HSB CONTRACTORS MONITORING PROTOCOL
for BAHSES (cost center 91-02)

A. Client Target Population

1. African American gay and bisexual men with HIV.

2. Yes. No.

3. Asian/Pacific Islander: 2
African American: 15
European American: 13
Other: 1

4a. They are referred from other agencies, through our advertisments, and word of mouth.

4b. No.

5. Clients are screened either over the phone or in person and the program is explained to them. When they show up for the first group meeting they are asked to complete an intake form and a consent to participate form (attached).

No.

6. Yes.
Approximately 5-10 people
2 weeks
number of people trying to enter a group, what days the are available to, availability of facilitators, what day they are able to meet.

7. 10 weeks
The same.

8. Compatibility with other group members, fulfillment of needs, personal agenda's.

9. No.

10. They inform the facilitator they will no longer be attending group meetings and why.

11. Zero.

12a. Yes.
Through our client intake form

12b. Through our activities report completed for each group meeting and compiled monthly (see attached)

B. Program Management and Staff

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

2. No.

3. To provide 100 African American gay and bisexual HIV+ men support groups. To provide10 support groups with 10 African American gay and bisexual men in them.

4. As of 9/91 we have provided support groups for 19 African American gay or bisexual HIV+ men. We have provided 1 support group for African American gay or bisexual HIV+ men.

5a. Yes. Through our HSSP Evaluation form.
At the end of each group module.

5b. On the HSSP Evaluation form. No.

6a. Our strengths are the clients tell friends about the group. They become facilitators, they complete the entire module. Our weaknesses is there are, there is a lack of program personnel to complete the various deliverables that need to be done.

6b. Our cultural strengths are there are facilitators from the target population leading the groups along with the program addressing issues of self esteem, relationships, and goals planning. Our cultural weaknesses are a lack of available facilitators from the target population.

7. Hiring of a project assistant/Support Services to handle the day to day workings of the program then the suggestions from former group members could be implemented and the clients needs could be met. We have been unable to try any program strategies due to a lack of program personnel.

8. yes.
yes.

9. No.

10. The client is to discuss problems with facilitators and the facilitators are to document it on the activity log for the Project Assistant/Support Services to act on.

zero times. Yes.

11. (see attached)

12. (see attached)

13. The program is explained to the new staff member with all the forms and reports.

14. Yes. In conjunction with AIDS Health Project we provide support group facilitators training.

14a. We do encourage cultural competency training.

15. Yes. Through performance evaluations.
30, 60, 90 day intervals and yearly.

16. No. We need to hire a Project Assistant-Support Services to manage the program.

17. We have only had one staff person for this program and he was terminated.

17a. Independability.

17b. encourage staff to take time off.

18. yes

C. Relationship with other Agencies

1. Our agency keeps an open referral relationship with all agencies interested in our services.

D. Community Relations

1. We host information tables at conferences, bars, bathhouses, and other places gay and bisexual men frequent.

2. Through one on one personal contact with and interest displayed by the client population.

3. Yes (see attached)
Through our information tables and in the bars.

4. No

E. Quality Assurance

1. No.

2. No.

3. Date group started, intake form consent to participate form, date client dropped out of group or date group ended.

4. In the BAHSES office in a black file cabinet that has a silver and orange bolt lock on it.

5. yes

6. It is collected on the Client Intake form and locked in the client file drawer.

7. N/A

F. Other

1. The client can discuss the problem with the group facilitator who in turn will inform the Project Assistant/Support Services via the activity log or the client can address the problem on the evaluation form at the end of the module.

2. We have a transportation program to provide monies to HIV+ African American gay and bisexual men to help them get to support group meetings, doctors appointments, pick up prescriptions, and other medical appointments.

We also provide education workshops focussing on safer sex, risk reduction, relapse, negotiation, and prevention.

3. Being located in the tenderloin, we service a lot of clients who are indigent. They live in hotels or halfway houses and have no way for us to get in touch with them. This causes a problem in us getting and keeping clients in our groups.

