



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.



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July 15, 1991

HS Branch Data Manager
DPH/AIDS Office
25 Van Ness Avenue Suite 500
San Francisco, CA 94102-6033

Pursuant to your request, Please find enclosed two (2) copies of the Federal CARE Act Summer Quarter Report. This report reflects the accomplishments we have made during the first two (2) months of the grant period.

Although we have been charged with providing support group services to African-American men, you will notice we have also served European American, Asian/Pacific Islander, Latino, and Native American men. These men seem to be grateful that there are services available that do not place them in unwanted categories.

Also enclosed at the end of this report is a comment page addressing items H (Payment Source), and K (Client Disposition upon Leaving the Program). These items are not applicable at this time.

If there are any questions regarding the Summer Quarter Report, please feel free to contact me at 749-6714.

Sincerely,

Kevin G. Brooks
Regional Program Director
Support Services

cc: Reggie Williams (NTFAP)

222005/513040/513050



SF DEPT. OF PUBLIC HEALTH/AIDS OFFICE
HEALTH SERVICES BRANCH (HSB)
CONTRACTOR'S PROGRAM QUARTERLY REPORT: FY 1990-91

(please circle current report qtr.): QTR/ SPRING SUMMER FALL WINTER
CONTRACT AGENCY: BAHSES-BWMT/MACT (J-Mar) (A-Jun) (J-Sep) (O-Dec)
PROGRAM (COST CENTER): 91-02 REPORT COMPLETED (date): 07 / 15 / 91
AGENCY CONTACT PERSON: Kevin G. Brooks AIDS OFFICE PGM. MGR: Russ Zellers

PROGRAM SERVICES PROVIDED

I. UNITS OF SERVICE (UOS)

	<u>Calendar Quarter</u>	<u>Contract Period-to-Date</u>
A. Actual UOS	<u>240</u>	<u>240</u>
B. Projected UOS (from contract)	<u>656.25</u>	<u>656.25</u>
C. % Service Utilization	<u>.37</u>	<u>.37</u>
D. Actual Contract Cost/UOS	<u>\$ 6,856 .80</u>	
E. Projected Cost/UOS (from contract)	<u>\$ 28 .57</u>	
F. Actual Total Program Cost/UOS	<u>\$ 6,856 .80</u>	
G. Projected Total Program Cost/UOS	<u>\$ 75,000 .00</u>	

II. CLIENT INFORMATION

(Enter the number of new clients served during the quarter for each item below. Each client can be counted only once for each item otherwise indicated. Do not use percents.)

A. NUMBER CLIENTS
SERVED (Undup.) 24 Total/Qtr. 24 Contract Period-to-Date
.27 Average number of clients served/day

B. SEX 24 Male
0 Female

C. AGE 0 less than 12 yrs. 11 30-39 yrs. 60+ yrs.
0 13-19 yrs. 9 40-49 yrs.
4 20-29 yrs. 50-59 yrs.

D. ETHNICITY 12 White 3 Asian/Pac. Islander
6 African-American 2 Native American
1 Latino Other:

E. TRANSMISSION CATEGORY	<u>24</u> Gay/bisexual male	_____ Transfusion recipient/ blood disorders
	_____ Injection drug user (IDU)	_____ Partner of high risk group
	_____ Gay/bisexual and IDU	_____ Other(specify): _____
	_____ Unknown	_____
F. SOURCE OF REFERRAL	_____ SFGH	_____ Other (Churches, etc. specify:) _____
	_____ Public Health Provider	_____
	_____ Private Health Provider	<u>6</u> Self
	<u>13</u> Comm. Service Provider (CBO, etc.)	<u>5</u> Friend/Family/Lover
		_____ Unknown
G. LIVING ARRANGEMENT	<u>12</u> Alone	_____ Hotel
	<u>5</u> With lover/spouse	_____ Comm. Svc. Provider (CBO)
	_____ With blood relative	_____ Hospital/institution
	<u>2</u> With friends	_____ Other (specify): _____
	<u>4</u> Unknown	<u>1</u> Unstable, no permanent address
* H. PAYMENT SOURCE (include all applicable insurance & payment sources)	_____ Medi-Cal	_____ Other (VA, CHAMPUS, etc): _____
	_____ Medicare	_____ HMO
	_____ Private Insurance	_____ Uninsured status (inc. undocumented)
	_____ Medi-Cal + other ins.	_____ Unknown
I. CLIENT SELF-PAY	a) <u>X</u> Yes _____ No _____ N/A	b) If "Yes": _____ copayment? _____ sliding scale? _____ other(specify): _____
J. MEDICAL DIAGNOSES (may be more than one for each client)	<u>8</u> Certified AIDS diagnosis	_____ Hx of Mental Illness; other psychiatric disorders/conditions
	_____ AIDS Dementia	
	<u>6</u> History (Hx) of alcohol or drugs	<u>16</u> Other(specify): <u>HIV+</u>
* K. CLIENT DISPOSITION UPON LEAVING PROGRAM	_____ Hospitalization	_____ No current need for services
	_____ Client withdrew from program or refused service	_____ Client died
	_____ Other svc. provider	_____ Client left county
	_____ provider	_____ Unknown
		_____ N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? ☒ No ☐ Yes
* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?
The contracted cost/unit of service matches the actual cost/unit of service for all our clients.

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) ☒ No ☐ Yes

* If "yes", please comment:

2. How has the program succeeded?

The support groups have formed and held at a constant number.

* What are its strengths?

The promotion of bonding between the members, outside guest, and presentations.

3. Has the program noted any problems? ☐ No ☒ Yes

* Please comment:

Compatibility among members of different age groups.

* What steps have been taken towards their resolution?

We will provide social events where members in different groups can meet other members their age.

4. Have you noted any gaps in available services? ☒ No ☐ Yes

* If "yes", where do they occur?

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? _____ No X Yes
* How long is that list?

37 people

- * What is the average waiting time?

2 weeks

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

If they choose not to wait for one of our support groups, we then refer them to other support group programs such as Glide AIDS Project, AHP's Positives Being Positive, and if they are women, we refer them to the various women's support services available.

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?

None

2. What were their results?

N/A

Bay Area HIV Support and Education Services BWMT/MACT
Federal CARE - Formula
Summer Quarter Report
May 1, 1991 - April 30, 1992

Category Data Classification/Comments

* H. Payment Source:

This category is not applicable since we do not charge for our services.

* K. Client Disposition Upon Leaving Program:

This category is not applicable since none of our clients have left the program.

222005/513040/513050

CONTACT DELIVERABLE REPORT

GRANT NAME: _____

FOR MONTH OF: _____

BAHSES BWMT/MACT

[illegible]

SUBMITTED BY: _____

DATE: _____ CODE: _____

CODE: _____



625 O'FARRELL STREET
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October 15, 1991

HS Branch Data Manager
DPH/AIDS Office
25 Van Ness Avenue Suite 500
San Francisco, CA 94102-6033

Pursuant to your request, Please find enclosed two (2) copies of the Federal CARE Act Fall Quarter Report. This report reflects the accomplishments we have made during the second quarter of the grant period.

Although we have been charged with providing support group services to African-American men, you will notice we have also served European American, Asian/Pacific Islander, Latino, and Native American men. These men seem to be grateful that there are services available that do not place them in unwanted categories.

You may also notice some discrepancies in our reporting figures regarding units of service for this period. This is due to the fact that we are still learning what should and shouldn't be counted as deliverables (ie: number of clients, units of service, etc).

If there are any questions regarding the Fall Quarter Report, please feel free to contact me at 749-6714.

Sincerely,

Kevin G. Brooks
Regional Program Director
Support Services

cc: Reggie Williams (NTFAP)

222005/513040/513050



AIDS OFFICE, HEALTH SERVICES BRANCH PROGRAM QUARTERLY REPORT

YEAR: 1991

CONTRACT AGENCY: BAHSES	QUARTER: SPRING SUMMER <u>FALL</u> WINTER (check one) (J-MAR) (A-JUN) (J-SEPT) (O-DEC)
PROGRAM: Emotional Support (91-02)	REPORT COMPLETED (date): 10/15/91
AGENCY CONTACT PERSON: Kevin G. Brooks	AO PGM. MGR: Russ Zellers

I. UNITS OF SERVICE (UOS)

Calendar Quarter

Contract
Period-to-Date

A. Actual UOS	<u>158</u>	<u>222</u>
B. Projected UOS (from contract)	<u>656.25</u>	<u>656.25</u>
C. % Service Utilization	<u>. 24</u> %	<u>. 34</u> %
D. Actual Contract Cost/UOS	\$ <u>4514. 06</u>	
E. Projected Cost/UOS (from contract)	\$ <u>28. 57</u>	
F. Actual Total Program Cost/UOS	\$ <u>4514. 06</u>	
G. Projected Total Program Cost/UOS	\$ <u>75,000. 00</u>	

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents.
Total per category must equal the number served.)

A. NUMBER OF CLIENTS SERVED (unduplicated)	<u>8</u>	Total/Qtr.	<u>31</u>	Contract Period-to-Date
	<u>. 08</u>	Average number of clients served/day		
B. SEX (total= <u>31</u>)	<u>31</u>	Male	<u> </u>	Unknown
	<u> </u>	Female		
C. AGE (total= <u>32</u>)	<u> </u>	less than 12 yrs.	<u>18</u>	30-39 yrs. <u> </u> 60+ yrs.
	<u> </u>	13-19 yrs.	<u>9</u>	40-49 yrs. <u> </u> Unknown
	<u>5</u>	20-29 yrs.	<u> </u>	50-59 yrs.
D. ETHNICITY (total= <u>32</u>)	<u>13</u>	White	<u>2</u>	Asian/Pac. Islander
	<u>16</u>	African-American	<u> </u>	Native American
	<u> </u>	Latino	<u>1</u>	Other(specify): Egyptian
E. TRANSMISSION CATEGORY (total= <u>32</u>)	<u>32</u>	Gay/bisexual male	<u> </u>	Transfusion recipient/ blood disorders
	<u> </u>	Injection drug user (IDU)	<u> </u>	Partner of high risk group
	<u> </u>	Gay/bisexual and IDU	<u> </u>	Other (specify):

F. SOURCE OF
REFERRAL

(total= 32)

<u> </u> SFGH/Public Hospital	<u>18</u> Other (specify): <u>Friends, Self, Lover</u>
<u> </u> Public Health Provider	<u>14</u> Comm. Service Provider (CBO, etc.)
<u> </u> Private Health Provider	<u> </u> Unknown

G. LIVING SITUATION

(Fill in columns a) and b)
for each client)

a) <u>19</u> Alone	b) <u> </u> Hotel
<u>5</u> With lover/spouse	<u>32</u> Apt./own residence
<u> </u> With relative(s)	<u> </u> Comm. Svc. Provider (CBO)
<u>2</u> With friends	<u> </u> Hospital/Institution
<u>6</u> Unknown	<u> </u> Other (specify):
	<u> </u> Homeless

H. PAYMENT SOURCE

(include all
applicable insurance
& payment
sources)

<u> </u> Medi-Cal	<u> </u> Other (VA, CHAMPUS, etc.):
<u> </u> Medicare	<u> </u> HMO
<u> </u> Private Insurance	<u> </u> Uninsured status (incl. undocumented)
<u> </u> Medi-Cal + other ins.	<u>32</u> Unknown

I. CLIENT SELF-PAY
(total= 32)

a) <u> </u> Yes	b) If "Yes": <u> </u> copayment?
<u> </u> No	<u> </u> sliding scale?
<u>X</u> N/A	<u> </u> other (specify):

J. MEDICAL
DIAGNOSES

(include all that
apply for each client)

<u>8</u> AIDS	<u> </u> Hx of Mental Illness; other psychiatric disorders/conditions
<u> </u> ARC/disabling HIV	<u> </u> Other (specify):
<u>24</u> HIV positive	<u> </u> Unknown
<u> </u> AIDS Dementia	
<u>6</u> History (Hx) of alcohol or drug use	

K. CLIENT
DISPOSITION
UPON LEAVING
PROGRAM
(total= 32)

<u> </u> Hospitalization	<u> </u> Client died
<u> </u> Client withdrew/refused service	<u> </u> Client left county
<u> </u> Other svc. provider	<u> </u> Unknown
<u>1</u> No longer needs service	<u>32</u> N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? ☒ No ☐ Yes

* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?

The contracted cost and the actual cost per unit of service are the same.

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) ☐ No ☒ Yes

* If "yes", please comment:

We have had to discharge the Project Assistant we hired and have not been able to hire another one.

2. How has the program succeeded?

It has provided a space for African American Men who are HIV positive to address their issues around HIV and their mortality.

* What are its strengths?

It's flexibility and program direction.

3. Has the program noted any problems? ☐ No ☒ Yes

* Please comment:

Holding on to clients who do not have a way for us to do follow up contact.

* What steps have been taken towards their resolution?

A drop-in group has been created to attract and service them until a closed program group can be started to service Their needs.

4. Have you noted any gaps in available services? ☒ No ☐ Yes

* If "yes", where do they occur?

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? _____ No X Yes

* How long is that list?

It varies.

* What is the average waiting time?

2 weeks

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

To other agencies such as Glide, AIDS Health Project, A.I.D.S. etc.

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?

2 groups have completed evaluation forms for Module I & Module II.

2. What were their results?

Suggestion made by clients are being incorporated into the HIV Survival Support Program.

BAHSES-BWMT/MACT INTER OFFICE MEMORANDUM

October 15, 1991

TO: SEE DISTRIBUTION

FR: 
Kevin G. Brooks, Program Director/Support Services

RE: TRANSPORTATION SUPPORT PROGRAM REPORT FOR SEPTEMBER

Please attach the accompanying Transportation Support program report for September 1991 to the September Monthly Report/Support Services.

Thank You

Dist: Lee Woo
Reggie Williams

513040

**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
EACH Program	\$68.00	\$60.00	0.00	\$30.00	\$68.00	\$30.00
BAHSES	\$68.00	\$180.00	0.00	\$120.00	\$68.00	\$60.00
Totals	\$134.00	\$240.00	0.00	\$150.00	\$134.00	\$90.00

Comments For the month of september no bus tokens were used. The EACH program had one emergency client that rolled over and signed up as a BAHSES client. BAHSES signed up one (1) African American Man and one (1) European American man. Along with the roll over from the EACH program, Bahses now has three (3) clients enrolled in the Transportation support program.

Kevin G. Brooks
Program Director/Support Services

CONTRACT DELIVERABLE REPORT

GRANT NAME: Ryan White CARE Supplemental Grant

FOR MONTH OF: September 1991

BAHSES BWMT/MACT

[illegible]

Kevin G. Brooks

SUBMITTED BY: Program Director/Support Services

DATE: 10/15/91 CODE: 91-03

AIDS OFFICE, HEALTH SERVICES BRANCH PROGRAM QUARTERLY REPORT

YEAR: 1991

CONTRACT AGENCY: BAHSES-BWMT/MACT	QUARTER: SPRING SUMMER FALL WINTER (check one) (J-MAR) (A-JUN) (J-SEPT) (O-DEC)
PROGRAM: EMOTIONAL SUPPORT (91-02)	REPORT COMPLETED (date): 1/15/92
AGENCY CONTACT PERSON: KEVIN G. BROOKS	AO PGM. MGR: RUSS ZELLERS

I. UNITS OF SERVICE (UOS)

Calendar Quarter

Contract
Period-to-Date

A. Actual UOS	<u>142</u>	<u>660</u>
B. Projected UOS (from contract)	<u>656.25</u>	<u>656.25</u>
C. % Service Utilization	<u>.21</u> %	<u>1.01</u> %
D. Actual Contract Cost/UOS	\$ <u>4056.94</u>	
E. Projected Cost/UOS (from contract)	\$ <u>28.57</u>	
F. Actual Total Program Cost/UOS	\$ <u>4056.94</u>	
G. Projected Total Program Cost/UOS	\$ <u>75,000.00</u>	

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents.
Total per category must equal the number served.)

A. NUMBER OF CLIENTS SERVED (unduplicated)	<u>13</u> Total/Qtr.	<u>55</u> Contract Period-to-Date
	<u>.61</u> Average number of clients served/day	
B. SEX (total= <u> </u>)	<u>13</u> Male	<u> </u> Unknown
	<u> </u> Female	
C. AGE (total= <u> </u>)	<u> </u> less than 12 yrs.	<u>13</u> 30-39 yrs. <u> </u> 60+ yrs.
	<u> </u> 13-19 yrs.	<u> </u> 40-49 yrs. <u> </u> Unknown
	<u> </u> 20-29 yrs.	<u> </u> 50-59 yrs.
D. ETHNICITY (total= <u>13</u>)	<u>3</u> White	<u> </u> Asian/Pac. Islander
	<u>10</u> African-American	<u> </u> Native American
	<u> </u> Latino	<u> </u> Other(specify):
E. TRANSMISSION CATEGORY (total= <u>13</u>)	<u>13</u> Gay/bisexual male	<u> </u> Transfusion recipient/ blood disorders
	<u> </u> Injection drug user (IDU)	<u> </u> Partner of high risk group
	<u> </u> Gay/bisexual and IDU	<u> </u> Other (specify):

F. SOURCE OF REFERRAL
(total=_____)

_____ SFGH/Public Hospital 3 Other (specify): s e l f
 _____ Public Health Provider 5 Comm. Service Provider (CBO, etc.)
 _____ Private Health Provider 5 Unknown

G. LIVING SITUATION
(Fill in columns a) and b) for each client)

a) 5 Alone b) _____ Hotel
 3 With lover/spouse _____ Apt./own residence
 _____ With relative(s) _____ Comm. Svc. Provider (CBO)
 _____ With friends _____ Hospital/Institution
 5 Unknown _____ Other (specify):
 _____ Homeless

H. PAYMENT SOURCE
(include all applicable insurance & payment sources)

_____ Medi-Cal _____ Other (VA, CHAMPUS, etc.):
 _____ Medicare _____ HMO
 _____ Private Insurance 13 Uninsured status (incl. undocumented)
 _____ Medi-Cal + other ins. _____ Unknown

I. CLIENT SELF-PAY
(total=_____)

a) _____ Yes b) If "Yes": _____ copayment?
 _____ No _____ sliding scale?
 n/a N/A _____ other (specify):

J. MEDICAL DIAGNOSES
(include all that apply for each client)

_____ AIDS _____ Hx of Mental Illness; other psychiatric disorders/conditions
 _____ ARC/disabling HIV _____ Other (specify):
 13 HIV positive
 _____ AIDS Dementia
 _____ History (Hx) of alcohol or drug use _____ Unknown

K. CLIENT DISPOSITION UPON LEAVING PROGRAM
(total=_____)

_____ Hospitalization _____ Client died
 _____ Client withdrew/refused service _____ Client left county
 _____ Other svc. provider _____ Unknown
 _____ No longer needs service X N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? X No Yes
* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?

The contracted cost & the actual cost per unit of service.

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) No X Yes

* If "yes", please comment:

We have hired a program coordinator to run the program.

2. How has the program succeeded?

It has provided a space for African-American men who are HIV positive to address their issues around HIV and their mortality.
* What are its strengths?

It's flexibility & program direction..

3. Has the program noted any problems? No X Yes

* Please comment:

Program was understaffed for a period & then the holiday season came, therefore the numbers are low for this quarter.

* What steps have been taken towards their resolution?

A program coordinator has been hired, advertising has been developed & outreach efforts to the targeted population have been beefed up.

4. Have you noted any gaps in available services? X No Yes

* If "yes", where do they occur?

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? _____ No X Yes

* How long is that list?

It varies.

* What is the average waiting time?

2 weeks

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

o other agencies such as Glide, AIDS Health Project, A.I.D.S., etc.

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?

2 groups have completed evaluation forms for modules I & II.

2. What were their results?

Suggestions made by clients are being incorporated into the HIV Survival Program.



625 O'FARRELL STREET
SAN FRANCISCO, CA 94109
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P.O. BOX 811, OAKLAND, CA 94604

January 15, 1992

HS Branch Data Manager
DPH/AIDS Office
25 Van Ness Avenue Suite 500
San Francisco, CA 94102-6033



Pursuant to your request, Please find enclosed two (2) copies of the Federal CARE Act Winter Quarter Report. This report reflects the accomplishments we have made during the third quarter of the grant period.

If there are any questions regarding the Winter Quarter Report, please feel free to contact me at 749-6714.

Sincerely,

Kevin G. Brooks
Program Director/Support Services

cc: Reggie Williams (NTFAP)

222005/513040/513050



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

AIDS OFFICE, HEALTH SERVICES BRANCH

PROGRAM QUARTERLY REPORT

YEAR: 1991

CONTRACT AGENCY: BAHSES-BWMT/MACT PROGRAM: EMOTIONAL SUPPORT (91-02) AGENCY CONTACT PERSON: KEVIN G. BROOKS	QUARTER: SPRING SUMMER FALL WINTER (check one) (J-MAR) (A-JUN) (J-SEPT) (O-DEC) REPORT COMPLETED (date): 1/15/92 AO PGM. MGR: RUSS ZELLERS
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I. UNITS OF SERVICE (UOS)

Calendar Quarter

Contract Period-to-Date

A. Actual UOS	<u>142</u>	<u>660</u>
B. Projected UOS (from contract)	<u>656.25</u>	<u>656.25</u>
C. % Service Utilization	<u>.21</u> %	<u>1.01</u> %
D. Actual Contract Cost/UOS	\$ <u>4056.94</u>	
E. Projected Cost/UOS (from contract)	\$ <u>28.57</u>	
F. Actual Total Program Cost/UOS	\$ <u>4056.94</u>	
G. Projected Total Program Cost/UOS	\$ <u>75,000.00</u>	

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents.
Total per category must equal the number served.)

A. NUMBER OF CLIENTS SERVED (unduplicated)	<u>13</u> Total/Qtr.	<u>55</u> Contract Period-to-Date
	<u>.61</u> Average number of clients served/day	
B. SEX (total=)	<u>13</u> Male	<u> </u> Unknown
	<u> </u> Female	
C. AGE (total=)	<u> </u> less than 12 yrs.	<u>13</u> 30-39 yrs. <u> </u> 60+ yrs.
	<u> </u> 13-19 yrs.	<u> </u> 40-49 yrs. <u> </u> Unknown
	<u> </u> 20-29 yrs.	<u> </u> 50-59 yrs.
D. ETHNICITY (total= <u>13</u>)	<u>3</u> White	<u> </u> Asian/Pac. Islander
	<u>10</u> African-American	<u> </u> Native American
	<u> </u> Latino	<u> </u> Other(specify):
E. TRANSMISSION CATEGORY (total= <u>13</u>)	<u>13</u> Gay/bisexual male	<u> </u> Transfusion recipient/ blood disorders
	<u> </u> Injection drug user (IDU)	<u> </u> Partner of high risk group
	<u> </u> Gay/bisexual and IDU	<u> </u> Other (specify):

**F. SOURCE OF
REFERRAL**

(total=_____)

_____ SFGH/Public Hospital

_____ Public Health Provider

_____ Private Health Provider

_____ 3 Other (specify): s e l f

_____ 5 Comm. Service Provider
(CBO, etc.)

_____ 5 Unknown

G. LIVING SITUATION

(Fill in columns a) and b)
for each client)

a) _____ 5 Alone

_____ 3 With lover/spouse

_____ With relative(s)

_____ With friends

_____ 5 Unknown

b) _____ Hotel

_____ Apt./own residence

_____ Comm. Svc. Provider (CBO)

_____ Hospital/Institution

_____ Other (specify):

_____ Homeless

H. PAYMENT SOURCE

(include all
applicable insurance
& payment
sources)

_____ Medi-Cal

_____ Medicare

_____ Private Insurance

_____ Medi-Cal + other ins.

_____ Other (VA, CHAMPUS,
etc.):

_____ HMO

_____ 13 Uninsured status
(incl. undocumented)

_____ Unknown

I. CLIENT SELF-PAY

(total=_____)

a) _____ Yes

_____ No

_____ n / a N/A

b) If "Yes": _____ copayment?

_____ sliding scale?

_____ other (specify):

J. MEDICAL

DIAGNOSES

(include all that
apply for each client)

_____ AIDS

_____ ARC/disabling HIV

_____ 13 HIV positive

_____ AIDS Dementia

_____ History (Hx) of
alcohol or drug use

_____ Hx of Mental Illness;
other psychiatric
disorders/conditions

_____ Other (specify):

_____ Unknown

K. CLIENT

DISPOSITION

**UPON LEAVING
PROGRAM**

(total=_____)

_____ Hospitalization

_____ Client withdrew/refused service

_____ Other svc. provider

_____ No longer needs service

_____ Client died

_____ Client left county

_____ Unknown

_____ X N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? ☒ No ☐ Yes
* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?

The contracted cost & the actual cost per unit of service.

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) ☐ No ☒ Yes

* If "yes", please comment:

We have hired a program coordinator to run the program.

2. How has the program succeeded?

It has provided a space for African-American men who are HIV positive to address their issues around HIV and their mortality.
* What are its strengths?

It's flexibility & program direction.

3. Has the program noted any problems? ☐ No ☒ Yes

* Please comment:

Program was understaffed for a period & then the holiday season came, therefore the numbers are low for this quarter.

* What steps have been taken towards their resolution?

A program coordinator has been hired, advertising has been developed & outreach efforts to the targeted population have been beefed up.

4. Have you noted any gaps in available services? ☒ No ☐ Yes

* If "yes", where do they occur?

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? _____ No X Yes

* How long is that list?

It varies.

* What is the average waiting time?

2 weeks

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

o other agencies such as Glide, AIDS Health Project, A.I.D.S., etc.

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?

2 groups have completed evaluation forms for modules I & II.

2. What were their results?

Suggestions made by clients are being incorporated into the HIV Survival Program.



625 O'FARRELL STREET
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P.O. BOX 811, OAKLAND, CA 94604



January 15, 1992

HS Branch Data Manager
DHP/AIDS Office
25 Van Ness Avenue Suite 500
San Francisco, CA 94102-6033

Pursuant to your request, please find enclosed two (2) copies of the Federal CARE/Supplemental Winter Quarter Report. This report reflects the accomplishments we have made during the second quarter of the grant period.

If there are any questions regarding the Federal CARE/Supplemental Winter Quarter Report, please feel free to contact me at 749-6714.

Sincerely,

Kevin G. Brooks
Program Director/Support Services

222005/513040/513050



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

AIDS OFFICE, HEALTH SERVICES BRANCH PROGRAM QUARTERLY REPORT

YEAR: 1991

CONTRACT AGENCY: BAHSES-BWMT/MACT PROGRAM: Transportation Support (91-03) AGENCY CONTACT PERSON: Kevin G. Brooks	QUARTER: SPRING SUMMER FALL WINTER (check one) (J-MAR) (A-JUN) (J-SEPT) (O-DEC) REPORT COMPLETED (date): 1/15/92 AO PGM. MGR: Russ Zellers
--	---

I. UNITS OF SERVICE (UOS)

Calendar Quarter

Contract Period-to-Date

A. Actual UOS	38	38
B. Projected UOS (from contract)	4332	4332
C. % Service Utilization	.009 %	.009 %
D. Actual Contract Cost/UOS	\$ 39.10	
E. Projected Cost/UOS (from contract)	\$ 1.15	
F. Actual Total Program Cost/UOS	\$ 43.70	
G. Projected Total Program Cost/UOS	\$ 5000.00	

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents.
Total per category must equal the number served.)

A. NUMBER OF CLIENTS SERVED (unduplicated)	5	Total/Qtr.	5	Contract Period-to-Date
	.06	Average number of clients served/day		
B. SEX	5	Male		
(total= 5)		Female		
C. AGE		less than 12 yrs.	5	30-39 yrs.
(total= 5)		13-19 yrs.		60+ yrs.
		20-29 yrs.		40-49 yrs.
				50-59 yrs.
D. ETHNICITY		White		
(total= 5)	5	African-American		
		Latino		
			Asian/Pac. Islander	
			Native American	
			Other(specify):	
E. TRANSMISSION CATEGORY	5	Gay/bisexual male		
(total= 5)		Injection drug user (IDU)		
		Gay/bisexual and IDU		
			Transfusion recipient/ blood disorders	
			Partner of high risk group	
			Other (specify):	

F. SOURCE OF REFERRAL

(total= 5)

 SFGH/Public Hospital

 Other (specify):

 Public Health Provider

5 Comm. Service Provider
(CBO, etc.)

 Private Health Provider

 Unknown

G. LIVING SITUATION

(Fill in columns a) and b)
for each client)

a) Alone

b) Hotel

 With lover/spouse

 Apt./own residence

 With relative(s)

 Comm. Svc. Provider (CBO)

 With friends

 Hospital/Institution

5 Unknown

 Other(specify):

 Homeless

H. PAYMENT SOURCE

(include all
applicable insurance
& payment
sources)

 Medi-Cal

 Other (VA, CHAMPUS,
etc.):

 Medicare

 HMO

 Private Insurance

5 Uninsured status
(incl. undocumented)

 Medi-Cal + other ins.

 Unknown

I. CLIENT SELF-PAY

(total=)

a) Yes

b) If "Yes": copayment?

