



*A project concerned
with AIDS Prevention
and Health Promotion*

2/7/91

Dear Kevin,

Enclosed are copies of the latest revision of the manuals. They include the changes you and I talked about on Tuesday morning.

Just to summarize some of the things we decided on in terms of planning for the training:

1. You will find two volunteer facilitators to be on the panel Friday night, and I will find one additional panelist, making a total of 3 panelists. You have copies of the letter to give to the 2 panelists, telling them what to expect.
2. You will find three volunteer-trainees to be on the panel Saturday morning 9:30 - 10:25, "Psychosocial Issues," and I will find three, making a total of 6. I recommend you explain to them what they are being asked to do (e.g., no need to prepare a formal statement; there will be group of about 6 HIV+ people, stating some of the HIV-related issues, feelings, and decisions you have dealt with.)
3. For the Skills Building Exercises (role-plays) on Saturday 3:10 - 5:15, you and one other person from BAHSES will be there as trainers, and two persons from AHP will also be there as trainers
4. For the Crisis Intervention role-plays on Sunday morning 10:30 - 11:30, you and one other person from BAHSES will be there as trainers, and AHP will have at least one person there as a trainer, too.

Kevin, as usual, don't hesitate to call me if you have any questions or want to talk about anything. I am glad to be doing this with you. You are really a sweetheart!

Sincerely yours,

David

washed
or
See

many low ready
for PDI

received
2-8-91 Jan

Donation: Ser # 4986

National Task Force on AIDS Prevention

Conference table 48X95
1. NO# Wood

12 - Chairs for conf table

1. 11Y609/Q03330

2. 33B053

3. NO#

4. 16V868

5. NO#

6. M08639/23Q523

7. 11Z750

8. NO#

9. 30F253

10. P06550

11. P06551

12. A92341/16V841

Conference table 36X36

1. 32S548

4 - Chairs for conf table

1. 33B044

2. 30F264

3. 30F248

4. 33Z801

4 - Computer Table

1.

2.

3.

4.

4 - Chairs for table

1. A92336/16V860

2. A92340/16V843

3. 16V848/A92333

4. A92347/16V849

5 * - Desks D/P

1. 25K366/C11051

2. 71B155 Waco Desk

3. 75B451 Waco Desk

4. 71R101 Waco Desk

5. 37J487

4 - Chairs for desk

1. A92332/16V839

2. A92334/16V864

3. A92329/16V852

4. 21H721/NO7443

Coffee table
1.

6 - Lamps

3 - Executive chairs
1.
2.
3.

Desk Credenza ^{LL298}
1. 34B795
DWRS/DOORS

4 - Bookcase

1. 11P939 2 shelf
2. 12W097/927673 3 shelf
3.
4.

7 - File Lateral

1. C36225 9 drawer/microfiche
2. C36438 9 drawer/microfiche
3. 12J095/936764 4 drawer/letter
4.
5.
6.
7.

1 - metal paper stand

Computer paper

4 - Boxes
Hanging files

4 - box folders

1 - set book holders

1 - Coat Tree

7 - Plastic waste baskets

Sofa
1.

1 - Metal Easel
No #

White Brand 48X72

Agenda for Weekend Training of Volunteer Facilitators

February 22-24, 1991

NOTE: The trainer responsible for presenting each segment is listed at the left margin.

The trainers listed here are:

Lee Woo, BAHSES
Louis Dunn, AIDS Health Project (AHP)
Jerry Polon, AHP
David Silven, AHP

Friday evening, February 22:

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

Saturday, February 23:

	9:00 - 9:30	Coffee, tea, etc.
Louis	9:30 - 10:25	Psychosocial issues
	10:25 - 10:30	Break
Jerry BAHSES	10:30 - 11:15	Characteristics of a smoothly running group
	11:15 - 11:20	Break
David BAHSES	11:20 - 12:10	Ground Rules, and Getting the group started
	12:10 - 1:30	LUNCH Break
David	1:30 - 3:00	Group Facilitation skills
	3:00 - 3:10	Break
Lee	3:10 - 5:15	Skills-Building Exercises
Lee	5:15 - 5:30	Wrap-up

Sunday, February 24:

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

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Agenda for Weekend Training of Volunteer Facilitators

February 22-24, 1991

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The trainers listed here are:

Kevin Brooks, BAHSES
Louis Dunn, AIDS Health Project (AHP)
Jerry Polon, AHP
David Silven, AHP

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	6:30 - 7:00	Check-in (coffee, tea, etc. available)
David, Kevin	7:00 - 7:15	Welcome and overview
Louis	7:15 - 8:10	Introductions
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BAHSES-BWMT/MACT INTER OFFICE MEMORANDUM

7/25/91

TO: EACH, BAHSES and NTFAP staff

FR: Alvictor Bradford/ Project Assistant Support Services

RE: TRANSPORTATION CONTACT TRAINING

I will be holding a training on the Transportation Contact's policies and procedures .
It will be held on Tuesday, July 30, 1991 at 2:30 pm in the second floor conference
room. Please inform me if you plan to attend.

cc: K. G. Brooks
L. Y. Woo

523030/523100

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

April 6, 1992

Mr. Dwayne Morgan
837 - 60th Street, #3
Oakland, CA 94608



Dear Dwayne:

Thank you for your interest in attending the upcoming volunteer support group facilitator training for HIV impacted persons on May 2, 1992. As we discussed by telephone, I have enclosed further information about the location, time and activities that day.

