic infections (OI).
- HIV-related wasting syndrome.
- HIV dementia (HIV infection of the brain)

For a full explanation of diagnostic criteria for AIDS, see Quackenbush M, Sargent P. "CDC case definition for Acquired Immune Deficiency Syndrome." Excerpted from *Teaching AIDS*. Santa Cruz: Network Publications 1988.

5. How does HIV damage the immune system?

HIV infects several different cells of the immune system. As more and more cells become infected, there are fewer available to fight off disease. Diseases which a healthy immune system can overcome become very powerful and even life-threatening for the person with HIV disease.

6. What is the connection between alcohol or drug use and HIV risk behaviors?

The sharing of needles in injection drug use is one of the most common causes of HIV transmission in the U.S. today.

Other kinds of recreational drug use can also lead to HIV risk behaviors. For example, when a person has used drugs, he or she may be less inhibited and more likely to engage in unsafe sex or unsafe needle use. The individual may be less capable of using condoms for safer sex, or may lose resolve to abide by safer sex guidelines.

Alcohol is often considered a "soft drug," and has not traditionally been seen as an HIV-related drug. However, alcohol is known to have a disinhibiting effect, even in relatively small amounts -- in other words, it makes people let go of their inhibitions. Alcohol also impairs fine motor coordination and judgement. As with recreational drug use, these factors can all contribute to the practice of HIV risk behaviors (feeling like it won't matter if you engage in a risk, or believing there is no chance of becoming infected; finding it difficult to use condoms or other safer sex techniques; changing your mind about decisions not to engage in risky activities, or finding it easier to "slip" into risky behaviors).

Research has borne this connection out. In one important study of gay men, those *least* likely to have ever followed safer sex guidelines were *most* likely to be habitual users of alcohol and other drugs during sexual activity. Further, those who were most likely to *relapse* into unsafe sexual behaviors after practicing safer sex were also more likely to have been under the influence of alcohol or drugs at the time of the relapse (slip). Those least likely to relapse were those who did not combine sexual activity with alcohol or other drug use. *Alcohol was the most commonly used substance during sexual activity.*

(Reference: Stall R, et al. Alcohol and drug use during sexual activity and compliance with safe sex guidelines for AIDS: the AIDS Behavioral Research Project. *Health Education Quarterly*. 13 (4) Winter 1986, pp. 1-13.)

It is important to remember that social, environmental and cultural factors may also contribute to the intensity and type of disinhibition a person feels. The likelihood that a mildly inebriated person will take HIV-related risks can be greatly increased by these factors as well.

7. What does it mean when people say that AIDS is not casually transmitted?

A person will not get AIDS or HIV in the normal course of day-to-day contact with family, friends or co-workers unless that contact involves unprotected sexual intercourse, sharing of needles, or other exchange of blood. Shaking hands, hugging, sharing dishes, showers, bathrooms, telephones, etc. carry *no* risk of HIV infection.

Kissing is often a confusing issue. Saliva itself will not be a means of HIV transmission, but the mouth may contain sores, lesions, infected areas, or bleeding, and this does suggest a *theoretical* risk of transmission through deep kissing. No such cases have ever been documented. For the most part, people are going to be quite safe with kissing unless there are health problems in the mouths of both persons.

8. What does the HIV antibody test measure? What are the names of commonly used HIV antibody tests?

The HIV antibody test measures the presence of *antibody* to the AIDS virus in the blood. After a person becomes infected with HIV, antibodies will be produced (usually in 2-12 weeks). When antibodies are present, we presume the individual is infected with the virus, and must also assume he or she is capable of passing the virus on to others through the usual routes of transmission.

The most commonly used HIV antibody test in the U.S. today is the "ELISA" (enzyme-linked immunosorbent assay). Supplemental tests, used to increase the confidence in ELISA results, are the "Western Blot" and the "IFA" (immunofluorescence assay).

Several other assays for HIV antibody are being tested in different settings in the U.S. and elsewhere, but the three listed above are the most commonly used at present.

9. What kinds of treatments or vaccines will be effective against HIV disease? What sorts of things are doctors doing to help people with HIV disease today?

Many different treatment options exist for persons with HIV disease. Medical treatments include the use of anti-retrovirals (which fight retrovirus activity) and immune system boosters. Alternative interventions include approaches such as Chinese herbology, acupuncture, attitudinal adjustments or meditative activities.