 No

 sliding scale?

5 N/A

 other(specify):

J. MEDICAL

DIAGNOSES

(include all that
apply for each client)

 AIDS

 Hx of Mental Illness;
other psychiatric
disorders/conditions

 ARC/disabling HIV

 HIV positive

 Other(specify):

 AIDS Dementia

 History(Hx) of
alcohol or drug use

X Unknown

K. CLIENT

DISPOSITION

**UPON LEAVING
PROGRAM**

(total=)

 Hospitalization

 Client died

 Client withdrew/refused service

 Client left county

 Other svc. provider

 Unknown

 No longer needs service

 N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? X No Yes
* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?

The contracted cost and the actual cost per unit of service are the same.

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) X No Yes

* If "yes", please comment:

2. How has the program succeeded?

It has offered transportation support to HIV African American men.

* What are its strengths?

The program is offered to clients of other organizations.

3. Has the program noted any problems? No X Yes

* Please comment:

Other agencies that have been notified about the program have not utilized it for their clients.

* What steps have been taken towards their resolution?

A monthly flyer announcing the transportation program and other BAHSES programs will be sent to agencies that service African American men.

4. Have you noted any gaps in available services? X No Yes

* If "yes", where do they occur?

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? X No Yes
* How long is that list?

* What is the average waiting time?

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

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

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?

Clients complete a satisfaction sheet when they receive a new allotment of tokens or vouchers.

2. What were their results?

Satisfactory service has been delivered



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April 3, 1992

HS Branch Data Manager
Department of Public Health
AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102

Two copies of the Federal CARE Spring Quarter Report are enclosed.
The report reflects accomplishments made during the first quarter
of the grant period.

Should you have any questions about the report, please feel free to
contact me.

Sincerely,

Mike Brunetti
Support Services

cc: Reggie Williams
222005/513040/513050



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

AIDS OFFICE, HEALTH SERVICES BRANCH PROGRAM QUARTERLY REPORT

YEAR: 1992

CONTRACT AGENCY: BAHSES - BWMT/MACT	QUARTER: ☒ SPRING (check one) (J-MAR) SUMMER (A-JUN) FALL (J-SEPT) WINTER (O-DEC)
PROGRAM: Emotional Support (91-02)	REPORT COMPLETED (date): April 3, 1992
AGENCY CONTACT PERSON: Mike Brunetti	AO PGM. MGR: RUSS ZELLERS

I. UNITS OF SERVICE (UOS)

Calendar Quarter

Contract
Period-to-Date

A. Actual UOS	160	820
B. Projected UOS (from contract)	656.25	656.25
C. % Service Utilization	24 %	1.25 %
D. Actual Contract Cost/UOS	\$ 4,571.20	
E. Projected Cost/UOS (from contract)	\$ 28.57	
F. Actual Total Program Cost/UOS	\$ 4,571.20 -	
G. Projected Total Program Cost/UOS	\$ 75,000.00	

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents.
Total per category must equal the number served.)

A. NUMBER OF CLIENTS SERVED (unduplicated)	13 Total/Qtr.	68 Contract Period-to-Date
	.61 Average number of clients served/day	
B. SEX (total=)	13 Male	Unknown
	Female	
C. AGE (total=)	less than 12 yrs.	13 30-39 yrs. 60+ yrs.
	13-19 yrs.	40-49 yrs. Unknown
	20-29 yrs.	50-59 yrs.
D. ETHNICITY (total=)	3 White	Asian/Pac. Islander
	10 African-American	Native American
	Latino	Other(specify):
E. TRANSMISSION CATEGORY (total=)	13 Gay/bisexual male	Transfusion recipient/ blood disorders
	Injection drug user (IDU)	Partner of high risk group
	Gay/bisexual and IDU	Other (specify):

F. SOURCE OF REFERRAL

(total=_____)

_____ SFGH/Public Hospital	_____ 3 _____ Other (specify): s e l f
_____ Public Health Provider	_____ 5 _____ Comm. Service Provider (CBO, etc.)
_____ Private Health Provider	_____ 5 _____ Unknown

G. LIVING SITUATION

(Fill in columns a) and b) for each client)

a) _____ 5 _____ Alone..	b) _____ Hotel
_____ 3 _____ With lover/spouse	_____ Apt./own residence
_____ With relative(s)	_____ Comm.Svc.Provider(CBO)
_____ With friends	_____ Hospital/Institution
_____ 5 _____ Unknown	_____ Other(specify):
	_____ Homeless

H. PAYMENT SOURCE

(include all applicable insurance & payment sources)

_____ Medi-Cal	_____ Other (VA, CHAMPUS, etc.):
_____ Medicare	_____ HMO
_____ Private Insurance	_____ 13 _____ Uninsured status (incl. undocumented)
_____ Medi-Cal + other ins.	_____ Unknown

I. CLIENT SELF-PAY

(total=_____)

a) _____ Yes	b) If "Yes": _____ copayment?
_____ No	_____ sliding scale?
_____ n/a _____ N/A	_____ other(specify):

J. MEDICAL

DIAGNOSES

(include all that apply for each client)

_____ AIDS	_____ Hx of Mental Illness; other psychiatric disorders/conditions
_____ ARC/disabling HIV	_____ Other(specify):
_____ 13 _____ HIV positive	_____ Unknown
_____ AIDS Dementia	
_____ History(Hx) of alcohol or drug use	

K. CLIENT

DISPOSITION

UPON LEAVING PROGRAM

(total=_____)

_____ Hospitalization	_____ Client died
_____ Client withdrew/refused service	_____ Client left county
_____ Other svc. provider	_____ Unknown
_____ No longer needs service	_____ X _____ N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? x No Yes
* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?

They are the same.

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) No x Yes

* If "yes", please comment:

Program Coordinator resigned (hired in December, 1991). A new Program Coordinator was hired March 1, 1992.

2. How has the program succeeded?

Aggressive outreach began in March to 28 AIDS service organizations which has resulted in sufficient numbers to start a new group April 2, 1992. Such outreach is anticipated to continue.

* What are its strengths?

The program meets real needs of the HIV impacted person. Peer facilitators add great power to the program's intent and content.

3. Has the program noted any problems? No s Yes

* Please comment:

Program has experienced turnover in leadership and staffing. With new management committed to outreach, remedy is the goal.

* What steps have been taken towards their resolution?

Measurable outreach; new leadership; ads

4. Have you noted any gaps in available services? x No Yes

* If "yes", where do they occur?

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? _____ No _____ x Yes

* How long is that list?

It varies.

* What is the average waiting time?

2 weeks

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

Glide, AIDS Health Project, A.I.D.S.

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?

1 group completed evaluation forms for Modules I and II.

2. What were their results?

After a review of all evaluations, new leadership is re-visiting entire program including the hiring of a Clinical Supervisor. While there are NO PROGRAM DOLLARS ALLOCATED for such a person, the need to receive consultation about the structure and topics of each module is mandated.

Support group facilitator meetings are being used to obtain input about program's success and weaknesses. Recruitment methods for facilitators are also being evaluated.

New flyers were created and a decision to eliminate the word "Survival" from the title of the program made since it is deemed too negative.

It is anticipated further details will be provided by the next quarterly report, based on extensive research, discussion and results of these attempts, i.e. outreach efforts.



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July 10, 1992

HS Branch Data Manager
Department of Public Health
AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102

Two copies of the CARE/Supplemental Summer Quarterly Report are enclosed. The report reflects accomplishments made during the quarter, which for this contract, is the final report.

Should you have any questions, please feel free to call.

Sincerely,

Mike Brunetti

cc: Reggie Williams
222005/513040/513050



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

YEAR: 1992

QUARTER:	SPRING	X SUMMER	FALL	WINTER
(check one)	(J-MAR)	(A-JUN)	(J-SEPT)	(O-DEC)

REPORT COMPLETED (date): July 10, 1992

AO PGM. MGR:Michelle Long-Dixon

Contract
Period-to-Date

4295

4332

4332

4332

100 00%

100 00 %

\$ 1 . 15

* Per AIDS Office, we are not to report any overage UOS in our figures. None have been added; however, for information purposes BAHSES provided on its own an added 765 UOS during the calender quarter. The costs were absorbed by the agency and continue to demonstrate the demand/need for this service.

\$ 1 15

\$ 1 15

\$ 5000 . 00

(Use actual counts for each item. Do not use percents.
Total per category must equal the number served.)

117 Total/Qtr.

179 Contract Period-to-Date

(unduplicated)

3.90 Average number of clients served/day

113 Male

Unknown

(total=_____)

4 Female

less than 12 yrs.

58	30-39 yrs.	1	60+ yrs.
----	------------	---	----------

(total=_____)

2 13-19 yrs.

16 40-49 yrs: .13 Unknown

20 20-29 yrs.

7 50-59 yrs.

51 White

Asian/Pac. Islander

(total=)

49 African-American

2 Native American

15 Latino

Other(specify):

79 Gay/bisexual male

Transfusion recipient/
blood disorders

(total=_____)

Injection drug user (IDU)

Partner of high risk group

Gay/bisexual and IDU

38 Other (specify): Unknown

F. SOURCE OF REFERRAL

(total=_____)

_____ SFGH/Public Hospital	_____ 5 Other (specify): Self
_____ 34 Public Health Provider	_____ 34 Comm. Service Provider (CBO, etc.)
_____ 31 Private Health Provider	_____ 13 Unknown

G. LIVING SITUATION

(Fill in columns a) and b)
for each client)

a) _____ 75 Alone	b) _____ 46 Hotel
_____ 10 With lover/spouse	_____ 48 Apt./own residence
_____ 3 With relative(s)	_____ 5 Comm. Svc. Provider (CBO)
_____ 6 With friends	_____ 1 Hospital/Institution
_____ 23 Unknown	_____ Other(specify):
	_____ 17 Homeless

H. PAYMENT SOURCE

(include all applicable insurance & payment sources)

_____ Medi-Cal	_____ Other (VA, CHAMPUS, etc.):
_____ Medicare	_____ HMO
_____ Private Insurance	_____ Uninsured status (incl. undocumented)
_____ Medi-Cal + other ins.	_____ n/a Unknown

I. CLIENT SELF-PAY

(total=_____)

a) _____ Yes	b) If "Yes": _____ copayment?
_____ No	_____ sliding scale?
_____ x N/A	_____ other(specify):

J. MEDICAL

DIAGNOSES

(include all that apply for each client)

_____ 24 AIDS	_____ Hx of Mental Illness; other psychiatric disorders/conditions
_____ 40 ARC/disabling HIV	
_____ 52 HIV positive	_____ Other(specify):
_____ 1 AIDS Dementia	
_____ History(Hx) of alcohol or drug use	_____ Unknown

K. CLIENT

DISPOSITION UPON LEAVING PROGRAM

(total=_____)

_____ Hospitalization	_____ Client died
_____ Client withdrew/refused service	_____ Client left county
_____ Other svc. provider	_____ Unknown
_____ No longer needs service	_____ x N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? ☒ No ☐ Yes
* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?

They are the same

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) ☐ No ☒ Yes

* If "yes", please comment:

The program expanded beyond our wildest imagination to become a "Bear". Outreach, CBO communication and referrals brought more people into the agency than able to handle (no staffing funds come with this contract). (ARE WE THE ONLY AGENCY WITH TOKENS IN SAN FRANCISCO???) Distribution is now for emergency medical, pharmacy and lab appointments. 2 per person per week.

2. How has the program succeeded?
Clients with great need are being served.

* What are its strengths?

We've made the program a collaboration and even though collaborative agencies are weak in paperwork, the groundwork for future collaboration is in good direction.

3. Has the program noted any problems? ☐ No ☒ Yes

* Please comment:

No staffing and this is a labor intensive service. Also, the transportation system has not produced clients for support groups (as perceived). Rather, referrals are revealing people who are dealing with survival issues - not support group material.

* What steps have been taken towards their resolution?

Discussion with our Program Manager has resulted in changes to the distribution system used. We are confident; however, our Units of Service will NOT suffer.

4. Have you noted any gaps in available services? ☐ No ☒ Yes

* If "yes", where do they occur?

Need another transportation system within the City and/or find some easier method for people to obtain MUNI disability passes.

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? X No Yes

* How long is that list?

* What is the average waiting time?

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?

Tight controls over taxi scrips. Verbal reminder of limitations for bus tokens and the complete re-vamping of token distribution. Feedback from collaborative agencies.

2. What were their results?

Recognition of the strong need for this service or like services. We discovered the transportation system doesn't successfully recruit people into support groups. We'll be pleased to ^{get} out of the "token business" by the redistribution of the token system yet with the number of people who bring friends or agencies who refer clients to us, etc. our Units of Service will be satisfied.

Also, if we could better represent ourselves, we might obtain people who could benefit from the use of the transportation services while still entering our support groups, e.g. agency image. For example, of the last 75 referrals only two (2) people have had any type of employment. This profile of client is not likely to enter a support group if he/she is concerned with a place to sleep or food to eat. The San Francisco AIDS Foundation's record of referrals is an excellent profile and example of this point: 31 people were referred to us by the Foundation. 6 people were disabled; 1 person was working and 25 were simply unemployed. Also, while the agency received money from CARE through the City AIDS Office, we were not listed in the Directory of Services. This type of neglect does little to help our agency and help us do our job.

Finally, this service is WITHOUT STAFFING. The tremendous amount of time taken with each person without staff has been stressful. This program might have been helpful if we could have done the service without a complete drain of people's time and energy with absolutely no results. We have had to hire and pay for an Assaultive Training Course for staff who interact with these clients since

SFDPH/AIDS Office
HSB/1990-91
Apr. 12.91

people have begun to become verbally abusive with us and one incident neared physical abuse of staff. This is not pleasant when we know the individuals who are most verbal truly need the service.



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July 10, 1992

HS Branch Data Manager
Department of Public Health
AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102

Two copies of the CARE - Emotional Support Group
Quarterly Report are enclosed. The report reflects
accomplishments made during the Summer Quarter.

Should you have any questions about the report,
please feel free to contact me.

Sincerely,

Mike Brunetti
Support Services

cc: Reggie Williams
222005/513040/513050



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

AIDS OFFICE, HEALTH SERVICES BRANCH PROGRAM QUARTERLY REPORT

YEAR: 1992

CONTRACT AGENCY: BAHSES-BWMT/MACT

QUARTER: SPRING XSUMMER FALL WINTER
(check one) (J-MAR) (A-JUN) (J-SEPT) (O-DEC)

PROGRAM: Emotional Support

REPORT COMPLETED (date): July 10, 1992

AGENCY CONTACT PERSON: Mike Brunetti

AO PGM. MGR: Michelle Long-Dixon

I. UNITS OF SERVICE (UOS)

Calendar Quarter *

ENDS
APRIL
30th

Contract
Period-to-Date

A. Actual UOS 60

B. Projected UOS
(from contract) 218.75

C. % Service Utilization 27 . 00 %

D. Actual Contract
Cost/UOS \$ 1,714 . 20

E. Projected Cost/UOS
(from contract) \$ 28 57

F. Actual Total Program
Cost/UOS \$ 1,714 . 20

G. Projected Total Program
Cost/UOS \$ 75,000 . 00

*Per AIDS Office, this quarterly report is divided into two parts. April data is outlined on this sheet. May and June on the attached. This division occurred since a new contract year began during the quarter.

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents.

Total per category must equal the number served.)

A. NUMBER OF CLIENTS SERVED
(unduplicated) 20 Total/Qtr. 88 Contract Period-to-Date
.67 Average number of clients served/day

B. SEX 20 Male Unknown
(total=) Female

C. AGE less than 12 yrs. 3 30-39 yrs. 60+ yrs.
(total=) 13-19 yrs. 2 40-49 yrs. * 11 Unknown
4 20-29 yrs. 50-59 yrs.

D. ETHNICITY 3 White 1 Asian/Pac. Islander
(total=) 10 African-American Native American
6 Latino Other(specify):

E. TRANSMISSION
CATEGORY 20 Gay/bisexual male Transfusion recipient/
(total=) Injection drug user (IDU) blood disorders
 Gay/bisexual and IDU Partner of high risk
 Other (specify):

F. SOURCE OF REFERRAL

(total=)

_____ SFGH/Public Hospital 20 Other (specify): SELF
 _____ Public Health Provider _____ Comm. Service Provider (CBO,etc.)
 _____ Private Health Provider _____ Unknown

G. LIVING SITUATION

(Fill in columns a) and b) for each client)

a) _____ 6 Alone b) _____ 4 Hotel
 _____ 3 With lover/spouse _____ 5 Apt./own residence
 _____ With relative(s) _____ Comm.Svc.Provider(CBO)
 _____ With friends _____ Hospital/Institution
 _____ 11 Unknown _____ 11 Other(specify): Unknown
 _____ Homeless

H. PAYMENT SOURCE

(include all applicable insurance & payment sources)

_____ Medi-Cal _____ Other (VA, CHAMPUS, etc.):
 _____ Medicare _____ HMO
 _____ Private Insurance _____ Uninsured status (incl. undocumented)
 _____ Medi-Cal + other ins. 20 Unknown

I. CLIENT SELF-PAY

(total=)

a) _____ Yes b) If "Yes": _____ copayment?
 _____ No _____ sliding scale?
 X _____ N/A _____ other(specify):

J. MEDICAL DIAGNOSES

(include all that apply for each client)

_____ 4 AIDS _____ Hx of Mental Illness; other psychiatric disorders/conditions
 _____ ARC/disabling HIV
 _____ 16 HIV positive _____ Other(specify):
 _____ AIDS Dementia
 _____ History(Hx) of alcohol or drug use _____ Unknown

K. CLIENT DISPOSITION UPON LEAVING PROGRAM

(total=)

_____ Hospitalization _____ Client died
 _____ Client withdrew/refused service _____ Client left county
 _____ Other svc. provider _____ Unknown
 _____ No longer needs service X _____ N/A (still in program)

AIDS OFFICE, HEALTH SERVICES BRANCH PROGRAM QUARTERLY REPORT

YEAR: 1992

CONTRACT AGENCY: BAHSES - BWMT/MACT PROGRAM: Emotional Support AGENCY CONTACT PERSON: Mike Brunetti	QUARTER: SPRING ☒ SUMMER FALL WINTER (check one) (J-MAR) (A-JUN) (J-SEPT) (O-DEC) REPORT COMPLETED (date): July 10, 1992 AO PGM. MGR: Michelle Long-Dixon
---	--

I. UNITS OF SERVICE (UOS)	Calendar Quarter * BEGINS MAY 1 thru JUNE 30th	Contract Period-to-Date
A. Actual UOS	132	132
B. Projected UOS (from contract)	437.50	437.50
C. % Service Utilization	30 . 00 %	30 . 00 %
D. Actual Contract Cost/UOS	\$ 3,941 . 52	
E. Projected Cost/UOS (from contract)	\$ 29 . 86	
F. Actual Total Program Cost/UOS	\$ 3,941 . 52	
G. Projected Total Program Cost/UOS	\$ 78,375 . 00	

*Per AIDS Office, this quarterly report is divided into two parts. See April sheet which is attached. May 1 began the new contract year.

I. CLIENT INFORMATION		(Use actual counts for each item. Do not use percents. Total per category must equal the number served.)			
A. NUMBER OF CLIENTS SERVED (unduplicated)	22	Total/Qtr.	22	Contract Period-to-Date	
	.73	Average number of clients served/day			
B. SEX (total=_____)	22	Male	Unknown		
		Female			
C. AGE (total=_____)		less than 12 yrs.	5	30-39 yrs.	60+ yrs.
		13-19 yrs.	3	40-49 yrs.	8 Unknown
	5	20-29 yrs.	1	50-59 yrs.	
D. ETHNICITY (total=_____)	8	White	Asian/Pac. Islander		
	12	African-American	Native American		
	2	Latino	Other(specify):		
E. TRANSMISSION CATEGORY (total=_____)	22	Gay/bisexual male	Transfusion recipient/ blood disorders		
		Injection drug user (IDU)	Partner of high risk group		
		Gay/bisexual and IDU	Other (specify):		

F. SOURCE OF REFERRAL

(total=_____)

_____ SFGH/Public Hospital 20 Other (specify): SELF
 _____ Public Health Provider 2 Comm. Service Provider (CBO, etc.)
 _____ Private Health Provider _____ Unknown

G. LIVING SITUATION

(Fill in columns a) and b) for each client)

a) 11 Alone b) 4 Hotel
 3 With lover/spouse 10 Apt./own residence
 _____ With relative(s) _____ Comm. Svc. Provider (CBO)
 _____ With friends _____ Hospital/Institution
 8 Unknown 8 Other (specify): Unknown
 _____ Homeless

II. PAYMENT SOURCE

(include all applicable insurance & payment sources)

_____ Medi-Cal _____ Other (VA, CHAMPUS, etc.):
 _____ Medicare _____ HMO
 _____ Private Insurance _____ Uninsured status (Incl. undocumented)
 _____ Medi-Cal + other ins. _____ Unknown

I. CLIENT SELF-PAY

(total=_____)

a) _____ Yes b) If "Yes": _____ copayment?
 _____ No _____ sliding scale?
 x N/A _____ other (specify):

J. MEDICAL DIAGNOSES

(include all that apply for each client)

4 AIDS _____ Hx of Mental Illness; other psychiatric disorders/conditions
 _____ ARC/disabling HIV
 18 HIV positive _____ Other (specify):
 _____ AIDS Dementia _____ Unknown
 _____ History (Hx) of alcohol or drug use

K. CLIENT DISPOSITION UPON LEAVING PROGRAM

(total=_____)

_____ Hospitalization _____ Client died
 _____ Client withdrew/refused service _____ Client left county
 _____ Other svc. provider _____ Unknown
 _____ No longer needs service x N/A (still in program)

FISCAL REPORTING

1. Is the cost/unit of service changing? ☒ No ☐ Yes
* If "yes", please explain:

2. How does the contracted cost/unit of service reflect the true /actual cost per unit of service (UOS)?

They are the same

PROGRAM SERVICE DESCRIPTION

1. Has this program changed in any way? (include scope, goals and objectives, staff, volunteers,) ☒ No ☐ Yes

* If "yes", please comment:

2. How has the program succeeded?

Efforts at outreach continue for facilitators as well as group members.

* What are its strengths?

Program meets a real need. Often, people do not realize how beneficial the program is to them until they have been in a while. Facilitators are vital

3. Has the program noted any problems? ☐ No ☒ Yes

* Please comment:

Even with outreach effort, we'd like to see more people utilize service. We are in the process of hiring an appropriate person for the Coordinator's position. That may resolve a factor.

* What steps have been taken towards their resolution?

See above

4. Have you noted any gaps in available services? ☒ No ☐ Yes
* If "yes", where do they occur?

SFDPH/AIDS Office
HSB/1990-91
Apr. 12. 91

UNMET DEMAND FOR SERVICES

1. Does your program maintain a waiting list? _____ No _____ x Yes

* How long is that list?

It varies; however, no one is on a waiting list at this time.

* What is the average waiting time?

two weeks

2. Where does the program refer those who are awaiting services?
(include those not accepted onto a waiting list)

Glide, AIDS Health Project

EVALUATION and QUALITY ASSURANCE

1. What evaluation procedures have you undertaken this quarter?
Worked with and will continue to do work with a recently hired Clinical Supervisor. She has helped us evaluate module structure, agency and topics for support groups. Our relationship is in the early stages; therefore, we will continue to report progress.

2. What were their results?

Clinical Supervisor will become more involved with case management issues and in-service training of peer facilitators.

Support group facilitator meetings used to provide in-service training and as of July 1, 1992, Clinical Supervisor will attend monthly peer facilitator meetings as well as provide case management and technical assistance to Coordinator and Program Director as well as Executive Director in this area.



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



BAHSES
TO SERVE OUR COMMUNITIES

**DEPARTMENT OF PUBLIC HEALTH - AIDS OFFICE
HEALTH SERVICES BRANCH
CONTRACTORS MONITORING PROTOCOL
AUGUST 10, 1992**

Bay Area HIV Support and Education Services (BAHSES)
625 O'Farrell Street
San Francisco, CA 94109

Contract Number: 83-17103
To provide emotional peer support services to gay and bisexual African-American men who are HIV positive.

Person to Contact:

Mike Brunetti
Program Director - Support Services

222005/513040



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

DEPARTMENT OF PUBLIC HEALTH - AIDS OFFICE
HEALTH SERVICES BRANCH
CONTRACTORS MONITORING PROTOCOL
AUGUST 10, 1992

PROGRAM SERVICE INFORMATION: 83-17103 To provide emotional peer support group services to gay and bisexual African-American men who are HIV positive.

A. Contract Compliance

1. *What is your program's overall goal and has it changed during the past year? If so, how?*

Program's overall goal has not changed. Emotional support groups are provided for African-American gay/bisexual men to deal with emotional reactions of being HIV positive, medical treatments, social services, legal issues and continuation of personal relationships. As with transportation services, support groups are serving about 50% African-American men and 50% other ethnicities.

2) *Please list or attach all process and outcome objectives, timelines and "deliverables" per your contract. Describe your program's success rate in meeting your annual program objectives and timelines.*

See Attachment #A for the above objectives, timelines and deliverables. Meeting program objectives has been a challenge. It is our hope with appropriate staff who perform expected activities that we will be able to meet our deliverables during this contract year.

3) *What problems, if any, have you had in performing the terms of your contract?*

a) *Why have these problems occurred?*

b) *What steps have you taken to address these problems? Include appropriate timelines.*

Key problems have focused on staffing for the program, specifically, finding the right person to do outreach, coordinate all duties, serve clients, etc. Once the program is staffed, keeping the person is another issue, whether through individual performance or motivation.

Staffing is, at best, a guessing-game. Interviews do not truly tell the agency what the candidate will do once on the job. Reference checks usually do not give a clear picture of the person's performance. We are trying to interview better by doing indepth screening and panel interviews.

A second problem is our location. We often hear people (of all ethnicities) say they will not be in the Tenderloin at night. Obviously, evenings are primary times for support groups. That is one issue we simply have to live with.

A third problem is our identity as an agency. We are often overlooked as a resource, e.g. the AIDS Office eliminated us from directory publications which advertise support groups. It has been a struggle to get our name out there but we are trying.

4) *How do you track unduplicated clients?*

Since we provide two types of support groups (Drop-in and Closed), we use two methods. First, for Drop-in clients, support group facilitators complete an "Activities Report" which documents (by ethnicity and sexual orientation) who attended. For Closed groups, we set up client files. Activities Reports are completed for Closed groups as well.

4a) What data on unduplicated clients and units of service (UOS) did you report as of the end of your first contract year? Also, provide more recent monthly data for Year 02 thru July 31, 1992.

At the end of our first contract year, BAHSES reported 88 unduplicated clients with 880 UOS. We did not meet the 100 unduplicated clients with 2625 UOS. Year 02 progress until July 31, 1992, finds us with 37 unduplicated clients and 206 UOS.

4b) How do you record units of service?

One hour of client contact and/or in support group. Units of service are recorded through the facilitator's completion of an "Activities Report". Activities Reports are then maintained until monthly reports are completed.

4c) How do you separate your units of service and unduplicated clients between contracts?

Separate files are maintained for clients of HIV Support Groups from other support services, namely transportation.

4d) How do you assess your performance in meeting units of service over the last quarter?

We're doing better than last year. We could, however, be doing even better. It is hoped once we fill the position of Coordinator, more aggressive outreach will be done.

5. What are your days and hours of operation?

Regular hours are 9:00 a.m. to 6:00 p.m.; however, support groups tend to be held after work hours. Although we currently have one daytime support group, most groups are held between 6:30 p.m. - 8:00 p.m.

B. Program Staffing

1) Please provide current program staff and volunteer demographics, sex, ethnic breakdown, please indicate number and FTE (see form attached).

See Attachment #B.

2) What is your ratio of staff to clients? Is this staffing level adequate? If not, please indicate what staff changes might be necessary.

With the proper staff person in place, workload and clients for support groups can be handled. It gets more complex when we include transportation services to the duties of this job. There is one full-time person for all support services and support services clients under this contract. Additional staff funded by this contract provide administrative and clerical support.

3) What has been your program staff turnover since the start of the program period?

There have been three people in the Coordinator's position since the beginning of Year 01 contract. Two resigned and one was terminated.

In March, 1992 a person was put into place to manage the program until a replacement was found. He has now been moved into the Program Director's position with the receipt of additional funding from another source. It will be the charge of the Program Director to get a better grasp of this issue and find ways to resolve it. In fact, there are many things Program Director plans to do to improve environment within support services division. The Coordinator's position is now open and we are actively recruiting for someone.

Contractors Monitoring Protocol - BAHSES

who were the
3 people?

3a) What are the reasons for turnover?

First employee remained in position for one month. He did not stay. The second person was terminated due to attendance violation. We are working on more effective ways to reduce this turnover.

3b) Has your agency developed any particular successful/creative methods for dealing with issues of burnout?

We will be handling these issues up-front during the screening interviews. Program Director is concerned about this issue and will work to ensure new staff person gets thorough training; time off; has the opportunity to learn new skills through attendance at outside events/seminars; has a strong support system within the agency and similar methods. We need to deal with the frustrations associated with work which requires close contact with clients, co-workers, friends, lovers and others who are living with HIV disease.