Your background and current status as a graduate student should prepare you well for this rewarding challenge. We at BAHSES look forward to having you join our team of volunteers and appreciate your efforts at helping those who live with HIV affirm a life full of hope, human dignity and self worth.

After you review the enclosed, please feel free to contact me with any questions.

We look forward to meeting you in person at the training on May 2, 1992.

Sincerely,

Mike Brunetti
Support Services

cc: Thomas Hajjar

523030/523095



BAHSES
TO SERVE OUR COMMUNITIES

To: All Staff
From: Mike Brunetti
Subject: Assaultive Training Course
Date: June 29, 1992

As most of you are aware, last week an incident occurred which involved a client's verbal abuse of staff. That client is no longer eligible for transportation services and has been dealt with.

The result of this incident has brought to the foreground how important staff security and personal safety is. Therefore, two corrective activities are being undertaken:

- o All clients are required to sign a compliance form which communicates they may be suspended or terminated from program(s) because of their behavior, e.g. verbal/physical abuse; property damage, etc. The form will be reviewed with each client during intake.
- o Staff are to be trained in assaultive training which can assist us all in defusing anger from clients; dealing with assaults, etc.

In order provide staff with training, please set aside July 15, 1992 from 2:00 to 4:00 p.m. to attend a condensed Assaultive Training Course done by Jimmy White. Jimmy usually presents the material in a two-day workshop; however, he has adapted the information into two-hours to accommodate organizations such as ours.

Also, several people from A.I.D.S. will be joining us for the training. It seems A.I.D.S. uses Jimmy often to conduct these sessions due to their client base and location!

Please arrange your schedule to be with us during this important training.

523030





September 25, 1992

Harold Lemke
Clinical Social Worker
Center for Positive Care
3180 18th Street
SF, CA, 94110

Dear Harold

Here is the mock-up for the Six Labels Exercise. Please feel free to modify any part or parts.

Saturday, 11:00 - 12:00
Six Labels

Materials Needed:

Larger Butcher Paper
Pencils for all trainees
White self-adhesive labels (6 for each trainee)
Large Felt marker

Preparation:

Place butcher paper with listed subjects (2 people, 2 things, 1 activity, 1 place) in full view of the group. Ask the trainees to pair off.

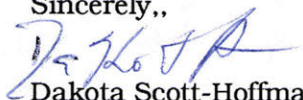
11:10

- 1.. Introduce this exercise as an exploration of coping skills, bonding and loss. While the trainers pass out 6 labels to each trainee, ask them to think about the items listed that are important to them.. Ask them to write on the labels what items they have decided on.
2. After the trainees have finished writing up labels, ask them to affix them to their person.(chest, arms, stomach, etc.)
3. The pairs then ask each other about the labels and the feelings that come up for each. First one partner picks the label of the other to ask about, then switch.(allow ten minutes for this)
4. Trainers then go around and remove one or more, but not all the labels from the trainees. Please show the trainee each label as you remove it and take it away with you.
5. The trainees are then asked to tell their partner how the loss feels for them and the partner consoles. Make sure a switch is made so both partners have a chance to verbalize feelings.
6. Explain that this is an example of some of the losses a person with HIV **can experience** in his or her lifetime. It is an exercise to prepare you as facilitators for some of the issues you may encounter.. Emphasize that if strong feelings came up in the exercise that three trainers will be available to help process with you in room ? during the lunch hour.



I hope that this is useful to you and if nothing else comes up I will see you on October 14th. Also find suggestions for training manual.

Sincerely,,

A handwritten signature in blue ink, appearing to read 'D. Scott-Hoffman', written over the printed name.

Dakota Scott-Hoffman
Program Coordinator

DSH:

LabelsLTR

523030



BAHSES MEMORANDUM

October 1, 1992

TO: Mike Bernetti & Lee Woo

FR: Dakota Scott-Hoffman

RE: Volunteer Facilitator Training Refreshments

I would like to request the following amount of money budgeted for refreshments. I will try to solicit donations from retailers as step one but will have to pay for some items.

As a reminder the training will be held on both Saturday, Oct. 17 and Sunday October 18.

The estimated cost are as follows and receipts will be turned in the day after the training.