As of December 1990, several recommendations have been made by the federal government concerning treatments for people with HIV disease. The recommendations are based on findings of treatment research that has investigated the efficacy of HIV-related treatments (that is, how well do they work). Some of these recommendations are based on the results of a blood test called an "absolute T-cell count." The recommendations are:

a. HIV positive persons who have had prior *Pneumocystis carinii* pneumonia (PCP), or who have absolute T-cell counts of less than 200 (CD4+ cells less than 200/mm³) should receive prophylaxis for PCP. Prophylaxis should consist of either oral trimethoprim-sulfamethoxazole (Septra) twice daily, or aerosolized pentamidine once or twice monthly.

b. HIV positive persons should have their blood screened for low T-cell counts at least every six months, to determine eligibility for PCP prophylaxis.

c. Persons with AIDS-related symptoms, even in the absence of an AIDS diagnosis, will experience greater longevity and slower progression to AIDS with the use of AZT.

d. Persons who do not have AIDS-related symptoms, but *do* have T-cell counts below 500, will experience greater longevity and slower progression to AIDS with the use of AZT.

We can expect continuing developments in HIV-related treatments in the future. With these recent federal recommendations, HIV treatment is also achieving greater standardization. Furthermore, many new drugs are currently receiving a lot of attention as potential anti-HIV treatments, and are being tested in research studies. These include, for example: ddC, ddI, Compound Q, and many others.

Vaccine research continues, and results have been more promising in the past year or two. At present, however, it still does not seem likely that a vaccine will be available in the near future. Even if a vaccine were believed to be effective against HIV, many years of testing would be necessary to establish the safety of the vaccine before it could be made generally available.

10. What kinds of medical tests can be used to evaluate the immune systems of people with HIV? What do the various tests measure?

p24 antigen test: P-24 antigen is related to the core of the Human immunodeficiency virus (HIV). It appears to be present in the blood at the time of initial infection, but then subsides. It is seldom found in the blood of asymptomatic persons with HIV disease. Later on in the course of HIV infection, it may be present again, possibly signaling new activity by the virus. In some cases, a positive p-24 antigen test is interpreted to mean that an individual will soon develop symptoms of HIV disease. (Test results on this test are either "positive" or "negative.")

Absolute T-Cell count: Measures the number of T-cells present in a specific amount of blood. Correlated to some extent with progression of disease in HIV infection. A "normal" T-cell count would typically be in the 800-1200 range. Persons with illness, including HIV infection, might have a lower number. Persons with HIV disease who have T-cell counts below 200 are more likely to develop AIDS within one or two years; treatments such as AZT and aerosolized pentamidine are recommended. (Test results on this test are a number value.)

Beta2 microglobulin: Beta2 microglobulin is a by-product of lymphocyte destruction. The test measures the level of Beta2 microglobulin in the blood. If the level is high, it indicates that lymphocytes are being destroyed. The test does not show the *reason* for lymphocyte destruction. However, in an HIV-positive individual with other laboratory markers showing immune suppression (low T-cell count, positive p-24 antigen), it is highly suggestive of damaging activity by HIV.

11. What are some of the main physical symptoms or problems that people with HIV get?

- Severe fatigue.
- Unexplained fever, chills, or drenching night sweats lasting more than several weeks.
- Unexplained weight loss of over ten pounds.
- Swollen glands in the neck, armpits or groin, lasting several months.
- Diarrhea, repeatedly over a period of several weeks.
- Dry cough that doesn't go away and is not due to a cold, flu, or smoking,
- For women, vaginal yeast infections which do not go away and do not get better with treatment.
- Unusual skin problems and blemishes that do not go away or get better with treatment.

These symptoms may be signs of diseases other than HIV. Some of them are also common for people new in recovery from alcohol or drug use.

Anyone who has HIV infection should see a doctor who knows about HIV disease, whether or not symptoms are present. Anyone who suspects he or she may have HIV infection should talk to a knowledgeable counselor about HIV antibody testing. HIV/AIDS cannot be self-diagnosed.

12. How does society's attitudes toward people of color, injection drug users, and gay people play a role in the HIV epidemic?

Governmental response: Early on in the AIDS epidemic, federal response to the HIV epidemic was slow. Prevention guidelines were not publicized and treatment and research needs were neglected. In many local areas, needed services for people with AIDS were not established even when resources existed to do this.

Many observers believe the basis of this discrepancy was the disinterest of the federal government in the plight of those most commonly diagnosed with AIDS in this early stage of the epidemic: gay and bisexual men, injection drug users, and people of color (in the earliest years of the epidemic, many Haitians were diagnosed with AIDS, and Haitians were actually categorized in their own "risk group" at the time).

Service Providers: Additionally, there continues to be a belief among many service providers that "We don't deal with those kinds of people, and AIDS is not going to be our problem." If providers are very closed to the possibility that people they serve might engage in HIV-risk behaviors, those people are less likely to be forthright in discussing their risks. Such providers are not likely to provide good HIV education, or be sensitive to people who do have HIV infection.

Individuals who might themselves be at risk: Finally, many people may not want to look at their own risks for AIDS/HIV. They may use a fear of gay people or injection drug users, or their own prejudice against other groups, to feed their own denial of possible risk ("AIDS is only relevant to gay men, or junkies, or poor people who live on the streets, and I have nothing in common with people like that.")