4) How do you orient new staff into your program?

There is a new employee orientation which outlines benefits and agency goals. The orientation is formal.

However, we are planning to begin orientation of new staff to our agency and support services with the initial screening interview. We want to continue throughout the hiring process so that when the individual is hired, there are few, if any, surprises.

5) How do you provide staff training (both initial and ongoing)? How is this done and what type? How do you provide or encourage cultural competency training?

On-the-job training is the primary method of training. The new Coordinator, for example, will be trained one-on-one by the Program Director for daily duties. Attendance at outside seminars which relate to job performance is always encouraged. Issues surrounding cultural competency are dealt with during the interviewing process; however, working at BAHSES is a cultural experience unto itself.

6) How do you evaluate your program staff? How often?

There is a formal evaluation process and procedure. Evaluations of the incoming Coordinator will be the job of the Program Director. The Coordinator will be evaluated during the first 90 days of employment and thereafter.

7) Please provide an agency organizational chart(s) indicating the agency and of CARE funded program staff, names of staff, (if appropriate) and level of professional training.

See Attachment #C.

C. Client Services

1) What are the demographics of unduplicated clients served? Please provide data for the period July 31, 1992 (use form attached.)

See Attachment #B.

eval -
3 times a
year -
during
probationary
period -
then six
months

3a) What are the reasons for turnover?

First employee remained in position for one month. He did not give the job a chance. The second person was terminated due to attendance violations and the third left to return to college. We are working on more effective ways to reduce this turnover.

3b) Has your agency developed any particular successful/creative methods for dealing with issues of burnout?

We will be handling these issues up-front during the screening interviews. Program Director is concerned about this issue and will work to ensure new staff person gets thorough training; time off; has the opportunity to learn new skills through attendance at outside events/seminars; has a strong support system within the agency and similar methods. We need to deal with the frustrations associated with work which requires close contact with clients, co-workers, friends, lovers and others who are living with HIV disease.

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6) How do you evaluate your program staff? How often?

There is a formal evaluation process and procedure. Evaluations of day-to-day performance by the incoming Coordinator will be the job of the Program Director. The new Coordinator will be evaluated during the first 90 days of employment and thereafter in 6 month intervals.

7) Please provide an agency organizational chart(s) indicating program staff relationships within the agency and of CARE funded program staff, names of staff, job title, licensure (where appropriate) and level of professional training.

See Attachment #C.

C. Client Services

1) What are the demographics of unduplicated clients served? Please list contract statistics as of July 31, 1992 (use form attached.)

See Attachment #B.

2) Are there other populations also being served/seen that weren't originally targeted? If yes, how has this changed your program objectives?

As stated earlier, we are serving about 50% African-American gay/bisexual men which is the target population; however, we are also serving about 50% people of other ethnicities. The objectives for support groups have not changed; only brought our attention for the need to continue to expand outreach within the African-American community.

3) How do you document client information (demographics, program information, intake & assessment)?

Clients complete a "Consent to Participate" form which outlines confidentiality issues surrounding HIV support groups; a questionnaire for AIDS Office demographic reporting and a "Client Intake" form. Files are then set-up for each client and the Coordinator is responsible for maintenance of client files. Some clients absolutely resist forms completion. We do not pressure them.

3a) How do you collect, record and summarize this information? Please provide examples for team's review at the site visit.

Information obtained about clients is summarized in our monthly report to the Executive Director and quarterly reports to the AIDS Office. The new questionnaire adapted from the AIDS Office demographic survey is used to summarize information about each client and is the most condensed resource for client demographics.

3b) What is your client intake procedure? How does it address issues of language & literacy?

Clients determine how intake is to be handled. We can discuss information the client needs in person or when they telephone about support group availability. We also mail information about our support groups, if the client requests. A handout accompanies information mailed to the client. The same handout is given to clients when they come to the first meeting. Paperwork is usually completed after the client decides to join a group.

Drop-in group clients are not subjected to any intake procedure. We monitor through the "Activities Report" completed by each facilitator after the meeting.

4) Does your program maintain a client waiting list? If so, how many are on that list? How long is the average wait to enter your program? What specific issues influence the waiting list?

While we try to get people into groups when they first inquire, waiting lists are an alternative. Right now, for example, we have 3 people waiting to begin a Wednesday evening support group. They are willing to wait until we have enough people to begin; however, more typically, people will utilize our Drop-In Tuesday evening meeting until groups form.

Waiting list issues are influenced by: number of people waiting, volunteer support group facilitator availability, profiles of facilitators, weekday and time of availability for meeting.

5) How is length of stay for clients determined by your program?

By clients' need for support group.

5a) What is the average length of stay for clients in your program? Is it remaining the same, increasing, decreasing?

The support group program is structured in three modules. Module I lasts for 10 weeks; Module II for 15 weeks and Module III is on-going. Clients determine how long they wish to remain in the respective module(s). Length of stay is the same; some people stay, others leave.

5b) What are the factors that affect a client's length of stay in your program?

We cannot affect a client's length of time within support group. We have found this to be a personal decision of each client: Individuals with HIV disease become too ill to attend; some people simply do not like other members and stop coming; others become concerned about the neighborhood at night, etc.

6) What cultural or socioeconomic status factors influence length of stay?

We are not aware of any cultural or socioeconomic factors which influence the length of stay in support groups. The agency tries to blend facilitators and clients from diverse cultures.

7) How does a client end his/her stay in your program? What are the discharge criteria?

Usually, we simply do not hear from the client or he doesn't come to a meeting. After several meetings, facilitators attempt to contact the individual to find out why. Sometimes we get an answer, e.g. discomfort with area or other group member(s), other times we don't. We have discharged a client from a support group; however, if group ground rules were to be broken, e.g. physical or verbal abuse of fellow group members, we would discharge the client.

8) Describe how service and discharge plans are designed and used for each client.

Not applicable for this program.

9) How does the client participate in his/her service plan?

Not applicable for this program.

10) What is the level of client recidivism (readmissions) in your program?

Not applicable for this program.

D. Program Management and Evaluation

1) Describe your service delivery model and how it meets the specific needs of the target population it serves in terms of outcomes and cultural competence.

The module structure was originally created by people of various cultures, primarily African-American gay men. The design and topics were based on informal discussions with our target population during the process. Emphasized in the weekly meetings are issues of self-esteem, cultural aspects of being HIV positive, etc. Support group volunteer facilitators from various cultural backgrounds as well as those who live with HIV disease are recruited to deliver the modules. Our strongest hope to remain culturally competent is to recruit members from the African-American community since members become facilitators and facilitators become "ambassadors" to the community at large about benefits from being in an HIV support group.

7
Support are
automatically
re-scheduled
to term.

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6) *What cultural or socioeconomic status factors influence length of stay?*

We are not aware of any cultural or socioeconomic factors which influence the length of stay in support groups. The agency tries to blend facilitators and clients from diverse cultures.

7) *How does a client end his/her stay in your program? What are the discharge criteria?*

Usually, we simply do not hear from the client or he doesn't come to a meeting. After a few missed meetings, facilitators attempt to contact the individual to find out why. Sometimes we get an answer, e.g. discomfort with area or other group member(s), other times we don't. We have not discharged a client from a support group; however, if group ground rules were to be continually broken, e.g. physical or verbal abuse of fellow group members, we would discharge the person.

8) *Describe how service and discharge plans are designed and used for each client.*

Not applicable for this program.

9) *How does the client participate in his/her service plan?*

Not applicable for this program.

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D. Program Management and Evaluation

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2) What is your written plan for evaluating overall program performance (see contract exhibit)? How is this done? How often is there a written report?

Client Intake forms tell us how the person heard of the service and/or was referred to BAHSES. Client Satisfaction Sheet provides information about client's evaluation of program and facilitator performance as well as program content. The evaluation form also seeks suggestions from clients about specific modification/input to the modules. Modules I and II ask for completion of a Client Satisfaction Sheet. On a weekly basis, support group facilitators complete an Activities Report. Ethnicity/group progress is recorded. Issues are dealt with on a monthly basis in our monthly report to the Executive Director, quarterly when we complete the AIDS Office quarterly reports and in any needed discussions with our AIDS Office Program Manager.

2a) How are recommendations for change documented? What are the specific timelines for their implementation?

Client Satisfaction Sheets would document recommendations as well as support group facilitators input at monthly meetings. We are currently utilizing a Clinical Supervisor to review the modules, structure and content with Program Director - Support Services. We do anticipate some changes will be made. For example, rather than run Module I the full 10 weeks, we decided to take a week off after week 5 then come back to continue for the next 5 weeks. That has been done with one group and has been successful. The "recommendation" for the week off came about as a result of verbal feedback from various source. and was acted upon as soon as the next group began.

3) How do you assess client population needs?

We do study the demographics of our clients; who referred them, do they work, what is their diagnosis, etc. We also ASK our clients questions about what they want and need. We're not shy about proposing these topics for discussion and they are not shy about answering them.

4) What are your program's strengths and weaknesses? How do you capitalize on your program/agency strengths? How do you attempt to overcome program/agency weaknesses?

Our strengths continue to be word-of-mouth advertisement for joining support groups. Members tell their friends who join groups, and join the loop of support systems. Weaknesses center on staffing issues within the agency (as discussed in an earlier section) and recruiting sufficient numbers of African-American gay/bisexual men to facilitate support groups. We are dealing with these issues by ensuring appropriate staff will be in place.

5) Please give an honest appraisal of the challenges your program and agency face in regards to cultural competency?

We have had three people from the target population in the Program Coordinator's position. We need to recruit and interview better to ensure we obtain the level of commitment needed for success with outreach, recruitment, day-to-day tasks and supervision of support group facilitators by a member from the target population.

6) What is your mechanism for receiving client feedback (on both services & staff)?

See Attachment #D.

E. Community Relations

1) *What kind of relationship does your program have with: (specify the program or agency name, type of relationship, and when client referrals to or from a program or agency would be appropriate.)*

- a) *other programs within your agency?*
- b) *other HIV service providers?*
- c) *other non-HIV specific providers (e.g. mental health, substance abuse treatment, medical)*

Referral system is not as formal as with transportation services, except with the AIDS Health Project. Although not funded by CARE dollars, we have a collaborative grant (from the San Francisco Foundation) to train our support group facilitators jointly. As a result of that collaboration, we refer facilitators as well as potential clients to each other from our waiting list, if any. Other programs who receive referrals from us are 18th Street Services, EACH Program. We receive other referrals from A.I.D.S., EACH Program.

2) *What is your formal client referral process with other service providers?*

See above, #1.

3) *Is your program site close to your client catchment area?*

Yes.

4) *How do you attempt to make your program's site (physical plant) welcoming and/or appropriate to the target population (i.e. refreshments, language appropriate literature, signage)?*

We have purchased comfortable sofas. Fresh flowers are on the coffee table. Brochure racks hold various language appropriate literature and our signage does not intimidate people from coming into our office or being seen entering our office since we do not spell out our acronym.

We used to have coffee, tea, hot coca, etc. up front; however, since we are in the Tenderloin, we had people coming from the street taking refreshments by the handfuls. Also, often people would simply sit down and would not leave! We still provide refreshments but have located them in the back of the office for clients who are with us for support groups.

5) *Please describe how you provide outreach to the community about your program(s) and service(s)?*

BAHSES has:

- o Published information about support groups in our monthly newsletter.
- o Sent our information about support groups to over 28 AIDS service providers since March 1, 1992.
- o Sent individual correspondence to agencies inquiring about support groups, i.e. counselors.
- o Sent 50 letters to local churches inviting pastors to use us as a resource should they counsel people with HIV or, if comfortable, post the information we sent.
- o Send flyers and/or personnel when the Education division attends an event, i.e. Gay Pride Day.
- o Advertised support groups in the Bay Times.
- o Performed outreach to New Eagle Creek, Cables Reef, Pendulum and have set-up information racks which include support group information.
- o Networked with other AIDS service agencies to inform of availability of support groups.

5. *Please describe how you provide outreach to the community about your program(s) and service(s)? (Continued)*

o Joined the Support Group Coalition in San Francisco, which is a group of providers who want to learn about each others' services, consider joint fund raising and grant collaboration as well as referrals. Members from the community include: The AIDS Health Project, Shanti, Most Holy Redeemer Support Groups, Visiting Nurses, Mental Health Association, BAHSES, Continuum, San Francisco AIDS Hotline, Life Center and AIDS Service Providers Association of the Bay Area. We are a NEW group forming and will probably involve the AIDS Office more completely once we get established.

6) *How are brochures/literature about your program(s) distributed? Please provide samples at the time of the site visit.*

See #5 above.

7) *Describe whether the areas addresses in questions 4 & 6 above are provided/performed in languages other than English? Please provide samples at the time of the site visit.*

Language appropriate literature about transportation service is not provided. Language appropriate literature about treatment is.

F. Quality Assurance

1) *What information do you keep in a client record and how is it updated? (Please provide a sample record with blank forms at the time of the site visit).*

Client Intake Form (unless we meet a high level of resistance by client to complete forms).

2) *How do you conduct chart reviews of service/discharge plans? Who performs them? Provide specific details on procedures, frequency and the participants involved and their responsibilities.*

Not applicable for this program.

3) *What procedures are used to review the content and appropriateness of entries in client records?*

Should any documentation be required, support group facilitator would contact Coordinator to discuss. Upon completion of discussion, appropriate entries would be made. This is, however, not a normal event.

G. Policies and Procedures

1) *How are staff, volunteers, and clients trained in universal precaution procedures?*

Since BAHSES does not examine clients or provide health services, we do not provide special training in universal precaution procedures. Staff are aware of such procedures, however.

2) *Are staff, volunteers, and clients receiving annual tuberculosis skin testing? If so, how are the results documented? Please provide a copy of your agency policy.*

Staff and volunteers are not required to receive annual tuberculosis skin testing (although we acknowledge it might be a good idea). Clients do so under their own doctor's advisement. There is no policy at BAHSES regarding this.

3) How does your program handle client emergencies?

We learned that calling 911 in the Tenderloin only results in a 2-1/2 hour wait! Staff were put through a special Assaultive Training Class held on agency premises to meet emergencies, particularly where staff or client security might be in question. Staff from A.I.D.S. joined us for this training.

4) What is your policy and procedure regarding confidential information and access to client records? How is confidential information maintained and stored?

See Attachment #E for agency policy and procedure regarding confidential information. Client records are maintained in locked files. Support Services staff are the only people with access to such information. If necessary, our Clinical Supervisor would review files.

5) How do you provide patient rights information to your clients?

During the client intake, clients are advised of their rights as well as agency rights. See Attachment #F for a copy of "Statement of Client's Rights" which is posted in the lobby.

6) What is your client grievance procedure, how is it used, and how many times has it been used? Is it language & literacy sensitive?

The client grievance procedure has not been used by any clients. See Attachment #G for a copy of "BAHSES Client Grievances Procedure". The language is perceived to be clear. The individual against whom the client has a grievance is first to be talked to by the client. If the client is not satisfied with that discussion, the Executive Director is next. Should satisfaction still be not received by the client, the BAHSES Board of Directors will hear the grievance.

How can the AIDS Office or Planning Council assist you in improving program services to your clients?

First, publicize BAHSES as an agency which provides HIV support groups in appropriate directories published by the AIDS Office.
Second, provide more follow-up to reports given to the AIDS Office. We want to meet our deliverables as well as provide HIV support groups to people. Better communication with us can help.

Bay Area HIV Support and Education Services (BAHSES)
Federal CARE - Title I
May 1, 1992 - April 30, 1993

Exhibit A
Page Three

5. Outcome Objectives

By 4/30/93, 63 unduplicated African-American gay/bisexual men will have participated in or be in Module I (first 10 weeks) of an HIV support group.

By 4/30/93, 3 publications which maximize response from African-American gay/bisexual men for HIV support groups and services will be identified as advertising resources.

By 4/30/93, flyers which announce HIV support groups and services will be placed regularly in 7 bars identified as catering to African-American gay/bisexual men.

By 4/30/93, outreach to community based agencies in the Tenderloin, Polk Gulch, Western Addition/Fillmore and Bayview Hunter's Point Districts of San Francisco will be done to promote HIV support groups and services.

By 4/30/93, staff funded for HIV support services will participate in organizations which target gay/bisexual African-American men, i.e. Black Men's Exchange (BMX) to inform target community of support groups and services.

6. Methodology

Primary efforts will focus on outreach to target population through community specific involvement, advertisements and flyer distribution. Support Group Coordinator will oversee and/or may perform the following during the contract year:

- o placement of advertisements in publications to inform African-American gay/bisexual men about HIV support groups and services. Publications targeted include Bay Area Reporter, Alternative, Tenderloin Times, Bay Times, Bay Guardian, East Bay Guardian and Sentinel. Announcements will run regularly within BASHES' monthly newsletter.
- o monitor advertisements placed to maximize publication dollars with results.
- o outreach to bars identified as places where African-American gay/bisexual men gather. Outreach efforts will encompass coordination with bar owners/managers for regular flyer distribution and brochure hangers to stock support group and services announcements. Bars identified include Eagle Creek, Cables Reef, Pendulum, Black Rose, Phoenix, Mother Lode and Polk Gulch.
- o coordination with Education/Prevention division of BAHSES for representation by Support Services on all S.W.A.T. Team (Sex With A Twist) and H.I.T. (HIV Information Tables) events. Representative(s) will distribute support services flyers/announcements and respond to individual questions about support group content.
- o community outreach to AIDS service organizations within the Tenderloin, Polk Gulch, Western Addition/Fillmore and Bayview Hunter's Point to inform about support services and program content.
- o additional outreach to community organizations as required. Efforts with support group held at Peter Claver will continue. Black Men's Exchange (BMX) membership and meetings to be regularly attended. Membership within HIV clinic at Fort Miley continued. Maintenance of Tuesday evening "Drop-In" HIV support groups at BAHSES offices conducted throughout contract year. Intent is for BAHSES to become known for these drop-in services as one way to obtain support group participants from the target community.
- o identification of other East Bay bars, publications and possible events since target population members may stay in San Francisco for support services after work or wish to remain anonymous within their own community.

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Exhibit A
 Page Four

Structure of the three modules and content will remain the same with appropriate modifications made from participant evaluations. Module I will deal with participant emotional reactions to being HIV positive. Peer relationships begin during these first 10 weeks. Module II will be more structured and include medical treatments, social services and legal issues as well as continuation of personal relationships and issues during the next 15 weeks. (Modules I and II will be facilitated by BAHSES trained facilitators. Facilitators will continue to be of mixed serostatus as well as culturally diverse.) Module III is not facilitated but remains on-going for participants. BAHSES will continue to offer resources and guidance to participants as needed for those groups and individuals in Module III. The Client Intake form will be modified to solicit information about resource(s) client used to learn of support group and services, i.e. flyers, publication, event, etc. as a method of following outreach/advertising/flyer efforts.

7. Project Timeline

Activities to support program objectives are timellned below:

By the end of the 1st month:

- o Place advertisement in Bay Times and Tenderloin Times about HIV support groups and services.
- o Participate in S.W.A.T. Team and H.I.T. Table events with Education/Prevention division of agency, including any Street Fairs or other community activities deemed to be attended by target community members.
 (This activity is on-going throughout the contract year; therefore, not repeated in the timeline)
- o Print announcement of HIV support groups and services as well as contact name of Coordinator in BAHSES Newsletter.
 (This activity is on-going throughout the contract year; therefore, not repeated in the timeline).
- o Revise Client Intake form to obtain information about referral source(s).
- o Coordinate placement of flyers with bar owners/managers to recruit target population members into HIV support group and services in the following bars: Pendulum, Eagle Creek and Cables Reef.

By the end of the 2nd month:

- o Network with AIDS service agencies in Tenderloin District to inform of BAHSES support groups and services.
- o Place advertisement in Bay Guardian and East Bay Guardian about HIV support groups and services.
- o Coordinate placement of flyers with bar owners/managers to recruit target population members into HIV support groups and services in the following bars: Black Rose, Polk Gulch and Bench and Bar.
- o Conduct training for support group facilitators.

By the end of the 3rd month:

- o Begin 1 HIV support group with target population members..
- o Coordinate placement of flyers with bar owners/managers to recruit target population members into HIV support groups and services in the following bars: Phoenix, White Horse and Bad Lands.
- o Outreach to Fort Miley staff about HIV support groups and services.
- o Submit 1st quarterly report with emphasis upon outreach efforts and results.

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Exhibit A
Page Five

By the end of the 4th month:

- o Evaluate responses by target population to advertisements/flyer distribution/outreach efforts thusfar and modify accordingly.
- o Replicate bar flyer placement for those done in first quarter of contract year which have provided participants to HIV support groups and services.
- o Network with AIDS service organizations located in Western Addition/Fillmore Districts to inform of BAHSES support groups and services.

By the end of the 5th month:

- o Conduct training of support group facilitators.
- o Begin 2 HIV support groups.
- o Coordinate placement of flyers in Mother Lode which announce HIV support groups and services.
- o Evaluate Client Satisfaction Sheets from Module I group (begun in month 3).
- o Recommend modifications to program which might increase retention of participants in Module I and encourage participants to move into Module II.

By the end of the 6th month:

- o Place advertisement in Sentinel about HIV support groups and services.
- o Continue with flyers in identified bars which produce HIV support group participants.
- o Network with Bayview Hunter's Point AIDS service organizations to inform of BAHSES' HIV support groups and services.
- o Submit 2nd quarter report and feature responses to outreach efforts thusfar.

By the end of the 7th and 8th months:

- o Begin 2 HIV support groups.
- o Place advertisement in Bay Area Reporter for HIV support groups and services.
- o Evaluate Client Satisfaction Sheets and recommend program modifications, if any.
- o Recruit support group facilitators from target population members who have completed at least Module I of BAHSES' support group.
- o Conduct training of support group facilitators.

By the end of the 9th month:

- o Start 2 HIV support groups.
- o Submit 3rd quarter report and emphasize outreach efforts.

By the end of the 10th and 11th months:

- o Conduct training of support group facilitators.
- o Follow-up with AIDS service agencies to continue relationships.
- o Follow-up with bar owners/managers to continue flyer distribution.

By the end of the 12th month:

- o Begin 2 HIV support groups.
- o Evaluate program outreach efforts and results.
- o Identify publications for future use/advertisements.
- o Identify bars for future flyer distribution.
- o Submit 4th quarter report.

THIS INFORMATION MUST BE COMPLETED
FOR THE CONTRACTOR'S PARENT ORGANIZATION AND
FOR THIS PROGRAM FUNDED BY DPH.

TYPE OF BUSINESS OR ORGANIZATION:

an individual a partnership X a nonprofit org.
a private corporation a public corporation
other, explain

CONTRACTOR BAHSES-BWMT/MACT
ADDRESS 625 O'Farrell Street
San Francisco, CA 94109
DPH DIVISION AIDS Office

PARENT ORGANIZATION National Task Force on AIDS Prevention
DATE 8/4/92

IV. DEMOGRAPHIC INFORMATION
STAFF, CLIENTS SERVED, BOARD OF DIRECTORS

	FOR PROGRAM HIV Support Groups							FOR PARENT ORGANIZATION							
Description	***Staff			Unduplicated		Board of		Staff			Unduplicated		Board of		Vol
	#	FTE	%	Number	%	Number	%	#	FTE	%	Number	%	Number	%	
Amer. Indian/ Alaskan Nat.													1	1%	
Asian/Pacific Islands	1	.10		1	4%	1	17%								
Black				17	74%	2	33%	3	3.0	33%			8	47%	3
Filipino								1	1.0	12%					
Latino				5	22%			3	3.0	33%					2
Other						1	17%								1
TOTALS MINORITY				23	62%	4	67%	7	7.0	78%			9	53%	6
TOTAL WHITE	1	.50		14	38%	2	33%	2	2.0	22%			8	47%	6
TOTAL				37	100%			9	9.0	100%			17	100%	12
TOTAL MEN				37	100%	4	67%	9	9.0	100%			17	100%	12
TOTAL WOMEN						2	33%								
GAY*				36	99%	4	67%	9	9.0	100%			17	100%	12
LESBIAN*						2	33%								
BISEXUAL*															

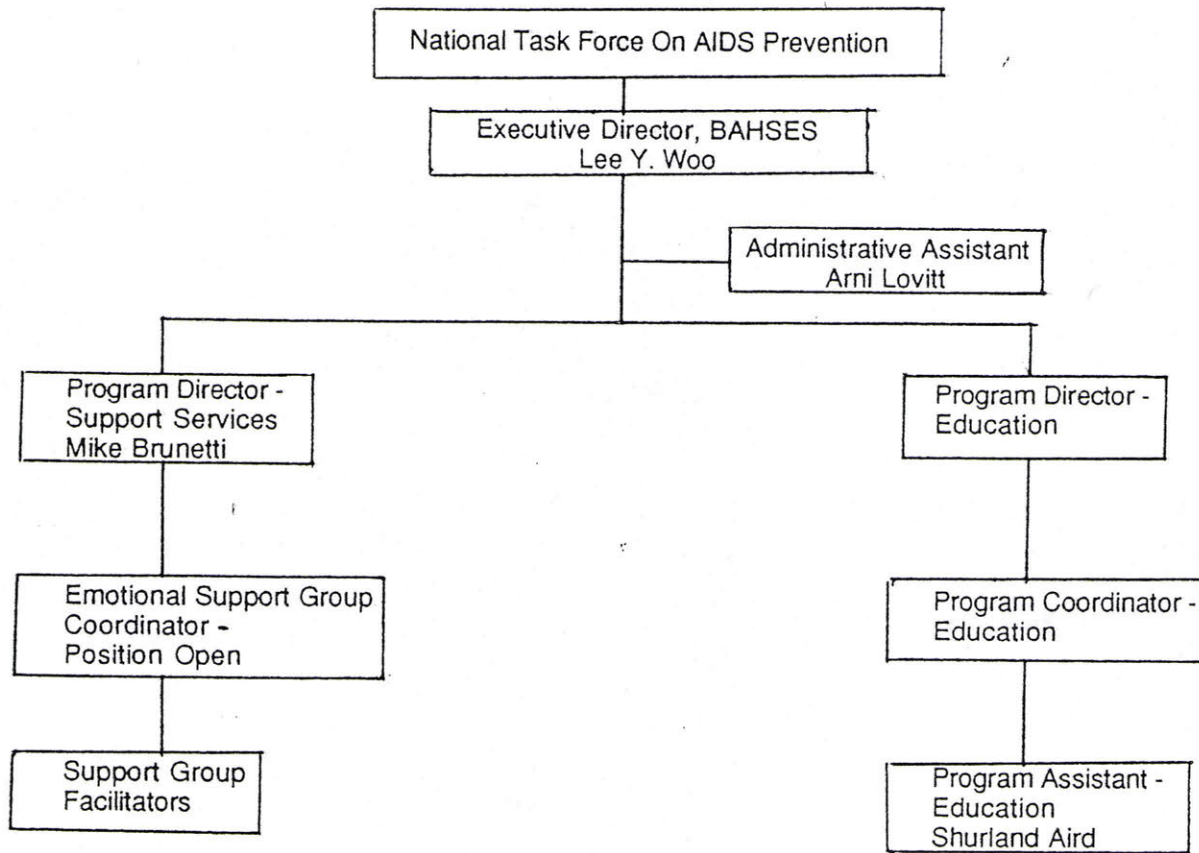
*For those programs whose target population serves gays, lesbians or bisexuals, give the number of persons on your staff and Board of Directors who have openly identified their sexual orientation. An estimate of unduplicated clients will suffice if precise info not available.

***Emotional Support Group Coordinator to be hired. As of 7/16/92, Levi Strauss Grant approved for Program Director - Support Services. Thus, not listed on this

ETHNIC DESIGNATIONS

- (1) American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- (2) Asian or Pacific Islanders (except Filipino): Persons having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
- (3) Black (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.
- (4) Filipino: Persons having origins in any of the original peoples of the Philippine Islands.
- (5) Latino: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- (6) White (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

ORGANIZATION 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

BAHSES - BWMT/MACT Policy and Procedure Manual

242000 Confidentiality

Nothing concerning participants in the Agency whether employees, consultants, trainers, workshop or survey participants, or volunteers may be disclosed or discussed publicly with anyone in any manner that will violate the trust that has been placed in employees and volunteers of BAHSES. Violation of this policy may be cause for immediate termination. BAHSES will release information only if required to do so by the court.

ISSUED: August 16, 1991
REVIEW: August 1992
APPROVED:

BY: Executive Director
REVISED:

BAHSES - BWMT/MACT Policy and Procedure Manual

241005 Record Storage

All client and agency personnel records are to be kept in the agency office in a locked cabinet. Client and personnel records are not to leave the office.