Asst. fresh fruit	3lbs	\$5
Asst. muffins	1doz.	\$10
Total per day		\$15
total		\$30

code:523030.01





Address Correspondence To:

UCSF AIDS Health Project
Box 0884
San Francisco, CA 94143-0884

Administrative Offices:

1855 Folsom Street
Suite 506
San Francisco, California
(415) 476-6430

Programs:

- AIDS Mental Health Program
- AIDS Prevention Program
- AIDS Health Professional Training Program
- AIDS & Substance Abuse Program
- AIDS Antibody Counseling Program
- FOCUS: A Guide to AIDS Research
- Youth & AIDS Education & Training

OATH OF CONFIDENTIALITY

I, the undersigned, hereby agree not to divulge any information or records concerning any client/patient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code and Title 9, California Administrative Code, as follows:

W & I Code, Section 5330: Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning the person in violation of the provisions of this chapter, for the greater of the following amounts:

- (1) Five hundred dollars (\$500.00)
- (2) Three times the amount of actual damages, if any, sustained by the plaintiff.

Any person may, in accordance with the provisions of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of provisions of this chapter, and may in the same action seek damages as provided in this section.

It is not a prerequisite to an action under this section that the plaintiff suffer or be threatened with actual damages.

Title 9, California Administrative Code, Section 942, Oath of Confidentiality: All officers and employees of the department collecting, maintaining and utilizing any patient data information in the course of their duties with the department shall sign an oath of confidentiality.

"As a condition of performing my duties as an officer or employee of the Department of Health, I agree not to divulge to any unauthorized person any client/patient data information obtained from any facility by the Department. I recognize that unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code, and may result in the termination of any office of employment."

(please print)

Name: _____

Title: _____

Place of Employment: _____

Home Address: _____

Signature: _____ Date: _____

A project concerned
with AIDS Prevention
and Health Promotion
University of California
S.F. and Department of
Public Health



A project concerned
with AIDS Prevention
and Health Promotion

***Request to Facilitate
Alone or With a Co-Facilitator,
and Times Available***

Please print clearly:

Note: All information you give on this sheet will remain confidential and will not be shared with any other volunteers unless you give permission to do so.

Today's Date: ____/____/____

Your name: _____

We want to know whether you prefer to facilitate a group *alone* or *with a co-facilitator*.

Please mark an "X" in front of one (choose only *one*) of the following statements:

- _____ I have a ***strong*** preference to facilitate a group with a co-facilitator.
- _____ I have a ***mild*** preference to facilitate a group with a co-facilitator.
- _____ I have a ***strong*** preference to facilitate a group alone, without a co-facilitator.
- _____ I have a ***mild*** preference to facilitate a group alone, without a co-facilitator.
- _____ I do not have a preference for facilitating a group alone versus having a co-facilitator.

2. If you were going to co-facilitate a group with one of the volunteers who participated in this weekend's training, is there anyone with whom you would ***not want*** to be paired? (give name here):

3. If you were going to co-facilitate a group with one of the volunteers who participated in this weekend's training, is there anyone with whom you would ***especially like*** to be paired? (give name here):

Have you and this person discussed and mutually agreed upon the idea of co-facilitating a group together? (circle one):

Yes No

(continued on other side...)

4. On *which* of the following nights of the week (starting at 6:30 or 7:00 p.m.) would you be available to volunteer on a weekly basis? (circle all that apply):

Mon Tues Wed Thurs Sun

The night you prefer most (circle one): Mon Tues Wed Thurs Sun

2nd preference (circle one): Mon Tues Wed Thurs Sun

3rd preference (circle one): Mon Tues Wed Thurs Sun

5. In addition to the nights you circled in the first part of question #4 above, are there other nights of the week on which you could attend once-a-month supervision, even though you would not be available on those nights each week? (circle all that apply):

Mon Tues Wed Thurs Sun

6. Some clients may want to attend a group on a weekday (Monday, Tuesday, Wednesday, Thursday, or Friday), during the morning or afternoon. Would you be available to facilitate a group on a weekday morning or afternoon?

Yes No

7. You will be meeting with your supervisor once a month. For most of you, supervision will be in the evening (once a month), on Monday, Tuesday, Wednesday, or Thursday. However, some of you may choose to have supervision on Saturday morning (around 10:00 a.m.). How would you feel about having your monthly supervision on Saturday morning? (choose one):

- ☐ No, I would not be available on Saturdays
- ☐ I am open to the idea, but I'd prefer a weeknight
- ☐ I would prefer Saturdays rather than a weeknight
- ☐ I am open to the idea, and I have no preference between Saturdays and a weeknight

Write comments below. Please mention anything you feel we should be aware of in terms of deciding whether you will be facilitating a group alone or with a co-facilitator, and (if you are co-facilitating) deciding whom to pair you up with.