ISSUED: February 21, 1991
REVIEW: February 1992
APPROVED:

BY: Executive Director
REVISED: January 21, 1992



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

Attachment #F

January 17, 1992

STATEMENT OF CLIENT'S RIGHTS

Any person presenting him/herself for services at the Bay Area HIV Support and Education Services of BWMT/MACT SFBA is considered and is entitled to the following rights:

- a. The right to treatment with dignity and respect in a non-judgmental manner, regardless of his/her personal identification.
- b. The right to complete confidentiality. Information will be withheld from all inquirers, including family members, friends, spouse/lover and medical or law enforcement personnel-except in cases of life-threatening situations, child abuse or with the written request/permission of the client.
- c. The right to be seen privately. This includes the following services, if applicable intake, assessment of needs, case management and individual counseling. Exceptions to this right include enrollment in a group session provided in association with BAHSES.
- d. The right to refuse or discontinue services at any time for any reason. This includes the right to request services from another provider.
- e. The right to full information about the services offered in association with BAHSES.
- f. The right to inspect all client-specific documents. This includes all intake forms and notes, assessment forms and notes, case notes and any other documents pertaining to the client only.
- g. The right to information pertaining to the appeals process in the event s/he has a grievance with BAHSES or a BAHSES staff person.
- h. The right to know what rules and regulations BAHSES has established in regard to inappropriate client conduct and what penalties and/or consequences may result.
- i. In the event of problems with another client, the client has the right to present the problem to the staff and/or the Executive Director. The client can expect to be heard, be provided with a response and be notified of final determination/resolution.
- j. The staff is to be professional in conduct and treatment of all clients.

Clients will not be:

- Sexually or physically harassed,
- Solicited for favors, labor or money by a staff member,
- Refused service without due cause and notice.
- Treated with disrespect

Lee Y. Woo
Executive Director



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



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Attachment #G

January 17, 1992

BAHSES CLIENT GREVIANCES PROCEDURES

The BAHSES' policy is to maintain an open and safe environment in which a client may discuss any issue(s) of concern with all levels of BAHSES STAFF. However, should a client have a grievance with any BAHSES staff member, the following procedure has been established.

1. Clients with a grievance will discuss the grievance with the staff member involved in order to seek resolution.
2. Should this prove unsuccessful or not to the client's satisfaction, s/he may request review by the Executive Director.
3. The Executive Director will discuss the client's grievance with the client and staff member.
4. Should this prove unsuccessful or not to the client's satisfaction, s/he may request a review by BAHSES' Board of Directors.

At all times throughout this process, clients will be treated with respect and will be provided with the name, telephone number and address of the person(s) noted above. In a timely, manner, staff will keep the client informed throughout the grievance process.

Lee Y. Woo
Executive Director



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





625 O'FARRELL STREET
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DEPARTMENT OF PUBLIC HEALTH - AIDS OFFICE
HEALTH SERVICES BRANCH
CONTRACTORS MONITORING PROTOCOL
AUGUST 10, 1992

Bay Area HIV Support and Education Services (BAHSES)
625 O'Farrell Street
San Francisco, CA 94109

Contract Number: 83-17104
To provide transportation subsidies to African-American gay/bisexual
men who are HIV positive in San Francisco.

Person to Contact:

Mike Brunetti
Program Director - Support Services

222005/513040



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

DEPARTMENT OF PUBLIC HEALTH - AIDS OFFICE
HEALTH SERVICES BRANCH
CONTRACTORS MONITORING PROTOCOL
AUGUST 10, 1992

PROGRAM SERVICE INFORMATION: 83-17104 To provide transportation subsidies to African-American gay/bisexual men who are HIV positive in San Francisco.

A. Contract Compliance

1. *What is your program's overall goal and has it changed during the past year? If so, how?*

Overall goal has not changed; however, client profile reflects approximately 50% of the population who use this service are African-American and 50% are from other ethnic populations.

2. *Please list or attach all process and outcome objectives, timelines and "deliverables" per your contract. Describe your program's success rate in meeting your annual program objectives and timelines.*

See Attachment #A for objectives, timelines and "deliverables". Although aggressive outreach to agencies who serve African-American clients did not begin until March 1, 1992, with outreach, we not only met all 4332 deliverables, but exceeded Units of Service by 765. (Of course, the agency had to absorb costs associated with excessive Units of Service). Agency is confident it will be able to meet "deliverables" this contract year.

3. *What problems, if any have you had in performing the terms of your contract?*

- a) *Why have these problems occurred?*
- b) *What steps have you taken to address these problems? Include appropriate timelines.*

No problems exist in meeting contract terms. In fact, the need for transportation services so heavily outweighs the ability of the service to meet community need, we must be cautious not to overspend dollars as we did last contract year. (See #2 above for specifics)

4. *How do you track unduplicated clients?*

Each client who signs-up for transportation services undergoes an intake procedure. Each is asked to complete three forms: an "Eligibility for Transportation Services", a "Client Agreement for Services" and a questionnaire. The questionnaire, which translates required client information for the AIDS Office quarterly report is the newest form and became a part of the client intake procedure as of July 1, 1992. All client interactions with the agency are documented on a "Client Case Dictation Form". This provides dates when the client was in the agency and which service(s) were used. We track unduplicated clients by monitoring the date listed on the "Client Dictation Form". For example, "new" clients who sign up for transportation services during the month of July, 1992, are considered new, unduplicated clients for purposes of this contract year. Any "old" clients (from the previous contract year) who use transportation services during the month of July, 1992, are also considered new, unduplicated clients.

4a) *What data on unduplicated clients and Units of Service (UOS) did you report as of the end of your first contract year? Also, provide more recent monthly data for Year 02 thru July 31, 1992.*

At the end of our first contract year, BAHSES reported 179 unduplicated clients. The contracted 4332 UOS for transportation were met. That same number is our contracted UOS thru the second year of this contract. For the month of July, 1992, BAHSES reported 845 UOS with 97 unduplicated clients.

4b) How do you record units of service?

For this contract, UOS are first recorded on an inventory sheet which tells us who received transportation service(s), the date and quantity. As a cross-reference, individual files are then documented and list the date of service usage and quantity as well as type, e.g. taxi scrips or bus tokens. For reporting purposes, UOS are then calculated by inventory sheets - one for bus tokens and a second for taxi scrips. Documenting client files ensures clients remain within time frame for service usage. (UOS are one-way bus or taxi trips).

4c) How do you separate your units of service and unduplicated clients between contracts?

Separate files are maintained for clients of transportation and HIV Support Groups.

4d) How do you assess your performance in meeting units of service over the last quarter?

The last quarter of the contract brought us to **over** 100% of the contracted deliverables. Our meeting of the UOS is directly due to outreach efforts. In fact, we need to be careful to avoid exceeding UOS again, given the limited amount of funds available for these services.

5) What are your days and hours of operation?

Monday thru Friday from 9:00 a.m. to 6:00 p.m. for **this** service.

B. Program Staffing*1) Please provide current program staff and volunteer demographics, sex, ethnic breakdown, please indicate number and FTE.*

There is **no staff** for this contract.

2) What is your ratio of staff to clients? Is this staffing level adequate? If not, please indicate what staff changes might be necessary.

In order to serve our client base for this service, **staff is needed**. The 97 people who used transportation services during the month of July, 1992 were served from existing agency staff. This is a real set-up for staff burnout. Further, as reported in our most recent quarterly report, staff are now being verbally abused by clients and physical threats of violence have been made because we have been required to cut back the amount of tokens given to each person. In addition, staff were provided an assaultive training class in order to better protect against such abuse.

3) What has been your program staff turnover since the start of the program period?

Not applicable for this program.

3a) What are the reasons for turnover?

Not applicable for this program.

3b) Has your agency developed any particularly successful/creative/innovative methods for dealing with issues of burnout?

Not applicable for this program.

4) *How do you orient new staff into your program?*

Not applicable for this program.

5) *How do you provide staff training (both initial and ongoing)? How is this done and what type? How do you provide or encourage cultural competency training?*

Not applicable for this program.

6) *How do you evaluate your program staff? How often?*

Not applicable for this program.

7) *Please provide an agency organizational chart(s) indicating program staff relationships within the agency and of CARE funded program staff, names of staff, job title, licensure (where appropriate) and level of professional training.*

Not applicable for this program.

C. Client Services

1) *What are the demographics of unduplicated clients served? Please list contract statistics as of July 31, 1992.*

See Attachment #B.

2) *Are there other populations also being served/seen that weren't originally targeted? If yes, how has that changed your program objectives?*

While there are other populations being served/seen which were not originally targeted, the program objectives are not impacted. In fact, within the first month of this contract period which is reported in #1 above, we have already met our contract deliverables of serving 45 African-American unduplicated clients. That trend will continue.

3) *How do you document client information (demographics, program information, intake & assessment)?*

Each client file contains forms (as outlined in Contract Compliance, #4): "Eligibility...", "Client Agreement..." . Information gathered comes directly from client files. Also, the questionnaire for the AIDS Office quarterly report provides demographic data but is not kept in an individual's file rather, it is kept in a separate packet for retrieval and to ensure client confidentiality.

3a) *How do you collect, record and summarize this information? Please provide examples for team's review at the site visit.*

Information about individual clients is kept locked in files. Information is used for reports only.

3b) *What is your client intake procedure? How does it address issues of language & literacy?*

The intake procedure is quite simple. Forms are completed by the individual client, his/her advocate, bilingual staff of the agency and/or Support Services staff for those with low literacy skills. We talk the client through the procedure. If the client wishes, we can even mail forms so that special help can be given in the privacy of the client's home.

4) Does your program maintain a client waiting list? If so, how many are on that list? How long is the average wait to enter your program? What specific issues influence the waiting list?

There is no waiting list for the program. If we are out of bus tokens, we refer clients to sub-contracting agencies and/or the AIDS Office.

5) How is length of stay for clients determined by your program?

There are two factors which influence a clients' stay in the transportation program: First, the client him/herself simply does not come into the office to obtain bus tokens or taxi vouchers. Files continue to be maintained in the event the client does come in at some later point. Second, if the client violates agency rights, as in the case of one person who became verbally abusive with staff, we terminate the service.

5a) What is the average length of stay for clients in your program? Is it remaining the same, increasing, decreasing?

Since clients of the number we are currently serving only came into the program after March 1, 1992, no estimate can be made at this time. (March 1, 1992 began aggressive outreach)

5b) What are the factors that affect a client's length of stay in your program?

Factors are the number of bus tokens we distribute and the client's need. We have encouraged clients to apply for MUNI's disability pass. Health status of those who use taxi scrips has a great impact on use of this component to transportation.

6) What cultural or socioeconomic status factors influence length of stay?

Although we will learn more about client's stay in this program and the use of other agency services, e.g. HIV Support Groups during this contract year, it is already clear those on low socioeconomic scale are more likely to utilize transportation services. The clients on the lowest socioeconomic scale will remain with us longer since they need the bus tokens. Taxi scrip users' health influences length of stay in this program more so than socioeconomic status.

7) How does a client end his/her stay in the program? What are the discharge criteria?

The client simply does not return for service usage - there is no formal ending procedure for this contract.

8) Describe how service and discharge plans are designed and used for each client.

Not applicable for this contract. We do, however, encourage clients to apply for and utilize Regional Disability Discounts.

9) How does the client participate in his/her service plan?

Clients do sign an agreement which basically outlines what we, as an agency will do as well as the agency's rights. Clients are provided applications for Regional Disability Discounts by us which requires they obtain doctor approval and apply for this service on their own through MUNI.

10) What is the level of client recidivism in your program?

Not applicable for this program.

D. Program Management and Evaluation

1) Describe your service delivery model and how it meets the specific needs of the target population it serves in terms of outcomes and cultural competence.

BAHSES attempts to make the use of bus tokens and taxi scrips as comfortable for target population as possible. The model employed, e.g. simple forms, walk through by BAHSES staff and other human touches can assist target population with accessing the "system" and provide practice on how to access the larger "system". For many target population members, bus tokens can make the difference between actually getting to the doctor or clinic or not going for appointments. We believe clients have told their friends about the service and that word-of-mouth has brought the large numbers of people into the agency for this service.

2) What is your written plan for evaluating overall program performance (see contract exhibit)? How is this done? How often is there a written report?

A "Client Satisfaction Sheet" for transportation is used. Evaluation form collects data about client usage as well as satisfaction issues surrounding the service. For example, if the client had an issue with the taxicab driver about a voucher, evaluation form provides space for client to relate issue. "Client Satisfaction Sheets" are gathered from clients and retained in their files after review. Nothing negative has been reported about the system; however, if a complaint were to come into the office, we would respond and/or follow-up with MUNI or Paratransit Broker on behalf of the client.

Written reports are done monthly in-house to the Executive Director. Such reports reflect activities from the month, statistics surrounding UOS and describe progress for each contract. All monthly reports are retained in a binder as reference. Also, the AIDS Office requires and receives monthly units of service reports as well as indepth quarterly reports.

2a) How are recommendations for change documented? What are the specific timelines for their implementation?

Recommendations for change come about in two ways and, are responded to immediately: First, from client input as described in #2 above. Since we have not had complaints, the clients have not been change-initiators. Second, from agency. For example, after outreach was initiated during March, 1992, agency began providing 16 bus tokens for a two week period to eligible clients. Agency found this to be excessive and had little or no way to monitor how clients used bus tokens. People began coming in to sign-up for the service in large numbers!

The terms of our contract stated that bus tokens were to be used for medical, pharmacy, clinical and support group trips only. We found, through informal conversations with clients, bus tokens were being used for other purposes. Since no staff are assigned to this contract, agency believed it would be difficult to require documentation from clients about how bus tokens were being used, i.e., pharmacy label dated for the date of the trip, etc. Further, agency discovered Tenderloin merchants were purchasing bus tokens for \$.25 from people with bus tokens then selling them to buyers for \$.50. Since agency is based in the Tenderloin, we believed the only way we could ensure clients would use the bus tokens for medical purposes was to limit bus tokens to 2 bus tokens per week per person. While we still cannot control how individual clients use the bus tokens, it is less likely clients will sell the only 2 bus tokens they get for the week.

The second component to the transportation system, taxi scrips, is heavily monitored by our source for scrips, Paratransit Broker. As Paratransit Broker changes requirements, so do we. We have not had the problem with Paratransit Broker and/or taxi scrip users as we have with those who use bus tokens. Also, the taxi scrip user is more likely to have health needs for the type of transportation assistance a taxi provides to or from medical appointments, i.e. treatments.

3) *How do you assess client population needs?*

Needs are assessed through intake procedures which involve informal discussions with clients, a review of referral sources and follow-up discussions with clients as they return to obtain additional services.

4) *What are your program's strengths and weaknesses? How do you capitalize on your program/agency strengths? How do you attempt to overcome program/agency weaknesses?*

BAHSES has made this program a collaborative effort. Although collaborative agencies do not like the paperwork, and many have stopped issuing bus tokens because of the required paperwork, we believe we have established grounds for future collaborations.

The primary weakness is the lack of staffing. If we had staff, we would be able to utilize this person to help outreach efforts for related programs, specifically, HIV Support Groups. BAHSES applied to the AIDS Office for additional monies to obtain bus token dollars, but was denied. In hindsight now, we are **thankful** the dollars were denied since we would have still been without staffing to implement and monitor the program. If staffing were assigned, however, the increase in bus token dollars would meet a great need of the clients.

5) *Please give an honest assessment of your program and agency face in regards to cultural competency?*

We are in the process of having been African-American put into place to manage the American. Now that the person who can perform that by hiring such a person

ices. The past three Support Services was was not African- we will be seeking a community. It is hoped that competency track.

6) *What is your mechanism for staff?*

As described under Program Sheet" to receive feedback copy.

staff)?

Client Satisfaction
ment #C for a

Created multiple access points through out the community

E. Community Relationships

1. *What kind of relationships does your program have with other programs or agency name, type of relationship, and when client referrals to or from a program or agency would be appropriate.)*

- a) *other programs within your agency?*
- b) *other HIV service providers?*
- c) *other non-HIV specific providers (e.g. mental health, substance abuse treatment, medical)*

BAHSES has Memorandum of Understanding for transportation services with the following: A.I.D.S., Ark of Love, Bayview-Hunter's Point Foundation, EACH Program, Black Coalition on AIDS, Health Outreach Team, San Francisco Community Clinic Consortium, Westside Community Mental Health, Peter Claver Community of Catholic Charities.

Client referrals to or from BAHSES with the above are always appropriate for transportation services. Other programs require and provide additional referrals.

3) *How do you assess client population needs?*

Needs are assessed through intake procedures which involve informal discussions with clients, a review of referral sources and follow-up discussions with clients as they return to obtain additional services.

4) *What are your program's strengths and weaknesses? How do you capitalize on your program/agency strengths? How do you attempt to overcome program/agency weaknesses?*

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5) *Please give an honest appraisal of the challenges your program and agency face in regards to cultural competency?*

We are in the process of hiring another Program Coordinator - Support Services. The past three have been African-American. As an interim, a fourth Program Coordinator - Support Services was put into place to manage the program and get things on-track. The person was not African-American. Now that the Support Services division of the agency is on track, we will be seeking a person who can perform outreach to the African-American gay/bisexual community. It is hoped that by hiring such a person, the program and agency will be back on its cultural competency track.

6) *What is your mechanism for receiving client feedback (on both services & staff)?*

As described under Program Management & Evaluation, #2 BAHSES uses a "Client Satisfaction Sheet" to receive feedback about transportation services and staff. See Attachment #C for a copy.

E. Community Relations

1. *What kind of relationship does your program have with: (specify the program or agency name, type of relationship, and when client referrals to or from a program or agency would be appropriate.)*

- a) *other programs within your agency?*
- b) *other HIV service providers?*
- c) *other non-HIV specific providers (e.g. mental health, substance abuse treatment, medical)*

BAHSES has Memorandum of Understanding for transportation services with the following: A.I.D.S., Ark of Love, Bayview-Hunter's Point Foundation, EACH Program, Black Coalition on AIDS, Health Outreach Team, San Francisco Community Clinic Consortium, Westside Community Mental Health, Peter Claver Community of Catholic Charities.

Client referrals to or from BAHSES with the above are always appropriate for transportation services. Other programs require and provide additional referrals.

2) What is your formal client referral process with other service providers?

For transportation services, referral process is informal. If we are out of bus tokens, clients are referred to other agencies close to us and vice versa.

3) Is your program site close to your client catchment area?

Yes.

4) How do you attempt to make your program's site (physical plant) welcoming and/or appropriate to the target population (i.e. refreshments, language appropriate literature, signage)?

We have purchased comfortable sofas. Fresh flowers are on the coffee table. Brochure racks hold various language appropriate literature and our signage does not intimidate people from coming into our office or being seen entering our office since we do not spell out our acronym.

We used to have coffee, tea, hot coca, etc. up front; however, since we are in the Tenderloin, we had people coming from the street taking refreshments (and we mean stealing - not just taking). Also, often people would simply sit down on the sofas with their refreshment and would not leave! We still provide refreshments but have located them in the back of the office for clients who have business with us.

5) Please describe how you provide outreach to the community about your program(s) and service(s)?

BAHSES has provided various outreach to the community about transportation:

- o We publish information about transportation in our monthly newsletter.
- o We sent out invitation letters and information about transportation to 28 AIDS service providers in March, 1992. (Since the response has been as great as it has, we will probably not do that again)
- o We sent out 50 letters to local churches inviting pastors to retain information about transportation services to individuals whom they counsel and/or post the information on their bulletin board.
- o We bring flyers to local events, e.g. when the Education division attends an event, flyers from Support Services are distributed or bars get flyers about transportation when Education does its outreach.

6) How are brochures/literature about your program(s) distributed? Please provide samples at the time of the site visit.

See #5 above.

7) Describe whether the areas addressed in questions 4 & 6 above are provided/performed in languages other than English? Please provide samples at the time of the site visit.

Language appropriate literature about transportation service is not provided. Language appropriate literature about treatment is.

F. Quality Assurance

1) What information do you keep in a client record and how is it updated? (Please provide a sample record with blank forms at the time of the site visit)

This information is outlined in detail under Contract Compliance, #4.

2) How do you conduct chart reviews of service/discharge plans? Who performs them? Provide specific details on procedures, frequency and the participants involved and their responsibilities.

Not applicable for this program. Each time client comes in for transportation service(s), staff monitor the last date of use for the service, amount, etc.

3) What procedures are used to review the content and appropriateness of entries in client records?

Client records only record the date and type of service used for this program, e.g. 7/3 - 2 tokens. Unless there is an unusual circumstance requiring some follow-up action by the agency (as in the case of the abusive client who was terminated from the transportation program), no other information is recorded.

G. Policies and Procedures

1. How are staff, volunteers, and clients trained in universal precaution procedures?

Since BAHSES does not examine clients or provide health services, we do not provide special training in universal precaution procedures. Staff are aware of such procedures, however.

2) Are staff, volunteers, and clients receiving annual tuberculosis skin testing? If so, how are the results documented? Please provide a copy of your agency policy.

Staff and volunteers are not required to receive annual tuberculosis skin testing (although we acknowledge it might be a good idea). Clients do so under their own doctor's advisement. There is no policy at BAHSES regarding this.

3) How does your program handle client emergencies?

We learned that calling 911 in the Tenderloin only results in a 2-1/2 hour wait! Staff were put through a special Assaultive Training Class held on agency premises to meet emergencies, particularly where staff or client security may be in question.

4) What is your policy and procedure regarding confidential information and access to client records? How is confidential information maintained and stored?

See Attachment #D for agency policy and procedure regarding confidential information. Client records are maintained in locked files. Support Services staff are the only people with access to such information.

5) How do you provide patient rights information to your clients?

During the client intake, clients are advised of their rights as well as agency rights. See Attachment #E for a copy which is signed by client. Also, BAHSES posts in its lobby a "Statement of Client's Rights". See Attachment #F.

6) What is your client grievance procedure, how is it used, and how many times has it been used? Is it language & literacy sensitive?

The client grievance procedure has not been used by any clients, to date. See Attachment #G for a copy of "BASHES Client Grievances Procedure". The language is perceived to be clear. The individual against whom the client has a grievance is first to be talked to by the client. If the client is not satisfied with that discussion, the Executive Director is next. Should satisfaction still be not received by the client, the BAHSES Board of Directors will hear the grievance.

How can the AIDS Office or Planning Council assist you in improving program services to your clients?

First, publicize BAHSES as an agency providing services in the City and County of San Francisco in appropriate AIDS service agency directories.

Second, provide more follow-up to reports given to the AIDS Office or reactions to what we say in our reports. We do all the required paper work but do not hear a response.

National Task Force on AIDS Prevention (BAHSES)
Federal CARE - Title I
July 1, 1992 - June 30, 1993

Exhibit A
Page Two

PROGRAM NARRATIVE

1. Statement of Need or Problem

Within the City of San Francisco, some 8.1% (approximately 1,000) African-American gay/bisexual men are diagnosed with AIDS. Given estimates for gay/bisexual men with HIV infection, that same percentage translates to an additional 2,000 African-American men who live with the virus.

Practical support systems which support emotional systems and add to the base of client services are needed for those with HIV disease. BAHSES has found many of its clients do not have insurance, are marginally employed and/or are barely existing on their meager income. Getting to support groups as well as other key appointments for wellness is a financial hardship for clients with HIV disease. A program which subsidizes transportation as a service is crucial. Having the means to get to support groups, pick up medication, visit a doctor and keep other medical appointments eliminates transportation as a barrier to needed services for the gay/bisexual African-American client with HIV disease.

2. Goal Statement

Eliminate transportation costs as a barrier to medical and emotional services needed by African-American gay/bisexual men who live with HIV disease.

3. Target Population

African-American gay/bisexual men with HIV disease.

4. Unit of Service

Units of service are defined as the number of one way bus trips and the number of one way taxi vouchers available to support group clients.

This is calculated by allocating \$3,500 at a rate of \$.85/per trip for 4,118 one way bus trips. Taxi vouchers are calculated at \$1,500 at a rate of \$.70/per trip for 214 one way trips. Total units of service is calculated by combining the number of one way bus and taxi trips for 4,332 trips.

5. Outcome Objectives

By 6/30/93, 45 unduplicated African-American gay/bisexual clients with HIV disease will have used 100% of the units of service allocated to transportation support systems.

6. Methodology

Primary efforts for getting target community members to utilize transportation services will dovetail outreach/community involvement and advertisements for support group services. Project Director - Support Services (a volunteer not funded by CARE monies) will oversee and/or may perform the following during the contract year:

- o Ensure advertisements in publications inform African-American gay/bisexual men about transportation.
- o Ensure flyers which announce support groups mention transportation services.
- o Ensure community outreach to AIDS service organizations to inform them of the availability of transportation services and any appropriate eligibility criteria.

National Task Force on AIDS Prevention (BAHSES)
Federal CARE - Title I
July 1, 1992 - June 30, 1993

Exhibit A
Page Three

7. Project Timeline

Activities to support program objectives are timelined below:

By the end of the 1st month:

- o Announce program to community-based organizations (CBO's) who serve African-American gay/bisexual men.
- o Place ads in Bay Times and Tenderloin Times about transportation program.
- o Solicit CBO's who serve African-American gay/bisexual men to become sub-contractors of transportation program.
- o Submit section for BAHSES' Newsletter about transportation program.
(This activity is on-going throughout the contract year, therefore not repeated in the timeline)
- o Coordinate placement of flyers which announce transportation services with local bar owners/managers.
- o Collect Client Satisfaction Sheets and respond to any issues/problems.
(This activity is on-going throughout the contract year, therefore, not repeated in the timeline.)

By the end of the 2nd month:

- o Network with AIDS service agencies in the San Francisco area to inform of transportation services/program.
- o Place advertisements in the Alternative and Bay Guardian publications regarding transportation services.
- o Obtain Memorandum of Understanding (MOU) from 2 CBO's who serve African-American gay/bisexual men.
- o Conduct training for agency staff as well as CBO staff who administer transportation program.

By the end of the 3rd month:

- o Evaluate service utilization by CBO's.
- o Submit first quarter report to AIDS office.
- o Obtain MOU's from 2 CBO's who serve African-American gay/bisexual men to increase case load by ten (10) clients.
- o Evaluate overall program outreach efforts and results.

By the end of the 4th and 5th months:

- o Follow-up with bar owners/managers to continue flyer distribution.
- o Follow-up with AIDS service organizations to monitor program and CBO relationships.
- o Conduct training for new CBO's to administer transportation program.

National Task Force on AIDS Prevention (BAHSES)
Federal CARE - Title I
July 1, 1992 - June 30, 1993

Exhibit A
Page Four

By the end of the 6th month:

- o Place advertisement in the Sentinel regarding transportation program.
- o Follow-up with bar owners/managers to continue flyer distribution.
- o Follow-up with AIDS service organizations to monitor program.
- o Submit second quarter report to AIDS office. Target 12 clients for quarter.
- o Evaluate overall program outreach efforts and results.

By the end of the 7th and 8th months:

- o Recommend program modifications, if any based on client evaluations and CBO input to program.

By the end of the 9th month:

- o Submit third quarter report to AIDS office. Target 12 clients per quarter.
- o Evaluate overall program outreach efforts and results.

By the end of the 10th and 11th months:

- o Follow-up with AIDS service agencies to continue relationships.
- o Follow-up with bar owners/managers to continue flyer distribution.

By the end of the 12th month:

- o Evaluate overall program outreach efforts and results.
- o Identify publications for future advertisements.
- o Identify bars for future flyer distribution.
- o Submit fourth quarter report to AIDS office. Target 12 clients per quarter.

8. Evaluation

The accomplishment of program objectives will be evaluated by the following methods:

- o Process: A Client Satisfaction Sheet for transportation has been designed and will continue to be used during the contract year. Evaluation form collects data about client usage and reasons, i.e. pharmacy, support groups, etc. as well as quality assurance issues. For example, if the client had an issue with the taxicab driver about a voucher, evaluation form provides space for client to relate issue.
- o Outcome/Impact: Transportation logs inform the agency about ethnic composition of clients who use transportation funds, reasons for usage, amount allocated to the individual client and projected fund usage for the next 30 days. Logs are reviewed monthly with information reported to the AIDS office on a monthly, quarterly and annual

THIS INFORMATION MUST BE COMPLETED
FOR THE CONTRACTORS PARENT ORGANIZATION AND
FOR THIS PROGRAM FUNDED BY DPH.

TYPE OF BUSINESS OR ORGANIZATION:

an individual a partnership ☒ a nonprofit org.
a private corporation a public corporation
other, explain

CONTRACTOR BAHSES-BWMT/MACT

ADDRESS 625 O'Farrell Street
San Francisco, CA 94109
DPH DIVISION AIDS Office

PARENT ORGANIZATION National Task Force on AIDS PreventionDATE 8/3/92

IV. DEMOGRAPHIC INFORMATION
STAFF, CLIENTS SERVED, BOARD OF DIRECTORS

Description	FOR PROGRAM TRANSPORTATION						FOR PARENT ORGANIZATION						Vol		
	Staff			Unduplicated		Board of		Staff			Unduplicated		Board of		NONE
	NONE			clients Served		Directors					clients Served		Directors		
	#	FTE	%	Number	%	Number	%	#	FTE	%	Number	%	Number	%	
Amer. Indian/ Alaskan Nat.				1	1%								1	1%	
Asian/Pacific Islands				2	2%	1	17%								
Black				47	48%	2	33%	3	3.0	33%			8	47%	
Filipino								1	1.0	12%					
Latino				9	9%			3	3.0	33%					
Other				1	1%	1	17%								
TOTALS MINORITY				60	61%	4	67%	7	7.0	78%			9	53%	
TOTAL WHITE				37	39%	2	33%	2	2.0	22%			8	47%	
TOTAL	NONE			97	100%			9	9.0	100%			17	100%	NONE
TOTAL MEN				93	96%	4	67%	9	9.0	100%			17	100%	
TOTAL WOMEN				4	4%	2	33%								
GAY*				92	95%	4	67%	9	9.0	100%			17	100%	
LESBIAN*						2	33%								
BISEXUAL*															

*For those programs whose target population serves gays, lesbians or bisexuals, give the number of persons on your staff and Board of Directors who have openly identified their sexual orientation. An estimate of unduplicated clients will suffice if precise info not available.

ETHNIC DESIGNATIONS

- (1) American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- (2) Asian or Pacific Islanders (except Filipino): Persons having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
- (3) Black (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.
- (4) Filipino: Persons having origins in any of the original peoples of the Philippine Islands.
- (5) Latino: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- (6) White (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

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 Policy and Procedure Manual

242000 Confidentiality

Nothing concerning participants in the Agency whether employees, consultants, trainers, workshop or survey participants, or volunteers may be disclosed or discussed publicly with anyone in any manner that will violate the trust that has been placed in employees and volunteers of BAHSES. Violation of this policy may be cause for immediate termination. BAHSES will release information only if required to do so by the court.

ISSUED: August 16, 1991
REVIEW: August 1992
APPROVED:

BY: Executive Director
REVISED:

BAHSES - BWMT/MACT Policy and Procedure Manual

241005 Record Storage

All client and agency personnel records are to be kept in the agency office in a locked cabinet. Client and personnel records are not to leave the office.

ISSUED: February 21, 1991
REVIEW: February 1992
APPROVED:

BY: Executive Director
REVISED: January 21, 1992

BAHSES CLIENT SERVICES AGREEMENT

The staff of BAHSES is committed to provide you with quality service that will help you to make informed decisions about your health, your treatment as it pertains to HIV disease and about the services for which you are eligible in order to give you the opportunity for the highest quality of life with HIV disease.

YOUR RIGHTS:

1. To receive services of the highest possible quality free from discrimination regardless of race, sexual or gender orientation, gender, age etc.
2. To receive all of the available information necessary for you to make informed decisions about your services and care.
3. To receive confidential, prompt and respectful treatment and services from staff.
4. To be informed of the legal limits of confidentiality.
5. To be able to refuse any and/or all services.

YOUR RESPONSIBILITIES:

1. To treat all staff members and other clients with respect while in the agency office.
2. To play an active role in identifying your needs, obtaining services and care.
3. To inform agency staff of any changes in your address, or living arrangements.
4. To use the agency's grievance procedure to resolve problems if you are unable to resolve them directly with the staff member involved.

OUR RESPONSIBILITIES:

1. To provide services that strive to be culturally sensitive and competent.
2. To promptly and thoroughly evaluate and resolve all complaints and grievances.
3. At your request, to promptly share your records with any person or agency you designate.
4. To respect you and your space.
5. To answer questions you have about our services or our record system

OUR SHARED UNDERSTANDING

1. Sometimes the office will be closed for staff meetings.
2. We all want the agency and offices to be a place of comfort and security for clients and staff.
3. Clients and staff want to work in partnership in order to improve services and improve quality of life for all involved.
4. If a conflict arises, staff and client will use the agency's grievance procedure to find a constructive resolution to the conflict.
5. To ensure safety for clients and staff while on agency's premise, the following can result in suspension of services or discharge from the program:

- ☆☆Violence or the threat of violence,
- ☆☆Verbal abuse including racist, sexist, or homophobic language,
- ☆☆The possession, in the office, of illegal drugs, alcohol, or weapons
- ☆☆The theft or destruction of any property belonging to the agency or its' staff.
- ☆☆Violation of program compliance, e.g. misuse of tokens/taxi scrips on other than medical/support groups.

I have read and understand the above:_____

Date:_____

Staff Initials:_____

513020 6/92



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

Attachment #F

January 17, 1992



STATEMENT OF CLIENT'S RIGHTS

Any person presenting him/herself for services at the Bay Area HIV Support and Education Services of BWMT/MACT SFBA is considered and is entitled to the following rights:

- a. The right to treatment with dignity and respect in a non-judgmental manner, regardless of his/her personal identification.
- b. The right to complete confidentiality. Information will be withheld from all inquirers, including family members, friends, spouse/lover and medical or law enforcement personnel-except in cases of life-threatening situations, child abuse or with the written request/permission of the client.
- c. The right to be seen privately. This includes the following services, if applicable intake, assessment of needs, case management and individual counseling. Exceptions to this right include enrollment in a group session provided in association with BAHSES.
- d. The right to refuse or discontinue services at any time for any reason. This includes the right to request services from another provider.
- e. The right to full information about the services offered in association with BAHSES.
- f. The right to inspect all client-specific documents. This includes all intake forms and notes, assessment forms and notes, case notes and any other documents pertaining to the client only.
- g. The right to information pertaining to the appeals process in the event s/he has a grievance with BAHSES or a BAHSES staff person.
- h. The right to know what rules and regulations BAHSES has established in regard to inappropriate client conduct and what penalties and/or consequences may result.
- i. In the event of problems with another client, the client has the right to present the problem to the staff and/or the Executive Director. The client can expect to be heard, be provided with a response and be notified of final determination/resolution.
- j. The staff is to be professional in conduct and treatment of all clients.

Clients will not be:

- Sexually or physically harassed.
- Solicited for favors, labor or money by a staff member.
- Refused service without due cause and notice.
- Treated with disrespect

Lee Y. Woo
Executive Director



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



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

Attachment #G



January 17, 1992

BAHSES CLIENT GREVIANCES PROCEDURES

The BAHSES' policy is to maintain an open and safe environment in which a client may discuss any issue(s) of concern with all levels of BAHSES STAFF. However, should a client have a grievance with any BAHSES staff member, the following procedure has been established.

1. Clients with a grievance will discuss the grievance with the staff member involved in order to seek resolution.
2. Should this prove unsuccessful or not to the client's satisfaction, s/he may request review by the Executive Director.
3. The Executive Director will discuss the client's grievance with the client and staff member.
4. Should this prove unsuccessful or not to the client's satisfaction, s/he may request a review by BAHSES' Board of Directors.

At all times throughout this process, clients will be treated with respect and will be provided with the name, telephone number and address of the person(s) noted above. In a timely, manner, staff will keep the client informed throughout the grievance process.

Lee Y. Woo
Executive Director



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



625 O'Farrell Street
San Francisco, CA 94109
415.749-6714/FAX 415.749-6706



October 6, 1992

HS Branch Data Manager
Department of Public Health
AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA, 94102

Enclosed please find two copies of the Federal CARE or CARE/supplemental Fall Quarter Report. The report reflects accomplishments made during the first quarter for Transportation and the second quarter for Support Services of their prospective grant periods.

Should any questions emerge, please feel free to contact me.

Sincerely,


J. Dakota Scott-Hoffman
Program Coordinator - Support Services

DSH:

qrletter

cc: Allen Piniol
222005/513040/513050



BAY AREA HIV SUPPORT AND EDUCATION SERVICES
A PROJECT OF BLACK AND WHITE MEN TOGETHER/MEN OF ALL COLORS TOGETHER

CARE

AIDS OFFICE, HEALTH SERVICES BRANCH

PROGRAM QUARTERLY REPORT

YEAR: 1992

CONTRACT AGENCY: BAHSES	QUARTER: (check one) ☐ SPRING (J-MAR) ☐ SUMMER (A-JUN) ☒ FALL (J-SEPT) ☐ WINTER (O-DEC)
PROGRAM: Support Group Services	REPORT COMPLETED(date): 10/05/92
CONTRACT NUMBER: 83-17103	AGENCY CONTACT PERSON: J. D. Scott-Hoffman
FUNDING SOURCE: CARE	PHONE NUMBER: 415/7496714
TERM OF CONTRACT: 5/1/92 - 4/30/92	AO PGH.MGR.: Michelle Long-Dixon

1. UNITS OF SERVICE(UOS)	Calendar Quarter	Contract Period-to-Date
	129	261

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents. The total per category must equal the total number of new clients served.)

A. NUMBER OF CLIENTS SERVED

(A1) 44 Total/qtr. (A3) 24 Number of New Individuals Served/qtr.
 (A2) 48 Contract Period to date (unduplicated clients)

B. GENDER

(1) 9 Male (3) Other (include transgender)
 (2) Female (9) 15 Unknown

C. SEXUAL ORIENTATION

(1) 7 Gay Male (3) Bisexual (5) 1 Declines to state (9) 15 Unknown
 (2) Lesbian (4) 1 Heterosexual (6) Unsure

D. AGE

(1) 12 YRS. or Less (4) 25-29 YRS. (7) 3 50-59 YRS.
 (2) 13-17 YRS. (5) 2 30-39 YRS. (8) 60 YRS. or More
 (3) 1 18-24 YRS. (6) 3 40-49 YRS. (9) 15 Unknown

E. ETHNICITY

(10) 4 White/European American (50) American Indian, Alaskan Native
 (20) 3 African American (60) 1 Other..Specify African American/Latino
 (30) 1 Latino/a (99) 15 Unknown
 (40) Asian/Pacific Islander

F. LIVING SITUATION

(1) 6 Alone (6) 1 Non-relatives/Shared Expenses (99) 15 Unknown
 (2) Dependent Children (7) Non-relatives/No Shared Expenses
 (3) 2 Spouse/Signif. Other (8) Homeless
 (4) Parent or Guardian (10) Institutionalized
 (5) Other Relatives (11) Incarcerated

513050

GROSS MONTHLY INCOME

(before taxes, for individual client, not for household)

- (1) 1 \$600 or Below (3) 2 \$ 901 - \$1200 (5) Above \$2400
 (2) 5 \$601 - \$900 (4) 1 \$1201 - \$2400 (9) 15 Unknown

EMPLOYMENT STATUS

- (1) 1 Full Time (35 or more hrs. per week) (3) 7 Not Employed
 (2) 1 Part Time (less than 35 hrs. per week) (9) 15 Unknown

MEDICAL INSURANCE STATUS

- (1) 2 Private Insurance (incl. other HMOs) (5) 3 MediCal/Medicare
 (2) 2 Kaiser (6) Other Public Insurance
 (3) 1 MediCal/Medicaid (7) 1 Uninsured
 (4) Medicare (9) 15 Unknown

CLIENT PAYMENT FOR YOUR SERVICE

- (1) Client Pays (2) Client does not Pay (3) 24 No Fee for Service

PRIMARY HEALTH CARE SOURCE

- (1) 3 Private Practice (incl. other HMOs)
 (2) 2 Kaiser
 (3) Community Health Center
 (4) 3 Hospital Outpatient Clinic
 (5) Emergency Room
 (6) VA, Military Hospital Outpatient Clinic or Indian Health Service
 (7) Other Primary Health Care Provider/Acupuncturist or Chiropractor
 (8) No Primary Health Care Provider
 (9) 16 Unknown

HIV STATUS

- (1) 2 HIV Positive (not Disabling) (4) Relative, Friend or Partner of HIV Positive
 (2) 3 Disabling HIV/ARC (9) 15 Unknown
 (3) 4 AIDS

SPECIAL POPULATIONS

- (1) Injection Drug User (IDU) (4) 1 Mental Illness
 (2) 1 Other Substance Abuse (5) Mental Illness and Substance Abuse
 (3) AIDS Dementia (6) 22 None of the above

AIDS OFFICE HEALTH SERVICES BRANCH
QUARTERLY REPORT
PROGRAM EVALUATION UPDATE

Contract Agency: <u>BAHSES</u>	Quarter: <u>2nd</u>
Program: <u>Support Group Services</u>	Report Completed (date): <u>10/05/92</u>
Contract Number: <u>#83-17103</u>	Agency Contact Person: <u>J. D. Scott-Hoffman</u>
Funding Source: <u>CARE</u>	Phone Number: <u>415-7496714</u>
Term of Contract: <u>5/1/92 - 4/30/93</u>	AO Program Manager: <u>Michelle Long-Dixon</u>

This form should be completed and submitted as part of the Quarterly Report. Please refer to your contract exhibit or MOU prior to answering the following questions. Complete this form for each exhibit. If you have questions about this form, contact your program manager.

1. What evaluation procedures have you undertaken during the quarter, and what were their results?

Evaluations continue on facilitators of the groups. These evaluations come from clients and program coordinator. Although final reviews are not complete, additional crisis management training will be initiated into facilitator trainings, since the need for these skills has been identified.

2. What significant program changes have occurred during the quarter (include scope, goals & objectives, timeline, staff, volunteers, etc.)?

A new program coordinator has been hired who is culturally appropriate and has been on staff for two weeks. The current module format for support services is being redesigned and updated to meet the needs of its growing populations of men requiring support services.

3. Describe how the program has succeeded in meeting its goals, quarterly outcome objectives, and timelines.

Efforts for outreach have been increased and even more facilitators are being trained for support and outreach to the target community.

4. What types of problems has the program experienced during the quarter, and what steps have been taken towards their resolution?

Again, the program has been without a full-time staff person to serve as program coordinator. That position has now been filled by a culturally adequate and sensitive individual.

5. What Quality Assurance (QA) activities took place during the quarter, and what were their results? Describe any changes in program procedures resulting from your QA review.

Facilitator staff meetings are held regularly and service evaluations in process. Also, a Clinical Supervisor hired part time to provide technical expertise

6. Does your program maintain a waiting list?

YES	NO ☒
-----	--

A) How long is that list?

B) What is the average waiting time?

7. Where does your program refer eligible clients who are awaiting services (include those not accepted onto a waiting list)?

Glide, EACH and AIDS Health Project

8. Systemwide, what gaps in available services have you noted?

Adequate case follow-up between agencies and because of the competitiveness of grant assignments lack of collaboration with external agencies with similar goals.

CARE Supplemental

AIDS OFFICE, HEALTH SERVICES BRANCH

PROGRAM QUARTERLY REPORT

YEAR: 1992

CONTRACT AGENCY: BAHSES

QUARTER: (check one) ☐ SPRING (J-MAR) ☐ SUMMER (A-JUN) ☒ FALL (J-SEPT) ☐ WINTER (O-DEC)

PROGRAM: Transportation

REPORT COMPLETED(date):

CONTRACT NUMBER: 83-17104

AGENCY CONTACT PERSON: J. D. Scott-Hoffman

FUNDING SOURCE: CARE Supplemental

PHONE NUMBER: 415/749-6714

TERM OF CONTRACT:
7/1/92 - 6/30/93

AO PGH.MGR.: Michelle Long-Dixon

I. UNITS OF SERVICE(UOS)

Calendar Quarter

Contract
Period-to-Date

1858

1858

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents. The total per category must equal the total number of new clients served.)

A. NUMBER OF CLIENTS SERVED

(A1) 124 Total/Qtr.

(A3) 124 Number of New Individuals Served/Qtr.

(A2) 124 Contract Period to date (unduplicated clients)

B. GENDER

(1) 110 Male

(3) 3 Other (include transgender)

(2) 11 Female

(9) Unknown

C. SEXUAL ORIENTATION

(1) 79 Gay Male

(3) 19 Bisexual

(5) 3 Declines to state

(9) 4 Unknown

(2) Lesbian

(4) 19 Heterosexual

(6) Unsure

D. AGE

(1) 12 YRS. or Less

(4) 31 25-29 YRS.

(7) 2 50-59 YRS.

(2) 13-17 YRS.

(5) 56 30-39 YRS.

(8) 1 60 YRS. or More

(3) 3 18-24 YRS.

(6) 30 40-49 YRS.

(9) 1 Unknown

E. ETHNICITY

(10) 50 White/European American

(50) 3 American Indian, Alaskan Native

(20) 60 African American

(60) 1 Other..Specify White/African-American

(30) 9 Latino/a

(99) Unknown

(40) 1 Asian/Pacific Islander

F. LIVING SITUATION

(1) 65 Alone

(6) 11 Non-relatives/Shared Expenses

(99) 2 Unknown

(2) 4 Dependent Children

(7) 7 Non-relatives/No Shared Expenses

(3) 19 Spouse/Signif. Other

(8) 14 Homeless

(4) Parent or Guardian

(10) Institutionalized

(5) 2 Other Relatives

(11) Incarcerated

513050

GROSS MONTHLY INCOME

(before taxes, for individual client, not for household)

(1) 42 \$600 or Below (3) 2 \$ 901 - \$1200 (5) Above \$2400
 (2) 72 \$601 - \$900 (4) 1 \$1201 - \$2400 (9) 7 Unknown

EMPLOYMENT STATUS

(1) 1 Full Time (35 or more hrs. per week) (3) 113 Not Employed
 (2) 1 Part Time (less than 35 hrs. per week) (9) 9 Unknown

MEDICAL INSURANCE STATUS

(1) 2 Private Insurance (incl. other HMOs) (5) 32 MediCal/Medicare
 (2) 2 Kaiser (6) 2 Other Public Insurance
 (3) 50 MediCal/Medicaid (7) 17 Uninsured
 (4) 9 Medicare (9) 10 Unknown

CLIENT PAYMENT FOR YOUR SERVICE

(1) Client Pays (2) Client does not Pay (3) 124 No Fee for Service

PRIMARY HEALTH CARE SOURCE

(1) 8 Private Practice (incl. other HMOs)
 (2) 1 Kaiser
 (3) 30 Community Health Center
 (4) 47 Hospital Outpatient Clinic
 (5) 6 Emergency Room
 (6) 10 VA, Military Hospital Outpatient Clinic or Indian Health Service
 (7) 4 Other Primary Health Care Provider/Acupuncturist or Chiropractor
 (8) 9 No Primary Health Care Provider
 (9) 9 Unknown

HIV STATUS

(1) 18 HIV Positive (not Disabling) (4) Relative, Friend or Partner of HIV Positive
 (2) 78 Disabling HIV/ARC (9) Unknown
 (3) 28 AIDS

SPECIAL POPULATIONS

(1) 29 Injection Drug User (IDU) (4) 5 Mental illness
 (2) 17 Other Substance Abuse (5) 9 Mental illness and Substance Abuse
 (3) 8 AIDS Dementia (6) 56 None of the above

AIDS OFFICE HEALTH SERVICES BRANCH
QUARTERLY REPORT
PROGRAM EVALUATION UPDATE

Contract Agency: BAHSES Quarter: 1st
Program: Transportation Report Completed (date): Oct. 5, 1992
Contract Number: #83-17104 Agency Contact Person: J. D. Scott-Hoffman
Funding Source: CARE Supplemental Phone Number: 415/749-6714
Term of Contract: 7/1/92 - 6/30/93 AO Program Manager: Michelle Dixon-Long

This form should be completed and submitted as part of the Quarterly Report. Please refer to your contract exhibit or MOU prior to answering the following questions. Complete this form for each exhibit. If you have questions about this form, contact your program manager.

1. What evaluation procedures have you undertaken during the quarter, and what were their results?

Evaluation was based on UOS previously. This quarter, however, agency learned of client misuses and has corrected the entire system.

2. What significant program changes have occurred during the quarter (include scope, goals & objectives, timeline, staff, volunteers, etc.)?

Program continues to be used; however, limited to clients who enroll and attend weekly HIV Support Groups. Distribution of tokens and/or taxi vouchers will not occur until attendance at Support Group occurs.

3. Describe how the program has succeeded in meeting its goals, quarterly outcome objectives, and timelines.

Program provided basis for indepth needs assessment of BAHSES clients. UOS have exceeded expectations.

4. What types of problems has the program experienced during the quarter, and what steps have been taken towards their resolution?

Lack of staffing. Any service has come from ^{agency} staff not from program. We've also endured client abuse. Cutting the service to clients of Support Groups was our only alternative.

5. What Quality Assurance (QA) activities took place during the quarter, and what were their results? Describe any changes in program procedures resulting from your QA review.

QA activities came from clients, staff and vendor. See changes in #2.

6. Does your program maintain a waiting list?

YES

NO ☒

A) How long is that list?

B) What is the average waiting time?

7. Where does your program refer eligible clients who are awaiting services (include those not accepted onto a waiting list)?

NA

8. Systemwide, what gaps in available services have you noted?

We found clients who needed transportation assistance also often needed housing, clothes; food & other assistance. Case manager services became a secondary function of transportation



October 12, 1992

Department of Public Health
AIDS Office
25 Van Ness Avenue, 5th Floor
San Francisco, CA 94102
Attention: Michelle Long-Dixon

Dear Michelle:

This correspondence provides responses to recommendations from the Monitoring Report recently received.

Support Groups

1.) Reading information about Program Evaluation was clear. What is unclear is the question which follows regarding Quality Assurance. What is the difference? For example, we were under the impression that the hiring of a Clinical Supervisor is part of our overall evaluation/improvement system (Quality Assurance). Deciding to hire a Clinical Supervisor based on the need for professional input was a part of our internal evaluation. Can you clarify in order for us to improve Quality Assurance systems.

2.) One of the tasks we have undertaken is the set-up of daytime support groups in order to better serve target population members who may not want to be in the Tenderloin during evening hours. Further, we are willing to conduct off-site support groups during the day to continue availability of the groups to target population members. We anticipate success with these efforts. These efforts were not mentioned.

Transportation

1.) There is one inaccurate statement regarding HIV+ diagnosis/documentation requirements. BAHSES has and continues to require some form of documentation about a persons HIV+ status prior to receipt of bus tokens. (We have allowed someone to use 2 tokens if he/she forgot or did not bring appropriate documentation that day; however, in order to continue to receive tokens, HIV+ documentation is



required. And, the client file in those situations was so noted.) Information about the taxi voucher remains correct.

2.) The agency does not intend to announce closure of the transportation system since the agency hopes not to do that. The goal will be to maintain the transportation program but limit its use to clients of support groups only.

You will be pleased to know we have hired and are training Dakota Scott-Hoffman as our new Program Coordinator - Support Services under this contract. He has already begun to implement monitoring recommendations and will be in contact with you to meet and review how we can continue to improve the services BAHSES provides to African-American men.

Thank you for your continued input and understanding during the transition from my undertaking to Dakota's.

Sincerely,



Mike Brunetti
Program Director -
Support Services

October 12, 1992

Ms. Michelle Long-Dixon
Department of Public Health
25 Van Ness Avenue, 5th Floor
San Francisco, CA 94102

Dear Michelle,

This is in response to the recommendations from the Monitoring Report of October 9, 1992.

I will be addressing the Administrative and Fiscal Review and Mike Brunetti, Program Director - Support Services response is attached to my letter.

Recommendation 1. See attached revisions that are to be sent to the Board for their action.

Recommendation 2. It is understandable to come to the conclusion of this recommendation. However, since all of all funding is not based on the DPH AIDS Office funding nor do we operate solely in San Francisco County it is important for BAHSES Operations to have a flexible and expandable system. The current accounting system is being implemented based on the needed fiscal information in many formats that we are not currently receiving and allowing for expansion that is projected in the immediate to near future. The maintenance of the current system does not take excessive amount of staff time and is preparing the staff for when we are able to manage our own funds and accounting system. To "finalize streamlined system" would take more time at many levels to retrain the staff and reconfigure the system that might have to be changed in the future when it no longer fits the agency's needs.

I have been working with both systems and accounting consultants to ensure the direction and systems that are being developed are fiscally sound and at the same time provide us the necessary fiscal information to allow effective and efficient monitoring and reporting of our agency funds.

I appreciate the offer of the AIDS office staff to provide us technical assistance when we make the transition from the National Task Force on AIDS Prevention.

Recommendation 3. As of September 4, 1992, BAHSES received its 501 (c) (3) certification from the Federal Government, see attached. I have send a letter to Reggie Williams requesting a meeting to discuss the development of a MOU to prepare for the transition of contracts and funds. See attached.

If you have questions regarding my response, please feel free to contact me.

Sincerely



L. Y. Woo
Executive Director

cc: BOD
Reggie Williams, NTFAP
Allen Piniol, NTFAP

Encl:

222005(2)/511120/451020/523095/513040



BAY AREA HIV SUPPORT AND EDUCATION SERVICES
A PROJECT OF BLACK AND WHITE MEN TOGETHER/MEN OF ALL COLORS TOGETHER

October 12, 1992

Department of Public Health
AIDS Office
25 Van Ness Avenue, 5th Floor
San Francisco, CA 94102
Attention: Michelle Long-Dixon

Dear Michelle:

This correspondence provides responses to recommendations from the Monitoring Report recently received.

Support Groups

1.) Reading information about Program Evaluation was clear. What is unclear is the question which follows regarding Quality Assurance. What is the difference? For example, we were under the impression that the hiring of a Clinical Supervisor is part of our overall evaluation/improvement system (Quality Assurance). Deciding to hire a Clinical Supervisor based on the need for professional input was a part of our internal evaluation. Can you clarify in order for us to improve Quality Assurance systems.

2.) One of the tasks we have undertaken is the set-up of daytime support groups in order to better serve target population members who may not want to be in the Tenderloin during evening hours. Further, we are willing to conduct off-site support groups during the day to continue availability of the groups to target population members. We anticipate success with these efforts. These efforts were not mentioned.

Transportation

1.) There is one inaccurate statement regarding HIV+ diagnosis/documentation requirements. BAHSES has and continues to require some form of documentation about a person's HIV+ status prior to receipt of bus tokens. (We have allowed someone to use 2 tokens if he/she forgot or did not bring appropriate documentation that day; however, in order to continue to receive tokens, HIV+ documentation is



required. And, the client file in those situations was so noted.) Information about the taxi voucher remains correct.

2.) The agency does not intend to announce closure of the transportation system since the agency hopes not to do that. The goal will be to maintain the transportation program but limit its use to clients of support groups only.

You will be pleased to know we have hired and are training Dakota Scott-Hoffman as our new Program Coordinator - Support Services under this contract. He has already begun to implement monitoring recommendations and will be in contact with you to meet and review how we can continue to improve the services BAHSES provides to African-American men.

Thank you for your continued input and understanding during the transition from my undertaking to Dakota's.

Sincerely,



Mike Brunetti
Program Director -
Support Services



October 9, 1992

Dear Ryan White CARE Contractor:

Thank you for your time and cooperation during our recent review of your contracted services supported by Ryan White CARE funds. Enclosed please find the monitoring report(s) resulting from this review. As you know, Ryan White CARE legislation sets strict time limits for expenditure of funds. Completion of the monitoring process will help us to plan for 1993-94 services and to comply with the legislated timelines.

Please review the document(s) in detail. Sign the final page of the report(s) to acknowledge receipt and to indicate agreement or disagreement with our findings. If there are any factual inaccuracies, you may request in writing that they be corrected. Additionally, we request that you submit a written response (addressed to Judith Weld) if you disagree with any recommendations, or if any recommendations require updated information from your agency. Your response should address each recommendation contained in the report(s), in the order and using the headings of the report(s).

By 12:00 noon on October 19, 1992, please submit:

- All completed signature page(s)
- Any response you wish to have included in the report
- Additional information or documentation requested in the report

Please maintain a copy of these materials for your files.

The monitoring reports will be presented to the Mayor's HIV Health Services Planning Council on October 19 beginning at 4:30 p.m. Your cooperation with the noon deadline is appreciated. If your response is not received by the deadline, it will not be available to the Planning Council during their discussion of the monitoring report findings.

The monitoring report(s) also will be utilized for presentation to the Health Commission when contracts are renewed for 1993-94. Your written response will be attached to the report(s) when presented to the Health Commission.

If you have any questions regarding this letter or the monitoring process, please don't hesitate to contact Judith Weld at (415) 554-9044 or Jon Dean Green at (415) 554-9060.

Sincerely,

Handwritten signature of Judith L. Weld in cursive.

Judith L. Weld
RFP & Monitoring Coordinator

Handwritten signature of Jon Dean Green in cursive.

Jon Dean Green
HIV Services Coordinator

cc: Sandra Hernandez, M.D. (letter only)
James Loyce, Jr. (letter only)
Sophia Chang, M.D. (letter only)
Valerie Dorr
Bill Haskell
Galen Leung (letter only)

AIDS OFFICE MONITORING REPORT SUMMARY

This is the official monitoring report for the provision of HIV services funded through the AIDS Office, San Francisco Department of Public Health. Comments in answer to points raised herein may be made by letter and addressed to the Program Manager. Copies of the letter will then be filed along with each report.

CONTRACTOR: National Task Force on AIDS Prevention/Bay Area CONTRACT TERM: 5/1/92 - 4/30/93
HIV Support and Education Services (BAHSES)
 FACILITY SITE: 625 O'Farrell Street FUNDING SOURCE: Federal CARE Title I
 PROGRAM REVIEWED: Emotional Support Groups CONTRACT NUMBER: 83-17103
 DATE OF VISIT: August 27, 1992 CONTRACT AMOUNT: \$ 78,375
 PROGRAM MANAGER: Michelle Long Dixon DATE OF REPORT: September 1992
 AGENCY REPRESENTATIVES: Lee Woo, Mike Brunetti,
 OTHER: Michael Torres, Gifford Leoung, M.D., Judith Weld

Type and Scope of Review (Circle All That Apply)

Fiscal Client Records Personnel Records Policies and Procedures Staff Interviews Director Interview
Contract Performance Review Site Visit Client Feedback Administrative

Other: _____

CARE Program Performance Rating

4 = Commendable 3 = Acceptable 2 = Improvement Needed 1 = Unacceptable 0 = Not Applicable

ENTER APPROPRIATE RATING FOR EACH CATEGORY BELOW.

1. Accomplishment of Objectives	2	6. Client Record Documentation	1
2. Timely completion of Work	2	7. Program Policies and Procedures	2
3. Quantity of Work Performed	2	8. Administrative Practices	2
4. Timely Submission of Materials to AO	3	9. Program Environment	2
a. Quarterly Reports: 3		10. Fiscal Practices	2
b. Response to Protocols: 3		11. Collaborative Efforts*	2
c. Contract Documents: 3		12. Overall Rating	2.0
5. Program Evaluation Procedures	2		

Ethnic Designation of Staff and Board in Compliance with Health Commission Requirements X Yes: _____ No: _____

If Not, Has a Satisfactory Plan to Achieve Compliance Been Submitted? _____ Yes: _____ No: _____

Audit Report Received by AIDS Office? _____ Yes: X No: _____

If not, what is the anticipated date of submission? _____ Uncertain: _____

*11 Collaborative Efforts: For the purposes of CARE monitorings, this category refers to community relations and cooperative effort items reviewed during the monitoring process.

MONITORING REPORT

AGENCY/PROGRAM NAME: National Task Force on AIDS
Prevention/BAHSES/Emotional Support Groups
CONTRACT NUMBER & PERIOD: 83-17104/ 5/1/92 - 4/30/93
FUNDING SOURCE & AMOUNT: Federal CARE Title I/ \$ 78,375
AIDS OFFICE PROGRAM MANAGER: Michelle Long Dixon
DATE OF MONITORING: August 28, 1992

BRIEF PROGRAM DESCRIPTION (FROM CONTRACT SUMMARY):

Emotional support groups will be provided for African American men with HIV disease. The groups will deal with emotional reactions to being positive, medical treatments, social services, legal issues, and continuation of personal relationships. A minimum of seven support groups will be conducted.

UNIT OF SERVICE DEFINITION:

A unit of service is defined as an hour of group support.

PROJECTED UNITS OF SERVICE AS OF JULY 31, 1992: 656 hours
ACTUAL UNITS OF SERVICE AS OF JULY 31, 1992: 206 hours

PROJECTED UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 16 clients
ACTUAL UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 23 clients

1. ARE THE PROGRAM OBJECTIVES BEING MET?

The program objective, to provide support groups for African American men with HIV is being met, yet the majority of the membership of the groups is representative of other ethnic groups (16%) and White men (38%). Of the 37 clients served, 17 are African American, surpassing the projected number of unduplicated clients through July.

2. ARE THE CONTRACT OBJECTIVES BEING PERFORMED IN A TIMELY MANNER?

The contract objectives relative to outreach to the African American community through ethnic-specific channels have not been met but have been postponed pending hiring of a Program Coordinator from the target population by September 1992.

3. ARE THE DELIVERABLES (UNITS OF SERVICE/UNDUPLICATED CLIENTS) ON TARGET?

Units of service are at 31% of projections for the 3-month period (May-July) while unduplicated clients are at 144% of projections for the same period. Not included in the unduplicated client count are 14 men who attended the drop-in group from whom no demographic information was collected. Rollover clients from the previous contract year are included in the unduplicated client count. The monitoring team was unable to determine the extent to which higher than projected numbers of unduplicated clients represented one-time attendance without return, versus routine attendance and commitment.

APPROPRIATE?

The agency has recently completed recruitment for the Program Coordinator position and expects to fill the position with a person from the target population in September 1992. This position, which has been held by three people in the past, has been vacant since March 1992 with the Program Director, who is not a member of the target population, managing the program pending a replacement. Volunteer Facilitators for the groups (50% African American, 50% other ethnicities) complete a two-day training program and are supervised and evaluated annually in writing by the Program Director.

5. IS THE POPULATION BEING SERVED, THE TARGET POPULATION SPECIFIED IN THE CONTRACT? ARE THERE FURTHER NEEDS OF THE TARGET POPULATION THAT ARE GOING UNMET?

Forty-six percent (46%) of the population being served is representative of the target population. The other fifty-four percent (54%) includes other ethnicities. The agency attributes this client mix to the reputation of the agency as multicultural as well as lower than anticipated ethnic-specific outreach due to the lack of a Program Coordinator from the target population. The agency also reports representation from the transgender community - one African American.

6. DESCRIBE WHAT PROGRAM EVALUATION ACTIVITIES HAVE OCCURRED AND THE RESULTS OF THE EVALUATION PROCESS.

To date, the program has no written program evaluation process or report. Client satisfaction forms are filled out at the end of each module (10-15 weeks) assessing the extent to which the program goals have been achieved based on clients' perceptions of how they have benefited from the program. Monthly meetings, attended by the Program Director, Volunteer Facilitators, and the Clinical Supervisor are held to review the modules' structure and content as well as client feedback. Out of these meetings came the idea of taking a break from meetings after the 5th week and instituting drop-in groups. Compilation of quarterly reports and monitoring protocols are also a part of program evaluation activities.

7. DESCRIBE THE PRIMARY RELATIONSHIPS THE AGENCY HAS WITH OTHER AGENCIES.

Primary relationships include referrals from and to Glide Church, AIDS Indigent Services (AIDS), the Early Advocacy and Care for HIV program (EACH), 18th Street Services, and the Center for Positive Care. A collaborative relationship exists with the AIDS Health Project for training of Volunteer Facilitators.

8. DESCRIBE THE CLIENT REFERRAL PROCESS THE AGENCY MAINTAINS WITH OTHER SERVICE PROVIDERS.

The agency maintains referral relationships with the agencies mentioned in #7 above as well as others. Clients are informed of support groups being held at BAHSES and are encouraged to attend.

9. DESCRIBE THE QUALITY ASSURANCE PROCEDURES THAT ARE IN PLACE FOR THE PROGRAM. ARE THEY APPROPRIATE AND RELEVANT TO THE SERVICE BEING PROVIDED?

The agency did not demonstrate quality assurance procedures for this program.

10. ARE POLICIES AND PROCEDURES RELATING TO UNIVERSAL PRECAUTIONS, CLIENT CONFIDENTIALITY, CLIENTS' RIGHTS, GRIEVANCE PROCEDURES ETC., APPROPRIATE, IN PLACE AND IN USE?

Appropriate policies and procedures are in place and in use.

11. HOW CAN THE AIDS OFFICE OR PLANNING COUNCIL ASSIST THE PROGRAM IN IMPROVING SERVICES TO ITS CLIENTS?

BAHSES would like more follow-up to reports (quarterly reports) given to the AIDS Office relative to potential program problems based on reported statistics.

REVIEW- TEAM RECOMMENDATIONS:

COMMENDATIONS:

The program is to be commended for its responsiveness to the needs of the client population by instituting drop-in groups for clients joining the program in the middle of a module as well as continuing to attempt to meet the needs of the target population in spite of staffing difficulties.

IDENTIFIED PROBLEMS (INTERVENTIONS & TIMELINES):

1. Client Record Documentation. More detail is needed in client files relative to whether or not clients are attending groups and any other needs articulated to or noticed by the Volunteer Facilitators or Program Director. This information can be useful in evaluating client retention levels and developing a more accurate profile of the client most likely to use and benefit from the type of service being offered. Timeline for implementation: November 15, 1992.
2. Client Record Documentation. Include client diagnosis documentation in client files as well as a signed statement of clients' rights and responsibilities. Timeline for implementation: November 15, 1992.
3. Accomplishment of Objectives, Timely Completion of Work, Quantity of Work Performed. Create outreach campaign (in conjunction with the new Program Coordinator) for the support groups that is specific to African American men, targeting groups, agencies, professional and recreational activities specific to that population. Make sure that all brochures and other written materials state that the support groups are specifically for African American men, not multi-ethnic. Timeline for submission of plan: November 15, 1992.
4. Collaborative Efforts. Encourage continued communications with other agencies within the Tenderloin to exchange methodology on obtaining documentation from difficult clients. Timeline: December 30, 1992.
5. Program Evaluation. Formalize program evaluation functions including a timeframe for the occurrence of evaluation (quarterly or annually) and produce a written report of these activities. Add an evaluation component for the Volunteer Facilitators. Timeline for submission of plan: November 15, 1992.
6. Program Policies and Procedures. Change grievance procedure to allow for another first avenue of redress other than confrontation with the offending staff person. Timeline for implementation: November 15, 1992.
7. Program Environment. Continue to explore the possibility of relocating some group meetings or changing meeting times to accommodate those clients with concerns about being in the Tenderloin at night. Timeline for implementation: December 1, 1992.

IDENTIFIED PROBLEMS cont.:

8. The agency must report on their success in filling the Program Coordinator position by the September 1992 deadline. Timeline for implementation: by October 31, 1992.

ADMINISTRATIVE AND FISCAL REVIEW

The National Task Force on AIDS Prevention (NTFAP) utilizes generally appropriate administrative and fiscal systems which conform with AIDS Office and Department standards for governance, personnel management, and fiscal management. This conclusion is based upon previous review of the following: by-laws, governing body composition and operation, personnel policies and procedures, fiscal management and accounting procedures, and fiscal records documenting selected expenditures.

The National Task Force on AIDS Prevention was formerly a subsidiary of the National Association of Black and White Men Together. In early 1992, NTFAP incorporated separately from the National Association, and subsequently received its nonprofit determination from the IRS. Consequently, several recommendations which were made as a result of a November, 1991 monitoring are no longer relevant, since they addressed the administrative relationship between NTFAP and the National Association. Other recommendations have been altered to address the needs of the newly incorporated organization. Below is a summary of administrative and fiscal functions which have been most affected by the transition, and accompanying recommendations.

IDENTIFIED PROBLEMS:

Administration

Governing Body

1. NTFAP currently has a three person Board of Directors, which was formed for the purposes of State incorporation. The current three Board members are all men of color: one is Filipino and two are African American. This Board is developing a plan for recruiting additional Board members, but the projected number of members is uncertain, as is the date for completing the recruitment process.

Personnel

2. The Personnel Policy underwent several revisions to comply with AIDS Office recommendations made in November 1991. However, since those recommendations applied to the relationship between NTFAP and NABWMT, the policy must be revised again to reflect NTFAP's newly incorporated status. NTFAP plans to revise the policy manual in the next six months.

Fiscal Management and Accounting

3. The Fiscal Management Policy document also needs to be revised and simplified now that NTFAP is incorporated separately from NABWMT.
4. The contracted accountant which NTFAP/NABWMT had used for several years will no longer be available to provide this service. Consequently, NTFAP is bringing all accounting activities in-house, and will be hiring a part-time assistant to support the Operations Manager who has primary responsibility for fiscal activities. In addition, NTFAP is assessing various accounting software packages to determine if the program used by the contracted accountant will be adequate. New and existing staff will need to be trained on whatever software is selected.
5. While the 1990-91 audit was performed by the NABWMT auditor, and was submitted to the AIDS Office, NTFAP has yet to identify a new auditor.

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RECOMMENDED INTERVENTIONS AND TIMELINE:

Administration

Governing Body

1. The AIDS Office requests an update on the recruitment and appointment of additional Board members by July 1, 1992. The AIDS Office recommends that the Board reach its capacity target by August 15, 1992.

UPDATE 9/30/92: The AIDS Office has not received confirmation of additional local Board members being recruited and appointed. However, NTFAP has submitted plans for developing a national Board in addition to the local one. The AIDS Office is concerned that a three person Board is insufficient guidance on the local level, and that the NTFAP Executive Director's voting participation on the local Board creates a conflict of interest. The AIDS Office recommends that NTFAP provide an update on the status of local Board development by October 19, 1992.

Personnel

2. The AIDS Office recommends that the Personnel Policy Manual be revised to reflect the new organizational structure and responsibilities by October 1, 1992.

UPDATE 9/30/92: NTFAP submitted a copy of the revised manual on 8/27/92.

Fiscal Management and Accounting

3. The AIDS Office recommends that the Fiscal Management Policy be simplified and revised to reflect the new organizational structure, responsibilities, and the in-house accounting system by October 1, 1992.

UPDATE 9/30/92: The AIDS Office requests that a copy of the revised policy be submitted in response to this report by October 19, 1992.

4. The AIDS Office requests an update on the implementation of the new in-house accounting system by July 1, 1992.

UPDATE 9/30/92: Conversations with NTFAP staff indicate that the transition is still in progress. More daily fiscal activities are conducted in-house, but the external accountant's services continue to be utilized. The AIDS Office recommends that NTFAP provide an update on this transition by December 31, 1992.

5. The AIDS Office requests that NTFAP identify its new audit firm by October 1, 1992.

UPDATE 9/30/92: The AIDS Office requests an update on the status of the audit by October 19, 1992.

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ADDENDUM TO NTFAP ADMINISTRATIVE AND FISCAL REVIEW

Bay Area HIV Support and Education Services

August 28, 1992

Bay Area HIV Support and Education Services (BAHSES) utilizes the National Task Force as its fiscal agent. BAHSES incorporated separately from NTFAP in August of 1991 and recently applied for IRS tax exemption as a non-profit. However, BAHSES staff have stated that until the Board can assure the availability of 3 months of operating expenses, BAHSES will not be able to contract independently of NTFAP.

BAHSES has a 7 member Board of Directors, utilizes its own personnel policies, and is implementing an accounting system to run parallel to NTFAP books. BAHSES has begun to document fiscal policies and practices.

If BAHSES is able to contract independently of the Task Force, the AIDS Office will conduct a New Contractor Questionnaire site visit to review BAHSES administrative and fiscal practices in greater detail. In the meantime, the AIDS Office has identified the most immediate problems and preliminary recommendations:

IDENTIFIED PROBLEMS

1. By-laws include language restricting the number of interested Directors; and governing self-dealing transactions. However, there are three problems with the existing language:
 - Directors are not prohibited from voting on the level of compensation they receive as "interested persons"
 - Self-dealing transactions are only reported retroactively
 - The restriction of the number of interested Directors conforms with State law but does not conform with DPH AIDS Office policy prohibiting family members of employees from serving on the Board
2. BAHSES has already developed substantial documentation of administrative and fiscal procedures. The AIDS Office has some concern that the scope of these procedures is too broad and detailed given the size of the organization and the staffing available. Maintaining such a complex chart of accounts and generating financial reports, as well as regularly updating the procedural documentation, will demand an excessive amount of staff time.

RECOMMENDED INTERVENTIONS AND TIMELINES

1. The AIDS Office recommends that BAHSES amend or revise the by-laws to state: 1) that Board members must fully disclose any self-dealing transaction before it occurs, to prevent conflicts of interest; 2) that interested Directors may not vote on the level of compensation which they receive.

The AIDS Office also recommends that BAHSES prohibit family members of employees from serving on the Board.

These changes should be implemented by January 1, 1993.

2. The AIDS Office recommends that BAHSES finalize streamlined systems which are realistic to implement given the size of the organization and the staffing available. The AIDS Office will provide technical assistance in this process during the transition period.
3. The AIDS Office requests an update on BAHSES' progress towards contracting separately from NTFAP. In particular the AIDS Office recommends that BAHSES develop a Memorandum of Understanding with NTFAP for guidance and clarity during the transition period. BAHSES should submit an update on these efforts to the AIDS Office by January 1, 1993.

AGENCY NAME: BAHSES/National Task Force on AIDS Prevention

October 8, 1992

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Prevention/BAHSES/Emotional Support Groups
CONTRACT NUMBER & PERIOD: 83-17104/ 5/1/92 - 4/30/93
FUNDING SOURCE & AMOUNT: Federal CARE Title I/ \$ 78,375
AIDS OFFICE PROGRAM MANAGER: Michelle Long Dixon
DATE OF MONITORING: August 28, 1992

COMMENDATIONS & RECOMMENDATIONS
PLEASE SEE PRECEDING PAGES FOR COMMENDATIONS, IDENTIFIED PROBLEMS,
RECOMMENDED INTERVENTIONS AND TIMELINES

CONTRACTOR REVIEW AND RESPONSE DUE: 10/19/92 by 12 noon

This Report Has Been Received and Accepted By AO Departmental Review:

Michelle Long Dixon
Name and Title of Author of this Report

9/21/92
Date

James Loyce Jr. (for)
James Loyce Jr., Associate Director

10/9/92
Date

CONTRACTOR/PROVIDER RESPONSE

☐ I have received Monitoring Report, acknowledge finding. No further action is necessary.

☐ I have received Monitoring Report, acknowledge findings, response to recommendations attached.

☐ I have received Monitoring Report, Disagree with findings, response to recommendations attached.

Signature & Title of Authorizing Contract Signatory

Date

AIDS OFFICE MONITORING REPORT SUMMARY

This is the official monitoring report for the provision of HIV services funded through the AIDS Office, San Francisco Department of Public Health. Comments in answer to points raised herein may be made by letter and addressed to the Program Manager. Copies of the letter will then be filed along with each report.

CONTRACTOR: National Task Force on AIDS Prevention/Bay Area CONTRACT TERM: 7/1/92 - 6/30/93
HIV Support & Education Services (BAHSES)
 FACILITY SITE: 625 O'Farrell Street FUNDING SOURCE: Federal CARE Title I
 PROGRAM REVIEWED: Transportation Svcs CONTRACT NUMBER: 83-17103
 DATE OF VISIT: August 28, 1992 CONTRACT AMOUNT: \$ 5,225
 PROGRAM MANAGER: Michelle Long Dixon DATE OF REPORT: September 1992
 AGENCY REPRESENTATIVES: Lee Woo, Mike Brunetti
 OTHER: Judith Weld, Michael Torres, Gifford Leoung, M.D.

Type and Scope of Review (Circle All That Apply)

Fiscal Client Records Personnel Records Policies and Procedures Staff Interviews Director Interview
Contract Performance Review Site Visit Client Feedback Administrative

Other: _____

CARE Program Performance Rating

4 = Commendable 3 = Acceptable 2 = Improvement Needed 1 = Unacceptable 0 = Not Applicable

ENTER APPROPRIATE RATING FOR EACH CATEGORY BELOW:

1. Accomplishment of Objectives:	3	6. Client Record Documentation	2
2. Timely Completion of Work	4	7. Program Policies and Procedures	3
3. Quantity of Work Performed:	3	8. Administrative Practices	2
4. Timely Submission of Materials to AQ:	3	9. Program Environment	2
a. Quarterly Reports: <u>3</u>		10. Fiscal Practices	2
b. Response to Protocols: <u>3</u>		11. Collaborative Efforts*	3
c. Contract Documents: <u>3</u>		12. Overall Rating	2.72
5. Program Evaluation Procedures:	3		

Ethnic Designation of Staff and Board in Compliance with Health Commission Requirements: X Yes No

If Not, Has a Satisfactory Plan to Achieve Compliance Been Submitted? Yes No

Audit Report Received by AIDS Office? Yes X No

If not, What is the Anticipated Date of Submission? Uncertain

*11 Collaborative Efforts: For the purposes of CARE monitorings, this category refers to community relations and cooperative effort items reviewed during the monitoring process.

MONITORING REPORT

AGENCY/PROGRAM NAME: National Task Force on AIDS Prevention/Bay Area
HIV Support & Education Services (BAHSES)/
Transportation Services
CONTRACT NUMBER & PERIOD: 83-17104/ 7/1/92 - 6/30/93
FUNDING SOURCE & AMOUNT: Federal CARE Title I/ \$ 5,225
AIDS OFFICE PROGRAM MANAGER: Michelle Long Dixon
DATE OF MONITORING: August 28, 1992

BRIEF PROGRAM DESCRIPTION (FROM CONTRACT SUMMARY):

Transportation services will be provided to African American men with HIV disease to and from support groups, pharmacies, and medical appointments.

UNIT OF SERVICE DEFINITION:

A unit of service is defined as a one-way bus or taxi trip.

PROJECTED UNITS OF SERVICE AS OF JULY 31, 1992: 361 trips
ACTUAL UNITS OF SERVICE AS OF JULY 31, 1992: 845 trips

PROJECTED UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 4 clients
ACTUAL UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 97 clients

1. ARE THE PROGRAM OBJECTIVES BEING MET?

The program objectives are being met although the program provides services to persons outside the target population. While the agency feels it is serving HIV+ clients only, diagnosis documentation exists only for clients utilizing the taxi vouchers (physician verification of physical limitations).

2. ARE THE CONTRACT OBJECTIVES BEING PERFORMED IN A TIMELY MANNER?

Contract objectives are being performed in a timely manner.

3. ARE THE DELIVERABLES (UNITS OF SERVICE/UNDUPLICATED CLIENTS) ON TARGET?

Deliverables are on target and have exceeded projections - 234% of projected units of service and 2425% of unduplicated clients.

APPROPRIATE?

This program did not receive the funding requested in the original proposal for staffing. Therefore, the program is being managed through existing staff. The agency feels, and the review team concurs, that the staffing level for this program is inappropriate given the amount of time necessary to manage this program compounded with increasing incidences of verbal abuse and threats of physical violence.

5. IS THE POPULATION BEING SERVED, THE TARGET POPULATION SPECIFIED IN THE CONTRACT? ARE THERE FURTHER NEEDS OF THE TARGET POPULATION THAT ARE GOING UNMET?

The population being served is composed of 50% from the target population and 50% from other ethnic populations. The contract specifies that 45 unduplicated African American men will be served and the program has already exceeded that goal. In this type of program, availability of which is spread secondarily through word of mouth on the street, it is difficult to limit distribution of transportation vouchers to African American men only without attaching additional restrictions, such as attendance at emotional support groups. The overwhelming response to the program, as well as reported resale of vouchers for cash and other goods, has caused the agency to limit distribution to 2 vouchers/person/week. Many clients of this program would appear to benefit from case management services in conjunction with transportation assistance. The agency reports that 4 African American women have also been served through this program.

6. DESCRIBE WHAT PROGRAM EVALUATION ACTIVITIES HAVE OCCURRED AND THE RESULTS OF THE EVALUATION PROCESS.

To date, the program has no written program evaluation process or report. Client satisfaction forms are offered to clients after service usage of at least 30 days. Compilation of quarterly reports and monitoring protocols is also a part of program evaluation activities.

7. DESCRIBE THE PRIMARY RELATIONSHIPS THE AGENCY HAS WITH OTHER AGENCIES.

BAHSES has Memoranda of Understanding (MOUs) with 16 agencies through which bus and taxi vouchers are issued to clients of these agencies.

8. DESCRIBE THE CLIENT REFERRAL PROCESS THE AGENCY MAINTAINS WITH OTHER SERVICE PROVIDERS.

The sixteen cooperative agencies are responsible for screening eligible individuals for the program, completing the appropriate forms, issuing the vouchers, and reporting monthly on the disbursements.

9. DESCRIBE THE QUALITY ASSURANCE PROCEDURES THAT ARE IN PLACE FOR THE PROGRAM. ARE THEY APPROPRIATE AND RELEVANT TO THE SERVICE BEING PROVIDED?

Quality assurance procedures involve the maintenance and monthly review of transportation logs, which report: 1) the ethnic composition of, and the reason(s) for usage by each client, and 2) the amount allocated and projected fund usage for the next 30 days. To receive a taxi voucher a form must be completed by a physician attesting to a client's physical limitations. These procedures are appropriate and relevant to the service being provided.

10. ARE POLICIES AND PROCEDURES RELATING TO UNIVERSAL PRECAUTIONS, CLIENT CONFIDENTIALITY, CLIENTS' RIGHTS, GRIEVANCE PROCEDURES ETC., APPROPRIATE, IN PLACE AND IN USE?

Appropriate policies and procedures are in place and in use.

11. HOW CAN THE AIDS OFFICE OR PLANNING COUNCIL ASSIST THE PROGRAM IN IMPROVING SERVICES TO ITS CLIENTS?

BAHSES would like more follow-up to reports (quarterly reports) given to the AIDS Office relative to potential program problems based on reported statistics.

REVIEW TEAM RECOMMENDATIONS

COMMENDATIONS:

1. The agency has conducted a realistic assessment of its ability to continue this program in light of available resources from within the agency and from the funder. The result of this assessment is a decision to continue to maintain the program through the end of the contract period or until the funds for vouchers are exhausted (whichever occurs first) and to request non-renewal of this contract for the next funding period. The agency is to be commended for supporting the program to date with in-house staffing.

IDENTIFIED PROBLEMS (INTERVENTIONS & TIMELINES):

1. Announce closing of the bus token program to current clients (1-2 weeks ahead of time) and maintain the taxi voucher program for as long as is feasible for the agency or until the end of the contract period (whichever occurs first). Prepare a proposal for this phaseout and submit to the AIDS Office prior to implementation. Timeline: by November 15, 1992.
2. Refer clients to the Shanti van program (Crossings or general agency) for continuation of transportation assistance. Timeline: November 15, 1992.
3. Include client diagnosis documentation in client files as well as a signed statement of clients' rights and responsibilities. Timeline for implementation: November 15, 1992.

ADMINISTRATIVE AND FISCAL REVIEW

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RECOMMENDED INTERVENTIONS AND TIMELINE

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ADDENDUM TO NTFAP ADMINISTRATIVE AND FISCAL REVIEW

Bay Area HIV Support and Education Services

August 28, 1992

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RECOMMENDED INTERVENTIONS AND TIMELINES

1. The AIDS Office recommends that BAHSES amend or revise the by-laws to state: 1) that Board members must fully disclose any self-dealing transaction before it occurs, to prevent conflicts of interest; 2) that interested Directors may not vote on the level of compensation which they receive.

The AIDS Office also recommends that BAHSES prohibit family members of employees from serving on the Board.

These changes should be implemented by January 1, 1993.

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3. The AIDS Office requests an update on BAHSES progress towards contracting separately from NTFAP. In particular, the AIDS Office recommends that BAHSES develop a Memorandum of Understanding with NTFAP for guidance and clarity during the transition period. BAHSES should submit an update on these efforts to the AIDS Office by January 1, 1993.

AGENCY NAME: BAHSES/National Task Force on AIDS Prevention

October 8, 1992

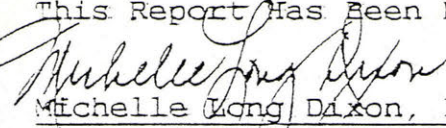
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AGENCY/PROGRAM NAME: National Task Force on AIDS Prevention/Bay Area
HIV Support & Education Services (BAHSES)/
Transportation Services
CONTRACT NUMBER & PERIOD: 83-17104/ 7/1/92 - 6/30/93
FUNDING SOURCE & AMOUNT: Federal CARE Title I/ \$ 5,225
AIDS OFFICE PROGRAM MANAGER: Michelle Long Dixon
DATE OF MONITORING: August 28, 1992

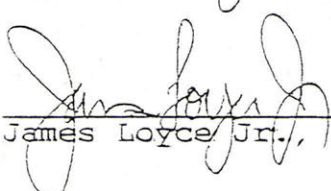
COMMENDATIONS & RECOMMENDATIONS
PLEASE SEE PRECEDING PAGES FOR COMMENDATIONS, IDENTIFIED PROBLEMS,
RECOMMENDED INTERVENTIONS AND TIMELINES

CONTRACTOR REVIEW AND RESPONSE DUE: 10/19/92 by 12noon

This Report Has Been Received and Accepted By AO Departmental Review:


Michelle Long Dixon, Program Manager
Name and Title of Author of this Report

10/9/92
Date


James Loyce Jr., Associate Director

10-9-92
Date

CONTRACTOR/PROVIDER RESPONSE

☐ I have received Monitoring Report, acknowledge finding. No further action is necessary.

☐ I have received Monitoring Report, acknowledge findings, response to recommendations attached.

☐ I have received Monitoring Report, Disagree with findings, response to recommendations attached.

Signature & Title of Authorizing Contract Signatory

Date

BY-LAW REVISION

As requested by the DPH AIDS Office, the following revisions need to be reviewed and approved by the BAHSES' Board of Directors by the next meeting.

Article 1

Current:

Section 6 - "Notwithstanding any other provisions of these Bylaws, not more than forty-nine percent 49% of the persons serving on the board may be interested persons."

Change to:

"Notwithstanding any other provisions of these Bylaws, no one can serve on board of directors and vote that is being compensated by the corporation for services. The Executive Director is a non-voting member of the board."

Current:

6a. "Any person currently being compensated by the corporation for services rendered it within the previous twelve (12) months, whether as a full- or part-time officer or other employees, independent contractor, or otherwise, excluding any reasonable compensation paid to a director as director; or"

Change to:

6a. "Any person currently being compensated by the corporation for services rendered it within the previous twelve (12) months, whether as a full- or part-time officer or other employees, independent contractor, or otherwise may not serve on the Board of Directors."

Current:

Section 6b - "Any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person."

Change to:

"Any brother, sister, ancestor, descendant, spouse, parent(s), significant other, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of an employee that is being compensated by the corporation cannot serve on the Board."



BAHSES MEMORANDUM

October 12, 1992

TO: Reggie Williams, Fiscal Agent NTFAP

FR: Lee Y. Woo, Executive Director

BAHSES RE: TRANSFER OF FISCAL RESPONSIBILITIES

As you know we have received our Federal 501 (c) (3) status effective September 4, 1992. I would like to meet with you and Allen to discuss the transferring of our financial records and accounts to BAHSES' control and audit. The discussion will include a time line and process.

Please let me know what is the best time for you.

cc: BOD President

GRA/LYW

412010



BAY AREA HIV SUPPORT AND EDUCATION SERVICES
A PROJECT OF BLACK AND WHITE MEN TOGETHER/MEN OF ALL COLORS TOGETHER

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: SEP 4 1992

BAY AREA HIV SUPPORT AND EDUCATION
SERVICES OF BLACK AND WHITE MEN
TOGETHER / MEN OF ALL COLORS
TOGETHER
625 O FARRELL STREET
SAN FRANCISCO, CA 94109

Employer Identification Number:
Applied For
Contact Person:
JOSEPH FAN
Contact Telephone Number:
(213) 725-7676

Accounting Period Ending:
September 30
Foundation Status Classification:
170(b)(1)(A)(vi)
Advance Ruling Period Begins:
September 25, 1991
Advance Ruling Period Ends:
September 30, 1995
Accendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(c) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and

Form **872-C**

(Revised 9-90)

Department of the Treasury
Internal Revenue Service**Consent Fixing Period of Limitation Upon
Assessment of Tax Under Section 4940 of the
Internal Revenue Code**

(See instructions on reverse side)

OMB No. 1545-0056

To be used with Form
1023 Submitting
duplicates

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023, that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period.

Bay Area HIV Support and Education Services of
Black and White Men Together/Men of All Colors Together
(Exact legal name of organization as shown in organizing document)

625 O'Farrell St., San Francisco, CA 94109

(Number, street, city or town, state, and ZIP code)

} and the District Director of
Internal Revenue, or
Assistant Commissioner
(Employee Plans and
Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year September 30, 1991
(Month, day, and year)

Name of organization (as shown in organizing document)

Date

8/11/92

Officer or trustee having authority to sign

Signature

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Date

SEP 2 1992

By

L. R. Ruck

GROUP MANAGER, EQ-4

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions.

REPORT AND EDUCATION

the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 3 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said 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 us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Michael J. Quinn
District Director

Enclosure(s):
Form 872-C

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
FRESNO CA 93888

DATE OF THIS NOTICE: 08-20-92
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 94-3163268
FORM: SS-4 TAX PERIOD: N/A
891660607L OF

BAY AREA HIV SUPPORT AND EDUCATION
SERVICES OF BLACK AND WHITE MEN
625 O FARRELL ST
SAN FRANCISCO CA 94109

FOR ASSISTANCE PLEASE
WRITE TO: US AT:

INTERNAL REVENUE SERVICE
FRESNO CA 93888

BE SURE TO ATTACH THE
BOTTOM PART OF NOTICE

OR YOU MAY CALL US AT:

839-1040 LOCAL SF/OAKLAND
1-800-829-1040 OTHER CA

NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). The number assigned to you is shown above. It will be used to identify your business account, tax returns and documents, even if you don't have employees.

1. Keep a copy of the number in your permanent records.
2. Use your name and the number exactly as shown above on all Federal tax forms.
3. Use the number on all tax payments and tax-related correspondence or documents.

Using a variation of your name or number may result in delays or errors in posting payments to your account. It also could result in the assignment of more than one Employer Identification Number.

We have established the filing requirements and tax period shown above for your account based upon the information provided. If you need help to determine your required tax year, get publication 538, Accounting Periods and Methods, which is available at most IRS offices.

Assigning an Employer Identification Number does not grant tax-exempt status to nonprofit organizations. Any organization, other than a private foundation, having annual gross receipts normally of \$5,000 or less is exempt by statute if it meets Internal Revenue Code requirements. Such organizations are not required to file Form 1023, Application for Recognition of Exemption, or Form 990, Return of Organization Exempt from Income Tax.

However, if your organization wants to establish its exemption and receive a ruling or determination letter recognizing its exempt status, file Form 1023 with the Key District Director. For details on how to apply for the exemption, see Publication 557, Tax-Exempt Status for Your Organization.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 8-90)

Only return this part with your correspondence if you have any questions so we may identify your account. Please correct any errors in your name or address.

CP 575 E



625 O'Farrell Street
San Francisco, CA 94109
415.749-6714/FAX 415.749-6706



December 29, 1992

Ms. Myra Chow
Manager of Contributions
Levi Strauss Foundation
Levi's Plaza
1155 Battery Street
P.O. Box 7215
San Francisco, CA 94120-6906

Dear Ms. Chow:

Enclosed is the Interim Grant Status Report for Levi Strauss Foundation.

We again wish to thank the Board of Directors of Levi Strauss Foundation for encouraging us in our work with those who live with HIV disease.

Should you have any questions about the report and/or our responses, please feel free to call me.

Thank you.

Sincerely,

Lee Y. Woo
Executive Director

222005/513040/513050



BAY AREA HIV SUPPORT AND EDUCATION SERVICES
A PROJECT OF BLACK AND WHITE MEN TOGETHER/MEN OF ALL COLORS TOGETHER

LEVI STRAUSS FOUNDATION
INTERIM GRANT STATUS REPORT

This form is intended as a guide only. When completing it, please feel free to include any other information which you feel is relevant.

Grantee Bay Area HIV Support & Education Services Date December 29, 1992

Contact Person Lee Y. Woo, Executive Director Phone 749-6714

Grant Purpose Salary & operational expenses for half-time Regional
Program Specialist - HIV Support Services.

Please list each grant objective and describe the progress you have made in achieving it.

Objective 1.

Provide staffing back-up to Regional Program Director - HIV Support Services since incumbent is a person with AIDS and a volunteer.

Position will help maintain programs which fall under Support Services division of the agency.

Objective 2.

Levi Strauss Foundation Interim Grant Status Report

Please answer each of the following questions on a separate sheet:

1. Has it been necessary to modify your original objectives of timeline? If so, please comment.

Yes. The original timeline was for a half-time position during a one year period. However, the Program Director - HIV Support Services left the agency due to illness. The Program Coordinator - Support Services left the agency. There was no one to run the day-to-day program to meet client needs, manage the planning process and perform grant proposal writing for the future of the division. It became clear that the division was in trouble not only for the short-term but for long-term goals.

The solution taken was to promote a staff person into the position on a full-time basis for six (6) months to ensure coverage of both positions and the responsibilities associated with each. The new Program Coordinator - Support Services was hired September 16, 1992 and the plan to use one person to do both jobs was successful. With the new Program Coordinator - Support Services now in place, a sense of normalcy has returned.

2. What barriers, if any, have you encountered in working toward your objectives? Please comment.

None.

3. What have you learned from this project? What is working well? What might you consider doing differently?

We might have requested annual salary dollars initially. We have learned how difficult it is to have one person doing two jobs; however, we could not foresee having both the Program Director and Program Coordinator leave. The division is now functional and meeting its goals/objectives.

4. Given what you have learned, what is next for the project?

Seek additional funding for salary to allow us to continue the position for the remainder of the year.

5. Budget.

See attached.

National Task Force on AIDS Prevention
BAHSES Levi Strauss Contract Financial Report

PERSONNEL	August	September	October	November	TOTAL	BUDGET	FUNDS REMAINING	% SPENT
Salaries	2,666.66	2,666.66	2,666.66	2,666.66	10,666.64	17,500.00	6,833.36	60.75%
FRINGE BENEFITS								
FICA	306.00	204.00	204.00	204.01	918.01			
Unemployment	0.00	0.00	245.00		245.00			
Worker's Comp	0.00	20.05	18.31	19.45	57.81			
Health Benefits	0.00	475.00	190.00	150.00	855.00			
Life/Disability	10.23	9.48	5.41		28.17			
SUBTOTAL	316.28	708.53	665.72	413.46	2,103.99	4,113.00	2,009.01	51.15%
OFFICE/PROGRAM								
Rent	0.00	0.00	0.00		0.00	3,600.00	3,600.00	0.00%
Postage	0.00	0.00	0.00		0.00	696.00	696.00	0.00%
Office Supplies	0.00	0.00	0.00		0.00	636.00	636.00	0.00%
Telephone	0.00	0.00	0.00		0.00	480.00	480.00	0.00%
SUBTOTAL	0.00	0.00	0.00	0.00	0.00	5,412.00	5,412.00	0.00%
TOTAL DIRECT COSTS	2,982.94	3,375.19	3,332.38	3,080.12	12,770.63	27,025.00	14,254.37	47.25%
INDIRECT COST (11%)	0.00	0.00	1,066.00	0.00	1,066.00	2,973.00	1,907.00	33.83%
TOTAL	2,982.94	3,375.19	4,398.38	3,080.12	13,836.63	30,000.00	16,163.37	46.12%

12/10/92



625 O'Farrell Street
San Francisco, CA 94109
415.749-6714/FAX 415.749-6706



BAHSES MEMORANDUM

January 7, 1993

TO: Board of Directors

FR: Mike Brunetti *mb*

RE: FOLLOW-UP TO INFORMATION REQUESTED

Board members present at the January 5, 1993 presentation requested I submit Support Services/program information. AIDS Office Monitoring Reports and follow-up correspondence were specifically requested. Copies of the information were to be sent to the entire board. The enclosed attachments fulfill this request. In addition, I was to provide comments about the performance of Support Services and the findings of the AIDS Office monitoring activities. These comments were to be put in writing since many of the points made were discussed. Board members present perceived written comments could provide clarification for other members absent and serve as future points of discussion when the board meets again.

Two preliminary points need be made about the monitoring teams' findings: 1.) The monitoring team was sent to evaluate agency performance over the entire *two years* of contracts with the City and County of San Francisco. 2.) BAHSES has already complied with recommendations made by the monitoring team as a result of the process which actually took several months.

Beginning with the request for complete AIDS Office monitoring team activities, several attachments are enclosed. While the attachments create a paper trail, they are relatively self-contained and chronological. Included in the packet are:

- o AIDS Office Monitoring Report for Support Groups (Attachment A)
- o AIDS Office Monitoring Report for Transportation (Attachment B)
- o Correspondence to clarify AIDS Office findings (Attachment C)
- o Formal follow-up to AIDS Office which outlines agency activities to comply with findings (Attachment D)

Insights, explanations or points of clarification as well as impressions about Support Services' performance during the two years also requested follow. It was the intention of the board members present to better understand why scores were not higher rather than to seek blame or criticize. Some of the points itemized are actually responses to questions by members for which I did not have the information off the "top of my head" at the meeting. These items are listed to objectively evaluate reasons for not performing to the standard of the AIDS Office Monitoring Team. As asked for, they are my impressions.

1.) STAFFING: Five (5) people have been in the position of Program Coordinator - Support Services during the two years support groups have been offered. It is clear that any function which experiences such turnover impacts program outreach, recruitment, delivery of service and follow-up with clients/staff/funding source. Staff turnover resulted from some employees failure to meet the needs of the job, volunteers, etc. We believe that with Dakota Scott-Hoffman in the position, staffing has been stabilized.

2.) AIDS OFFICE SCORING SYSTEM: A review of each category reveals how agencies funded by the City and County of San Francisco were "graded". We were graded for support groups and transportation services. We exceeded our Units of Service for transportation by huge numbers. We did not meet the Units of Service for support



BAY AREA HIV SUPPORT AND EDUCATION SERVICES
A PROJECT OF BLACK AND WHITE MEN TOGETHER/MEN OF ALL COLORS TOGETHER

groups. I don't wish to diminish the fact we did or did not meet Units of Service. However, in our interpretation of these scores we must make room for a subjective rating gap since we are rated by people, not computers. For example, Program Policies and Procedures for Support Groups was rated a "2". Program Policies and Procedures for Transportation was rated a "3". Guess what? They are the *same* Policies and Procedures. Were we rewarded for meeting units of service in transportation?

Two additional points to demonstrate: The NTFAP fiscal practices were rated on our evaluation as a "2". If you review the final sheet of each program, you'll see why. It is well known we have no control over the NTFAP or when they will be audited.

The office environment was considered a "2" (reflected under "Program Environment"). Do we move to nicer quarters to get a higher score or move out of the Tenderloin because people are afraid to be here at night? Again, let me focus on the fact that program accomplishments were not met. But, please look at the entire scale.

3.) CLIENT PROFILE: BAHSES is located in the Tenderloin. Few people from out of this area join a support group if they live elsewhere. We therefore need to profile our client base. BAHSES' clients are most often on disability, general assistance and/or unemployed. Few have any desire to seek or prospects for full time employment. Many live in Tenderloin hotels. They move often. Most do not have a valid telephone and many are in recovery or active users. While some will attend a drop-in support group, joining a 10+ week program requires some level of commitment. Retention is an issue for support groups throughout the City; however, the above profile does not demonstrate a group of people we can expect to use support groups for 25+ weeks. (The former transportation client was even a more difficult profile.) However, since we have combined transportation for only those clients in support groups, we no longer face the day-to-day threats we experienced from the transportation client.

A second component about our clients is their resistance to complete paperwork. Cultural suspicion about the general system, carrying required HIV+ documentation, literacy levels and other types of client resistance is apparent. Dakota has been wonderful in counseling each person who resists paperwork and has been successful in obtaining as much as the individual is capable of producing.

A third component about our clients is the fact that a segment of African-American gay/bisexual men do not relate to our agency, e.g. BWMT. We must accept that our history and current make-up is multi-cultural. Not all target population members will use our services because of that. The AIDS Office has assured us we are not punished for being multi-cultural as long as we provide targeted support groups for African-American men which we do. Could any one agency meet the needs of an entire culture?

4.) UNITS OF SERVICE: During the contract year 1991-1992, BAHSES was to have 100 unduplicated African-American gay/bisexual men in Module I of the support group program (10 weeks) or would have completed Module I. The units of service were 2,625 which means those were the total number of *hours* the population members would be in support groups. During contract year 1992-1993, BAHSES was to have 63 unduplicated African-American gay/bisexual men in Module I or have completed Module I. Units of Service were 2,625 for that contract year as well. While the agency was successful in lowering the number of unduplicated clients, the AIDS Office would not lower Units of Service. Given such high units of service, denial, societal and cultural issues make this a hard to reach group requiring more effort to obtain a member of the target population for long term commitment to a support group.

With some research, I found that our Units of Service profile 58% African-American men and during the calendar year of 1992 we met 524 units of service for that target population. If we include the other ethnicity's we serve (primarily European-Americans) our units of service would be 898. We are not given credit by the AIDS Office for any other ethnic group beyond African-Americans.

5.) OUTREACH: Dakota has been extremely innovative in his outreach and approaches in order to obtain African-American gay/bisexual clients into support groups. For example, every other Thursday evening he joins the Education team to do bar zaps. He has stood at the BART station and distributed flyers about the agency and its services. We are working on starting a group at Rafiki House. We are expanding our collaboration with AIDS Health Project (with whom we train facilitators) to include Shanti Project. A daytime group is set for March, 1993 for African-American men who are in advanced stages of HIV disease. A Transgender support group for Tenderloin people has begun and plans to expand agency networking are ongoing. We have expanded our volunteer facilitator base and are attempting to find ways to get money to supply special activities for support group members. We often provide one-on-one counseling to members of the community. A client intake takes an hour and we often find the person does not even come to a meeting; rather, was satisfied to receive counseling for the hour. These and other associated activities to *obtain* units of service are not credited to us by the AIDS Office. Units of Service are the only criteria - right or wrong - used to evaluate a target population which the AIDS Office itself admits is "difficult to reach".

I hope this has been helpful and that it recounts our discussion at the presentation accurately. I welcome the opportunity to review the contents of this at a later date, if required. And, please remember, these are my impressions. I cannot speak for others who were in the position and/or able to influence it during the past two years.

cc: Lee Y. Woo
Dakota Scott-Hoffman
117035/513040/513050


AIDS OFFICE MONITORING REPORT SUMMARY

This is the official monitoring report for the provision of HIV services funded through the AIDS Office, San Francisco Department of Public Health. Comments in answer to points raised herein may be made by letter and addressed to the Program Manager. Copies of the letter will then be filed along with each report.

CONTRACTOR: National Task Force on AIDS Prevention/Bay Area CONTRACT TERM: 5/1/92 - 4/30/93
HIV Support and Education Services (BAHSES)
 FACILITY SITE: 625 O'Farrell Street FUNDING SOURCE: Federal CARE Title I
 PROGRAM REVIEWED: Emotional Support Groups CONTRACT NUMBER: 83-17103
 DATE OF VISIT: August 27, 1992 CONTRACT AMOUNT: \$ 78,375
 PROGRAM MANAGER: Michelle Long Dixon DATE OF REPORT: September 1992
 AGENCY REPRESENTATIVES: Lee Woo, Mike Brunetti,
 OTHER: Michael Torres, Gifford Leoung, M.D., Judith Weld

Type and Scope of Review (Circle All That Apply)

Fiscal Client Records Personnel Records Policies and Procedures Staff Interviews Director Interview
Contract Performance Review Site Visit Client Feedback Administrative

Other: _____

CARE Program Performance Rating

4 = Commendable 3 = Acceptable 2 = Improvement Needed 1 = Unacceptable 0 = Not Applicable

ENTER APPROPRIATE RATING FOR EACH CATEGORY BELOW.

1. Accomplishment of Objectives	<u>2</u>	6. Client Record Documentation	<u>1</u>
2. Timely completion of Work	<u>2</u>	7. Program Policies and Procedures	<u>2</u>
3. Quantity of Work Performed	<u>2</u>	8. Administrative Practices	<u>2</u>
4. Timely Submission of Materials to AO	<u>3</u>	9. Program Environment	<u>2</u>
a. Quarterly Reports: <u>3</u>		10. Fiscal Practices	<u>2</u>
b. Response to Protocols: <u>3</u>		11. Collaborative Efforts*	<u>2</u>
c. Contract Documents: <u>3</u>		12. Overall Rating	<u>2.0</u>
5. Program Evaluation Procedures	<u>2</u>		

Ethnic Designation of Staff and Board in Compliance with Health Commission Requirements X Yes No

If Not, Has a Satisfactory Plan to Achieve Compliance Been Submitted? Yes No

Audit Report Received by AIDS Office? Yes X No

If not, what is the anticipated date of submission? Uncertain

*11 Collaborative Efforts: For the purposes of CARE monitorings, this category refers to community relations and cooperative effort items reviewed during the monitoring process.

MONITORING REPORT

AGENCY/PROGRAM NAME: National Task Force on AIDS
Prevention/BAHSES/Emotional Support Groups
CONTRACT NUMBER & PERIOD: 83-17104/ 5/1/92 - 4/30/93
FUNDING SOURCE & AMOUNT: Federal CARE Title I/ \$ 78,375
AIDS OFFICE PROGRAM MANAGER: Michelle Long Dixon
DATE OF MONITORING: August 28, 1992

BRIEF PROGRAM DESCRIPTION (FROM CONTRACT SUMMARY):

Emotional support groups will be provided for African American men with HIV disease. The groups will deal with emotional reactions to being positive, medical treatments, social services, legal issues, and continuation of personal relationships. A minimum of seven support groups will be conducted.

UNIT OF SERVICE DEFINITION:

A unit of service is defined as an hour of group support.

PROJECTED UNITS OF SERVICE AS OF JULY 31, 1992: 656 hours

ACTUAL UNITS OF SERVICE AS OF JULY 31, 1992: 206 hours

PROJECTED UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 16 clients

ACTUAL UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 23 clients

1. ARE THE PROGRAM OBJECTIVES BEING MET?

The program objective, to provide support groups for African American men with HIV is being met, yet the majority of the membership of the groups is representative of other ethnic groups (16%) and White men (38%). Of the 37 clients served, 17 are African American, surpassing the projected number of unduplicated clients through July.

2. ARE THE CONTRACT OBJECTIVES BEING PERFORMED IN A TIMELY MANNER?

The contract objectives relative to outreach to the African American community through ethnic-specific channels have not been met but have been postponed pending hiring of a Program Coordinator from the target population by September 1992.

3. ARE THE DELIVERABLES (UNITS OF SERVICE/UNDUPLICATED CLIENTS) ON TARGET?

Units of service are at 31% of projections for the 3-month period (May-July) while unduplicated clients are at 144% of projections for the same period. Not included in the unduplicated client count are 14 men who attended the drop-in group from whom no demographic information was collected. Rollover clients from the previous contract year are included in the unduplicated client count. The monitoring team was unable to determine the extent to which higher than projected numbers of unduplicated clients represented one-time attendance without return, versus routine attendance and commitment.

4. IS THE STAFFING LEVEL, AND STAFF TRAINING AND EVALUATION APPROPRIATE?

The agency has recently completed recruitment for the Program Coordinator position and expects to fill the position with a person from the target population in September 1992. This position, which has been held by three people in the past, has been vacant since March 1992 with the Program Director, who is not a member of the target population, managing the program pending a replacement. Volunteer Facilitators for the groups (50% African American, 50% other ethnicities) complete a two-day training program and are supervised and evaluated annually in writing by the Program Director.

5. IS THE POPULATION BEING SERVED, THE TARGET POPULATION SPECIFIED IN THE CONTRACT? ARE THERE FURTHER NEEDS OF THE TARGET POPULATION THAT ARE GOING UNMET?

Forty-six percent (46%) of the population being served is representative of the target population. The other fifty-four percent (54%) includes other ethnicities. The agency attributes this client mix to the reputation of the agency as multicultural as well as lower than anticipated ethnic-specific outreach due to the lack of a Program Coordinator from the target population. The agency also reports representation from the transgender community - one African American.

6. DESCRIBE WHAT PROGRAM EVALUATION ACTIVITIES HAVE OCCURRED AND THE RESULTS OF THE EVALUATION PROCESS.

To date, the program has no written program evaluation process or report. Client satisfaction forms are filled out at the end of each module (10-15 weeks) assessing the extent to which the program goals have been achieved based on clients' perceptions of how they have benefited from the program. Monthly meetings, attended by the Program Director, Volunteer Facilitators, and the Clinical Supervisor are held to review the modules' structure and content as well as client feedback. Out of these meetings came the idea of taking a break from meetings after the 5th week and instituting drop-in groups. Compilation of quarterly reports and monitoring protocols are also a part of program evaluation activities.

7. DESCRIBE THE PRIMARY RELATIONSHIPS THE AGENCY HAS WITH OTHER AGENCIES.

Primary relationships include referrals from and to Glide Church, AIDS Indigent Services (AIDS), the Early Advocacy and Care for HIV program (EACH), 18th Street Services, and the Center for Positive Care. A collaborative relationship exists with the AIDS Health Project for training of Volunteer Facilitators.

8. DESCRIBE THE CLIENT REFERRAL PROCESS THE AGENCY MAINTAINS WITH OTHER SERVICE PROVIDERS.

The agency maintains referral relationships with the agencies mentioned in #7 above as well as others. Clients are informed of support groups being held at BAHSES and are encouraged to attend.

9. DESCRIBE THE QUALITY ASSURANCE PROCEDURES THAT ARE IN PLACE FOR THE PROGRAM. ARE THEY APPROPRIATE AND RELEVANT TO THE SERVICE BEING PROVIDED?

The agency did not demonstrate quality assurance procedures for this program.

10. ARE POLICIES AND PROCEDURES RELATING TO UNIVERSAL PRECAUTIONS, CLIENT CONFIDENTIALITY, CLIENTS' RIGHTS, GRIEVANCE PROCEDURES ETC., APPROPRIATE, IN PLACE AND IN USE?

Appropriate policies and procedures are in place and in use.

11. HOW CAN THE AIDS OFFICE OR PLANNING COUNCIL ASSIST THE PROGRAM IN IMPROVING SERVICES TO ITS CLIENTS?

BAHSES would like more follow-up to reports (quarterly reports) given to the AIDS Office relative to potential program problems based on reported statistics.

REVIEW TEAM RECOMMENDATIONS

COMMENDATIONS:

The program is to be commended for its responsiveness to the needs of the client population by instituting drop-in groups for clients joining the program in the middle of a module as well as continuing to attempt to meet the needs of the target population in spite of staffing difficulties.

IDENTIFIED PROBLEMS (INTERVENTIONS & TIMELINES):

1. Client Record Documentation. More detail is needed in client files relative to whether or not clients are attending groups and any other needs articulated to or noticed by the Volunteer Facilitators or Program Director. This information can be useful in evaluating client retention levels and developing a more accurate profile of the client most likely to use and benefit from the type of service being offered. Timeline for implementation: November 15, 1992.
2. Client Record Documentation. Include client diagnosis documentation in client files as well as a signed statement of clients' rights and responsibilities. Timeline for implementation: November 15, 1992.
3. Accomplishment of Objectives, Timely Completion of Work, Quantity of Work Performed. Create outreach campaign (in conjunction with the new Program Coordinator) for the support groups that is specific to African American men, targeting groups, agencies, professional and recreational activities specific to that population. Make sure that all brochures and other written materials state that the support groups are specifically for African American men, not multi-ethnic. Timeline for submission of plan: November 15, 1992.
4. Collaborative Efforts. Encourage continued communications with other agencies within the Tenderloin to exchange methodology on obtaining documentation from difficult clients. Timeline: December 30, 1992.
5. Program Evaluation. Formalize program evaluation functions including a timeframe for the occurrence of evaluation (quarterly or annually) and produce a written report of these activities. Add an evaluation component for the Volunteer Facilitators. Timeline for submission of plan: November 15, 1992.
6. Program Policies and Procedures. Change grievance procedure to allow for another first avenue of redress other than confrontation with the offending staff person. Timeline for implementation: November 15, 1992.
7. Program Environment. Continue to explore the possibility of relocating some group meetings or changing meeting times to accommodate those clients with concerns about being in the Tenderloin at night. Timeline for implementation: December 1, 1992.

IDENTIFIED PROBLEMS cont.:

8. The agency must report on their success in filling the Program Coordinator position by the September 1992 deadline. Timeline for implementation: by October 31, 1992.

ADMINISTRATIVE AND FISCAL REVIEW

The National Task Force on AIDS Prevention (NTFAP) utilizes generally appropriate administrative and fiscal systems which conform with AIDS Office and Department standards for governance, personnel management, and fiscal management. This conclusion is based upon previous review of the following: by-laws, governing body composition and operation, personnel policies and procedures, fiscal management and accounting procedures; and fiscal records documenting selected expenditures.

The National Task Force on AIDS Prevention was formerly a subsidiary of the National Association of Black and White Men Together. In early 1992, NTFAP incorporated separately from the National Association, and subsequently received its nonprofit determination from the IRS. Consequently, several recommendations which were made as a result of a November, 1991 monitoring are no longer relevant, since they addressed the administrative relationship between NTFAP and the National Association. Other recommendations have been altered to address the needs of the newly incorporated organization. Below is a summary of administrative and fiscal functions which have been most affected by the transition, and accompanying recommendations.

IDENTIFIED PROBLEMS:

Administration

Governing Body

1. NTFAP currently has a three person Board of Directors, which was formed for the purposes of State incorporation. The current three Board members are all men of color: one is Filipino and two are African American. This Board is developing a plan for recruiting additional Board members, but the projected number of members is uncertain, as is the date for completing the recruitment process.

Personnel

2. The Personnel Policy underwent several revisions to comply with AIDS Office recommendations made in November 1991. However, since those recommendations applied to the relationship between NTFAP and NABWMT, the policy must be revised again to reflect NTFAP's newly incorporated status. NTFAP plans to revise the policy manual in the next six months.

Fiscal Management and Accounting

3. The Fiscal Management Policy document also needs to be revised and simplified now that NTFAP is incorporated separately from NABWMT.
4. The contracted accountant which NTFAP/NABWMT had used for several years will no longer be available to provide this service. Consequently, NTFAP is bringing all accounting activities in-house, and will be hiring a part-time assistant to support the Operations Manager who has primary responsibility for fiscal activities. In addition, NTFAP is assessing various accounting software packages to determine if the program used by the contracted accountant will be adequate. New and existing staff will need to be trained on whatever software is selected.
5. While the 1990-91 audit was performed by the NABWMT auditor, and was submitted to the AIDS Office, NTFAP has yet to identify a new auditor.

continued on next page

RECOMMENDED INTERVENTIONS AND TIMELINE:

Administration

Governing Body

1. The AIDS Office requests an update on the recruitment and appointment of additional Board members by July 1, 1992. The AIDS Office recommends that the Board reach its capacity target by August 15, 1992.

UPDATE 9/30/92: The AIDS Office has not received confirmation of additional local Board members being recruited and appointed. However, NTFAP has submitted plans for developing a national Board in addition to the local one. The AIDS Office is concerned that a three person Board is insufficient guidance on the local level, and that the NTFAP Executive Director's voting participation on the local Board creates a conflict of interest. The AIDS Office recommends that NTFAP provide an update on the status of local Board development by October 19, 1992.

Personnel

2. The AIDS Office recommends that the Personnel Policy Manual be revised to reflect the new organizational structure and responsibilities by October 1, 1992.

UPDATE 9/30/92: NTFAP submitted a copy of the revised manual on 8/27/92.

Fiscal Management and Accounting

3. The AIDS Office recommends that the Fiscal Management Policy be simplified and revised to reflect the new organizational structure, responsibilities, and the in-house accounting system by October 1, 1992.

UPDATE 9/30/92: The AIDS Office requests that a copy of the revised policy be submitted in response to this report by October 19, 1992.

4. The AIDS Office requests an update on the implementation of the new in-house accounting system by July 1, 1992.

UPDATE 9/30/92: Conversations with NTFAP staff indicate that the transition is still in progress. More daily fiscal activities are conducted in-house, but the external accountant's services continue to be utilized. The AIDS Office recommends that NTFAP provide an update on this transition by December 31, 1992.

5. The AIDS Office requests that NTFAP identify its new audit firm by October 1 1992.

UPDATE 9/30/92: The AIDS Office requests an update on the status of the audit by October 19, 1992.

continued on next page

ADDENDUM TO NTFAP ADMINISTRATIVE AND FISCAL REVIEW

Bay Area HIV Support and Education Services

August 28, 1992

Bay Area HIV Support and Education Services (BAHSES) utilizes the National Task Force as its fiscal agent. BAHSES incorporated separately from NTFAP in August of 1991 and recently applied for IRS tax exemption as a non-profit. However, BAHSES staff have stated that until the Board can assure the availability of 3 months of operating expenses, BAHSES will not be able to contract independently of NTFAP.

BAHSES has a 7 member Board of Directors, utilizes its own personnel policies, and is implementing an accounting system to run parallel to NTFAP books. BAHSES has begun to document fiscal policies and practices.

If BAHSES is able to contract independently of the Task Force, the AIDS Office will conduct a New Contractor Questionnaire site visit to review BAHSES administrative and fiscal practices in greater detail. In the meantime, the AIDS Office has identified the most immediate problems and preliminary recommendations:

IDENTIFIED PROBLEMS

1. By-laws include language restricting the number of interested Directors, and governing self-dealing transactions. However, there are three problems with the existing language:
 - Directors are not prohibited from voting on the level of compensation they receive as "interested persons"
 - Self-dealing transactions are only reported retroactively
 - The restriction of the number of interested Directors conforms with State law but does not conform with DPH AIDS Office policy prohibiting family members of employees from serving on the Board
2. BAHSES has already developed substantial documentation of administrative and fiscal procedures. The AIDS Office has some concern that the scope of these procedures is too broad and detailed given the size of the organization and the staffing available. Maintaining such a complex chart of accounts and generating financial reports, as well as regularly updating the procedural documentation, will demand an excessive amount of staff time.

RECOMMENDED INTERVENTIONS AND TIMELINES

1. The AIDS Office recommends that BAHSES amend or revise the by-laws to state: 1) that Board members must fully disclose any self-dealing transaction before it occurs, to prevent conflicts of interest; 2) that interested Directors may not vote on the level of compensation which they receive.

The AIDS Office also recommends that BAHSES prohibit family members of employees from serving on the Board.

These changes should be implemented by January 1, 1993.

2. The AIDS Office recommends that BAHSES finalize streamlined systems which are realistic to implement given the size of the organization and the staffing available. The AIDS Office will provide technical assistance in this process during the transition period.
3. The AIDS Office requests an update on BAHSES progress towards contracting separately from NTFAP. In particular the AIDS Office recommends that BAHSES develop a Memorandum of Understanding with NTFAP for guidance and clarity during the transition period. BAHSES should submit an update on these efforts to the AIDS Office by January 1, 1993.

AGENCY NAME: BAHSES/National Task Force on AIDS Prevention

October 8, 1992

o:\ops\rfps\monitor\bahses

AGENCY/PROGRAM NAME: National Task Force on AIDS
Prevention/BAHSES/Emotional Support Groups
CONTRACT NUMBER & PERIOD: 83-17104/ 5/1/92 - 4/30/93
FUNDING SOURCE & AMOUNT: Federal CARE Title I/ \$ 78,375
AIDS OFFICE PROGRAM MANAGER: Michelle Long Dixon
DATE OF MONITORING: August 28, 1992

COMMENDATIONS & RECOMMENDATIONS

PLEASE SEE PRECEDING PAGES FOR COMMENDATIONS, IDENTIFIED PROBLEMS,
RECOMMENDED INTERVENTIONS AND TIMELINES

CONTRACTOR REVIEW AND RESPONSE DUE: 10/19/92 by 12 noon

This Report Has Been Received and Accepted By AO Departmental Review:

Michelle Long Dixon
Name and Title of Author of this Report

9/21/92

Date

James Loyce Jr., Associate Director

10/9/92

Date

CONTRACTOR/PROVIDER RESPONSE

 I have received Monitoring Report, acknowledge finding. No
further action is necessary.

 I have received Monitoring Report, acknowledge findings,
response to recommendations attached.

 I have received Monitoring Report, Disagree with findings,
response to recommendations attached.

Signature & Title of Authorizing Contract Signatory

Date

AIDS OFFICE MONITORING REPORT SUMMARY

This is the official monitoring report for the provision of HIV services funded through the AIDS Office, San Francisco Department of Public Health. Comments in answer to points raised herein may be made by letter and addressed to the Program Manager. Copies of the letter will then be filed along with each report.

CONTRACTOR: National Task Force on AIDS Prevention/Bay Area CONTRACT TERM: 7/1/92 - 6/30/93
HIV Support & Education Services (BAHSES)
 FACILITY SITE: 625 O'Farrell Street FUNDING SOURCE: Federal CARE Title I
 PROGRAM REVIEWED: Transportation Svcs CONTRACT NUMBER: 83-17103
 DATE OF VISIT: August 28, 1992 CONTRACT AMOUNT: \$ 5,225
 PROGRAM MANAGER: Michelle Long Dixon DATE OF REPORT: September 1992
 AGENCY REPRESENTATIVES: Lee Woo, Mike Brunetti
 OTHER: Judith Weld, Michael Torres, Gifford Leung, M.D.

Type and Scope of Review (Circle All That Apply)

Fiscal Client Records Personnel Records Policies and Procedures Staff Interviews Director Interview
Contract Performance Review Site Visit Client Feedback Administrative

Other: _____

CARE Program Performance Rating

4 = Commendable 3 = Acceptable 2 = Improvement Needed 1 = Unacceptable 0 = Not Applicable

ENTER APPROPRIATE RATING FOR EACH CATEGORY BELOW

1. Accomplishment of Objectives	<u>3</u>	6. Client Record Documentation	<u>2</u>
2. Timely Completion of Work	<u>4</u>	7. Program Policies and Procedures	<u>3</u>
3. Quantity of Work Performed	<u>3</u>	8. Administrative Practices	<u>2</u>
4. Timely Submission of Materials to AO	<u>3</u>	9. Program Environment	<u>2</u>
a. Quarterly Reports:	<u>3</u>	10. Fiscal Practices	<u>2</u>
b. Response to Protocols:	<u>3</u>	11. Collaborative Efforts*	<u>3</u>
c. Contract Documents:	<u>3</u>	12. Overall Rating	<u>2.72</u>
5. Program Evaluation Procedures	<u>3</u>		

Ethnic Designation of Staff and Board in Compliance with Health Commission Requirements: X Yes: _____ No: _____

If Not, Has a Satisfactory Plan to Achieve Compliance Been Submitted? _____ Yes: _____ No: _____

Audit Report Received by AIDS Office? _____ Yes: X No: _____

If not, What is the Anticipated Date of Submission? _____ Uncertain

*II Collaborative Efforts: For the purposes of CARE monitorings, this category refers to community relations and cooperative effort items reviewed during the monitoring process.

MONITORING REPORT

AGENCY/PROGRAM NAME: National Task Force on AIDS Prevention/Bay Area
HIV Support & Education Services (BAHSES)/
Transportation Services
CONTRACT NUMBER & PERIOD: 83-17104/ 7/1/92 - 6/30/93
FUNDING SOURCE & AMOUNT: Federal CARE Title I/ \$ 5,225
AIDS OFFICE PROGRAM MANAGER: Michelle Long Dixon
DATE OF MONITORING: August 28, 1992

BRIEF PROGRAM DESCRIPTION (FROM CONTRACT SUMMARY):

Transportation services will be provided to African American men with HIV disease to and from support groups, pharmacies, and medical appointments.

UNIT OF SERVICE DEFINITION:

A unit of service is defined as a one-way bus or taxi trip.

PROJECTED UNITS OF SERVICE AS OF JULY 31, 1992: 361 trips
ACTUAL UNITS OF SERVICE AS OF JULY 31, 1992: 845 trips

PROJECTED UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 4 clients
ACTUAL UNDUPLICATED CLIENTS AS OF JULY 31, 1992: 97 clients

1. ARE THE PROGRAM OBJECTIVES BEING MET?

The program objectives are being met although the program provides services to persons outside the target population. While the agency feels it is serving HIV+ clients only, diagnosis documentation exists only for clients utilizing the taxi vouchers (physician verification of physical limitations).

2. ARE THE CONTRACT OBJECTIVES BEING PERFORMED IN A TIMELY MANNER?

Contract objectives are being performed in a timely manner.

3. ARE THE DELIVERABLES (UNITS OF SERVICE/UNDUPLICATED CLIENTS) ON TARGET?

Deliverables are on target and have exceeded projections - 234% of projected units of service and 2425% of unduplicated clients.

4. IS THE STAFFING LEVEL, AND STAFF TRAINING AND EVALUATION APPROPRIATE?

This program did not receive the funding requested in the original proposal for staffing. Therefore, the program is being managed through existing staff. The agency feels, and the review team concurs, that the staffing level for this program is inappropriate given the amount of time necessary to manage this program compounded with increasing incidences of verbal abuse and threats of physical violence.

5. IS THE POPULATION BEING SERVED, THE TARGET POPULATION SPECIFIED IN THE CONTRACT? ARE THERE FURTHER NEEDS OF THE TARGET POPULATION THAT ARE GOING UNMET?

The population being served is composed of 50% from the target population and 50% from other ethnic populations. The contract specifies that 45 unduplicated African American men will be served and the program has already exceeded that goal. In this type of program, availability of which is spread secondarily through word of mouth on the street, it is difficult to limit distribution of transportation vouchers to African American men only without attaching additional restrictions, such as attendance at emotional support groups. The overwhelming response to the program, as well as reported resale of vouchers for cash and other goods, has caused the agency to limit distribution to 2 vouchers/person/week. Many clients of this program would appear to benefit from case management services in conjunction with transportation assistance. The agency reports that 4 African American women have also been served through this program.

6. DESCRIBE WHAT PROGRAM EVALUATION ACTIVITIES HAVE OCCURRED AND THE RESULTS OF THE EVALUATION PROCESS.

To date, the program has no written program evaluation process or report. Client satisfaction forms are offered to clients after service usage of at least 30 days. Compilation of quarterly reports and monitoring protocols is also a part of program evaluation activities.

7. DESCRIBE THE PRIMARY RELATIONSHIPS THE AGENCY HAS WITH OTHER AGENCIES.

BAHSES has Memoranda of Understanding (MOUs) with 16 agencies through which bus and taxi vouchers are issued to clients of these agencies.

8. DESCRIBE THE CLIENT REFERRAL PROCESS THE AGENCY MAINTAINS WITH OTHER SERVICE PROVIDERS.

The sixteen cooperative agencies are responsible for screening eligible individuals for the program, completing the appropriate forms, issuing the vouchers, and reporting monthly on the disbursements.

9. DESCRIBE THE QUALITY ASSURANCE PROCEDURES THAT ARE IN PLACE FOR THE PROGRAM. ARE THEY APPROPRIATE AND RELEVANT TO THE SERVICE BEING PROVIDED?

Quality assurance procedures involve the maintenance and monthly review of transportation logs, which report: 1) the ethnic composition of, and the reason(s) for usage by each client, and 2) the amount allocated and projected fund usage for the next 30 days. To receive a taxi voucher a form must be completed by a physician attesting to a client's physical limitations. These procedures are appropriate and relevant to the service being provided.

10. ARE POLICIES AND PROCEDURES RELATING TO UNIVERSAL PRECAUTIONS, CLIENT CONFIDENTIALITY, CLIENTS' RIGHTS, GRIEVANCE PROCEDURES ETC., APPROPRIATE, IN PLACE AND IN USE?

Appropriate policies and procedures are in place and in use.

11. HOW CAN THE AIDS OFFICE OR PLANNING COUNCIL ASSIST THE PROGRAM IN IMPROVING SERVICES TO ITS CLIENTS?

BAHSES would like more follow-up to reports (quarterly reports) given to the AIDS Office relative to potential program problems based on reported statistics.

REVIEW TEAM RECOMMENDATIONS

COMMENDATIONS:

1. The agency has conducted a realistic assessment of its ability to continue this program in light of available resources from within the agency and from the funder. The result of this assessment is a decision to continue to maintain the program through the end of the contract period or until the funds for vouchers are exhausted (whichever occurs first) and to request non-renewal of this contract for the next funding period. The agency is to be commended for supporting the program to date with in-house staffing.

IDENTIFIED PROBLEMS (INTERVENTIONS & TIMELINES):

1. Announce closing of the bus token program to current clients (1-2 weeks ahead of time) and maintain the taxi voucher program for as long as is feasible for the agency or until the end of the contract period (whichever occurs first). Prepare a proposal for this phaseout and submit to the AIDS Office prior to implementation. Timeline: by November 15, 1992.

2. Refer clients to the Shanti van program (Crossings or general agency) for continuation of transportation assistance. Timeline: November 15, 1992.

3. Include client diagnosis documentation in client files as well as a signed statement of clients' rights and responsibilities. Timeline for implementation: November 15, 1992.



October 12, 1992

Department of Public Health
AIDS Office
25 Van Ness Avenue, 5th Floor
San Francisco, CA 94102
Attention: Michelle Long-Dixon

Dear Michelle:

This correspondence provides responses to recommendations from the Monitoring Report recently received.

Support Groups

1.) Reading information about Program Evaluation was clear. What is unclear is the question which follows regarding Quality Assurance. What is the difference? For example, we were under the impression that the hiring of a Clinical Supervisor is part of our overall evaluation/improvement system (Quality Assurance). Deciding to hire a Clinical Supervisor based on the need for professional input was a part of our internal evaluation. Can you clarify in order for us to improve Quality Assurance systems.

2.) One of the tasks we have undertaken is the set-up of daytime support groups in order to better serve target population members who may not want to be in the Tenderloin during evening hours. Further, we are willing to conduct off-site support groups during the day to continue availability of the groups to target population members. We anticipate success with these efforts. These efforts were not mentioned.

Transportation

1.) There is one inaccurate statement regarding HIV+ diagnosis/documentation requirements. BAHSES has and continues to require some form of documentation about a person's HIV+ status prior to receipt of bus tokens. (We have allowed someone to use 2 tokens if he/she forgot or did not bring appropriate documentation that day; however, in order to continue to receive tokens, HIV+ documentation is

required. And, the client file in those situations was so noted.) Information about the taxi voucher remains correct.

2.) The agency does not intend to announce closure of the transportation system since the agency hopes not to do that. The goal will be to maintain the transportation program but limit its use to clients of support groups only.

You will be pleased to know we have hired and are training Dakota Scott-Hoffman as our new Program Coordinator - Support Services under this contract. He has already begun to implement monitoring recommendations and will be in contact with you to meet and review how we can continue to improve the services BAHSES provides to African-American men.

Thank you for your continued input and understanding during the transition from my undertaking to Dakota's.

Sincerely,



Mike Brunetti
Program Director -
Support Services



November 11, 1992

Michelle Long-Dixon
Program Manager
Department of Public Health - AIDS Office
25 Van Ness Avenue, 5th Floor
San Francisco, CA 94102

Dear Michelle:

This correspondence is a follow-up to the Monitoring Report. It contains an update of Review Team Recommendations, our corrective activities and applicable date(s) of implementation.

Please contact me or Dakota Scott-Hoffman with any questions.

EMOTIONAL SUPPORT GROUPS

Item #1: Client Record Documentation

Client files were reviewed for accurate and complete documentation. Record-keeping is now done in the following manner:

- o Activities Reports are completed at the end of regular weekly meetings. Names of those who attended (including any relevant personal issues) are listed on the Activities Report and given to the Program Coordinator - Support Services. Activities Reports are reviewed by the Program Coordinator - Support Services and transcribed to individual client records.
- o Absences of group members are also documented in individual client records.
- o Phone calls are made to group members who are absent from a meeting to encourage retention. If phone calls are not possible or client phone number changes, a letter is sent.
- o All documentation entered in individual client files is initialed by the person making the entry.

System recommendations were implemented September 25, 1992 and are now on-going.

Item #2: Client Record Documentation

Client diagnosis, specifically HIV status documentation is now a part of the required intake procedure. Verification is accepted in one of two ways:

- o In most cases, a hard copy document i.e. from the Department of Public Health or medical practitioner, is received directly from the client and placed in file. - OR -
- o Telephone verification is done by the Program Coordinator - Support Services.

Client Rights and Responsibilities statement is signed and is also a part of the complete documentation required for HIV support group program entry. (See Attachment A)

System recommendations were implemented October 5, 1992 and are now on-going.



Item #3: Accomplishment of Objectives, etc.

The Outreach Campaign includes the following:

o Street outreach and bar zaps are being done in conjunction with the agency's Education Department. The bars included are those most often frequented by members of the African-American gay/bisexual community. Specific outreach has been done and will continue at:

- Eagle Creek
- Mother Lode
- Polk Gulch
- Uncle Berts
- Pendulum

o The agency's network for this contract currently includes:

- African-American HIV Service Providers
- Gay Men of Color Consortium
- San Francisco HIV Support Group Coalition
- Men of Color Coalition
- EACH (Early Advocacy and Care for HIV)
- Tenderloin AIDS Resource Center
- Glide Goodlett AIDS Project
- A.I.D.S.
- Shanti Project
- AIDS Health Project
- Black Coalition on AIDS

Current advertisements and brochure used for outreach are attached (See Attachment B).

System recommendations began implementation September 29, 1992 and are on-going.

Item #4: Collaborative Efforts

Item #3 lists the collaborative agencies currently exchanging information with BAHSES. As a part of the exchange, BAHSES will learn what others are doing beyond referrals for the difficult client but this information has yet to be obtained.

Item #5: Program Evaluation

Module I of the HIV Support Group Program recently underwent complete revision. (See Attachment C). Included in the revision cycle were: - Volunteer Facilitators, Clinical Supervisor, Program Director - Support Services, Program Coordinator - Support Services, former support group members. Target population members provided input. The revision to Module I was completed October 26, 1992.

Module II will undergo similar revision with the above people on November 23, 1992. A quarterly review will be conducted of the revised program and appropriate documentation/findings will be available to the AIDS Office through the Quarterly Report.

Long-term volunteer facilitators have been evaluated with the exception of one person. (He will be evaluated on November 16, 1992). Of those evaluated, all are performing within expected parameters and none require re-certification or re-training.

New facilitators (specifically those who attended the October 17 and 18, 1992 training) will be evaluated January 15, 1993 since all are currently facilitating groups.

System recommendations place the agency on-target for program evaluation.

Item #6: Program Policies and Procedures

A change was made to comply with the recommendation (See #2 under Client Grievances Procedure) which provides a client with the ability to speak directly to the Executive Director about any issue rather than forcing the client to confront someone directly. (See Attachment D).

Item #7: Program Environment

The agency now has three daytime groups which directly addresses client concerns about evening groups in the Tenderloin. A fourth daytime group is in the collaborative stages with Tenderloin AIDS Resource Center and Shanti Project. The group is targeted to all facets of the Transgender community and focus groups to define needs are scheduled to be held December 10, 1992.

Item #8: Program Coordinator - Support Services

Dakota Scott-Hoffman was hired as the Program Coordinator - Support Services on September 16, 1992. His past two months of activities are documented and attached (See Attachment E and Attachment F). Also attached are Detailed Units of Service for all support group attendees as well as Detailed Units of Service for African Americans. (See Attachment G and Attachment H).

It is clear to me that Dakota's efforts have geared us into the direction we want to be and I have personal and professional hopes that this will continue.

TRANSPORTATION SERVICES

In my correspondence to you dated October 12, 1992, Transportation Services were clarified. BAHSES plans to continue transportation services/program to those who attend the agency's HIV support group program.

Also, in the October 12, 1992 correspondence the documentation requirements were corrected from inaccuracies.

It is the hope of the agency that you agree we are moving forward and making progress. Both Dakota and myself would welcome any comments, reactions and/or input you may have with regard to the contents of this correspondence.

We look forward to hearing from you.

Sincerely,



Mike Brunetti
Program Director -
Support Services

cc: Board of Directors
Lee Y. Woo
Dakota Scott-Hoffman
222005/513040/513050

Attachments Enclosed



625 O'Farrell Street
San Francisco, CA 94109
415.749-6714/FAX 415.749-6706



BAHSES
TO SERVE OUR COMMUNITIES

January 7, 1993

HS Branch Data Manager
DHP/AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA, 94102-6033

Pursuant to your request, Please find enclosed two (2) copies of the Federal CARE/Supplemental Act Winter Quarter Report. This report reflects the accomplishments and observations we have made during the second quarter of the grant period.

If there are any questions regarding the Winter Report, please feel free to contact me at 415-749-6714.

Sincerely,


Dakota Scott-Hoffman
Program Coordinator - Support Services

DSH: NW

Winltr

cc: NTFAP

22205/513040/513050



BAY AREA HIV SUPPORT AND EDUCATION SERVICES
A PROJECT OF BLACK AND WHITE MEN TOGETHER/MEN OF ALL COLORS TOGETHER

AIDS OFFICE, HEALTH SERVICES BRANCH

PROGRAM QUARTERLY REPORT

YEAR: 1993

TRACT AGENCY: BAHSES	QUARTER: ☐ SPRING (J-MAR) ☐ SUMMER (A-JUN) ☐ FALL (J-SEPT) ☒ WINTER (O-DEC)
PROGRAM: TRANSPORTATION	REPORT COMPLETED(date): 1/5/93
CONTRACT NUMBER: 83-17104	AGENCY CONTACT PERSON: J.D. SCOTT-HOFFMAN
FUNDING SOURCE: CARE-SUPPLEMENTAL	PHONE NUMBER: 415/ 749-6714
TERM OF CONTRACT: 7/1/92 - 6/30/93	AO PGM.MGR.: MICHELLE LONG-DIXON

I. UNITS OF SERVICE(UOS)

Calendar Quarter

Contract Period-to-Date

298

2,156

II. CLIENT INFORMATION

(Use actual counts for each item. Do not use percents. The total per category must equal the total number of new clients served.)

A. NUMBER OF CLIENTS SERVED

(A1) 16 Total/Qtr. (A3) 16 Number of New Individuals Served/Qtr.
 (A2) 140 Contract Period to date (unduplicated clients)

B. GENDER

(1) 15 Male (3) 1 Other (include transgender)
 (2) Female (9) Unknown

SEXUAL ORIENTATION

(1) 11 Gay Male (3) 2 Bisexual (5) 2 Declines to state (9) 1 Unknown
 (2) Lesbian (4) Heterosexual (6) Unsure

D. AGE

(1) 12 YRS. or Less (4) 3 25-29 YRS. (7) 2 50-59 YRS.
 (2) 13-17 YRS. (5) 9 30-39 YRS. (8) 60 YRS. or More
 (3) 1 18-24 YRS. (6) 1 40-49 YRS. (9) Unknown

E. ETHNICITY

(10) 3 White/European American (50) 1 American Indian, Alaskan Native
 (20) 9 African American (60) 1 Other..Specify
 (30) 2 Latino/a (99) Unknown
 (40) Asian/Pacific Islander

F. LIVING SITUATION

(1) 9 Alone (6) 4 Non-relatives/Shared Expenses (99) Unknown
 (2) Dependent Children (7) 1 Non-relatives/No Shared Expenses
 (3) 2 Spouse/Signif. Other (8) Homeless
 (4) Parent or Guardian (10) Institutionalized
 (5) Other Relatives (11) Incarcerated

G. GROSS MONTHLY INCOME

before taxes, for individual client, not for household)

- (1) 7 \$600 or Below (3) 3 \$ 901 - \$1200 (5) _____ Above \$2400
(2) 6 \$601 - \$900 (4) _____ \$1201 - \$2400 (9) _____ Unknown

H. EMPLOYMENT STATUS

- (1) 2 Full Time (35 or more hrs. per week) (3) 12 Not Employed
(2) 1 Part Time (less than 35 hrs. per week) (9) 1 Unknown

I. MEDICAL INSURANCE STATUS

- (1) _____ Private Insurance (incl. other HMOs) (5) 2 MediCal/Medicare
(2) 2 Kaiser (6) 3 Other Public Insurance
(3) 7 MediCal/Medicaid (7) _____ Uninsured
(4) 2 Medicare (9) _____ Unknown

J. CLIENT PAYMENT FOR YOUR SERVICE

- (1) _____ Client Pays (2) _____ Client does not Pay (3) 16 No Fee for Service

K. PRIMARY HEALTH CARE SOURCE

- (1) 3 Private Practice (incl. other HMOs)
(2) 2 Kaiser
(3) 1 Community Health Center
(4) 9 Hospital Outpatient Clinic
(5) 1 Emergency Room
(6) _____ VA, Military Hospital Outpatient Clinic or Indian Health Service
(7) _____ Other Primary Health Care Provider/Acupuncturist or Chiropractor
(8) _____ No Primary Health Care Provider
(9) _____ Unknown

L. HIV STATUS

- (1) 7 HIV Positive (not Disabling) (4) _____ Relative, Friend or Partner of HIV Positive
(2) 6 Disabling HIV/ARC (9) _____ Unknown
(3) 3 AIDS

M. SPECIAL POPULATIONS

- (1) 1 Injection Drug User (IDU) (4) _____ Mental Illness
(2) 4 Other Substance Abuse (5) 1 Mental Illness and Substance Abuse
(3) _____ AIDS Dementia (6) 9 None of the above
(7) 1 Physically Challenged

AIDS OFFICE HEALTH SERVICES BRANCH
QUARTERLY REPORT
PROGRAM EVALUATION UPDATE

Contract Agency: BAHSES Quarter: _____
Program: TRANSPORTATION Report Completed (date): 1/5/93
Contract Number: #83- 17104 Agency Contact Person: J.D. SCOTT-HOFFMAN
Funding Source: CARE SUPPLEMENTAL Phone Number: 415/ 749-6714
Term of Contract: 7/1/92 - 6/30/93 AO Program Manager: MICHELLE LONG-DIXON

This form should be completed and submitted as part of the Quarterly Report. Please refer to your contract exhibit or MOU prior to answering the following questions. Complete this form for each exhibit. If you have questions about this form, contact your program manager.

1. What evaluation procedures have you undertaken during the quarter, and what were their results?

With the incorporation of Transportaion into Support Services, misuse and abuse of tokens and scripts have greatly declined. Used in this manner the program has become completely manageable by one office person.

2. What significant program changes have occurred during the quarter (include scope, goals & objectives, timeline, staff, volunteers, etc.)?

Since last report, the only change has been to increase the allotment of bus tokens to those clients showing proof of more transport needs.

3. Describe how the program has succeeded in meeting its goals, quarterly outcome objectives, and timelines.

The program has helped to identify sources the clients seek out for other services (Medical, Legal, financial, etc.)

4. What types of problems has the program experienced during the quarter, and what steps have been taken towards their resolution?

No problems encountered this quarter.

5. What Quality Assurance (QA) activities took place during the quarter, and what were their results? Describe any changes in program procedures resulting from your QA review.

Weekly follow-up and documentation of client files to check for attendance and improved self-help and self-actualization skills.

6. Does your program maintain a waiting list?

YES	NO ☒
-----	--

A) How long is that list?

B) What is the average waiting time?

7. Where does your program refer eligible clients who are awaiting services (include those not accepted onto a waiting list)?

NA

8. Systemwide, what gaps in available services have you noted?

Again Case management is desperately needed for tenderlion and other low income inner city HIV impacted individuals not gay European male specific, but gay multi-racial with acceptance of interracial, transgender and bisexual relations.

DATE: 07/17/92
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HEALTH SERVICES BRANCH MASTER CONTRACT LIST FOR 1992-1993

<u>CONTRACT AGENCY/PROGRAM</u>	<u>SOURCE</u>	<u>TERM</u>	<u>AO</u> <u>PGM. MGR.</u>	<u>92-93</u> <u>CONTRACT \$</u>	<u>EXHIBIT</u> <u>AMOUNT</u>	<u># of UDC</u>	<u># of UOS</u>	<u>UOS Type</u>	<u>NOTES</u>	<u>CT#</u> <u>(certified)</u>
BAHSES-BWMT/MACT										
a. Emotional Support Groups	CARE I/F	5-1-92 - 4-30-93	MD	\$78,375		63	2625	hr group support		
b. Transportation Services	CARE I/S	7-1-92 - 6-30-93	MD	\$5,225		45	4332	trips		CT 83-5225