4. I'm not sure the AIDS office can do anything we have not done.

DETAILED ACTIVITIES OF SUPPORT SERVICES COORDINATOR

FOR

FEBRUARY 1992

2/1,2	EMOTIONAL SUPPORT GROUP FACILITATORS TRAINING W/A.H.P. @ U.C.S.F.
2/3	FESTIVAL AT THE LAKE SEMINAR, OAKLAND
2/5	MEETING - DORIS PARNELL, AIDS PROJECT OF THE EAST BAY (TRANSPORTATION)
2/6	MEETING - VICTORIA, AIDS INDIGENT DIRECT SERVICES (TRANSPORTATION)
2/7	MEETING - ANNA, GLIDE CHURCH (TRANSPORTATION)
2/8	SEMINAR - ALPHA PHI ALPHA FRATERNITY & B.V.H.P. @ U.C.S.F.
2/10	SEMINAR - MIKLIX-M&C, CLINICAL PRACTICE FOR HIV+ @ HOLIDAY INN
2/11	MEETING - MUNEER W/HAIGHT-ASHBURY @ CENTER FOR POSITIVE CARE (TRANSPORTATION)
2/13	MEETING - GEORGE STAUB, COMMUNITY SUBSTANCE ABUSE/HIV FORUM
	MEETING - EMOTIONAL SUPPORT GROUP FACILITATORS
2/13-16	CONFERENCE - GAY LESBIAN BLACK LEADERSHIP FORUM, OAKLAND
2/18	MEETING - CENTER FOR POSITIVE CARE STAFF @ C.P.C. (TRANSPORTATION)
2/19	MEETING - MET WITH E.S.G. PARTICIPANTS @ PETER CLAVER HOUSE
2/20	MEETING - AFRICAN-AMERICAN CONSORTIUM, OAKLAND
2/21	MEETING - DORIS PARNELL, AIDS PROJECT OF EAST BAY (TRANSPORTATION)
2/26	MEETING - ANNA, GLIDE CHURCH (TRANSPORTATION)
	SWAT HIT - PENDULUM ANNIVERSARY PARTY

OTHER ACTIVITIES:

PRODUCED INSTRUCTIONAL MANUAL FOR TRANSPORTATION PROGRAM
CONDUCTED TRANSPORTATION SESSIONS AT C.B.O.'s
COLLECTED DATA FOR PRACTICAL SUPPORT PACKETS

LAWRENCE L. DENSON
PROGRAM COORDINATOR
SUPPORT SERVICES

523040

NOTE: As of this writing, the February 1992 Detailed Activity Report for Program Coordinator, Support Services is not available. Should it be provided by the former employee, it will be attached.

Attachments included are:

-Support Services Detailed Activity Report
-Contract Deliverable Report
-Activities Report
-Evaluation Sheet
-Support Group Detailed UOS
-Stipend Eligibility for Support Group Facilitators
-Program Report-AIDS Office
-Support Group Detailed UOS (African American Men)
-Transportation, Contract Deliverable Report
-Transportation, Monthly Audit Report

CONTRACT DELIVERABLE REPORT

GRANT NAME: Ryan White CARE Grant

FOR MONTH OF: February 1992

BAHSES
BWMT/MACT

Deliverable: Due Date:	Original Number: Due:	Completed in This Month:	Total Completed to date:	Deliverables Outstanding
Support Groups	10	00	07	03
African-American Men	100	00	29	71
UOS_African-American Men	2,625	48	448	2,177

SUBMITTED BY: M. B. for L. Denson **DATE:** 3/13/92 **CODE:** 91-02

FORM: 222035/416040 5/91

BAHSES BWMT/MACT ACTIVITIES REPORT

ACTIVITIES: Detailed Units of Service **DATE OF EVENT:** February 1992

- ☐ **WORKSHOPS** (Type, Target Audience)
- ☐ **TRAINING** (What Kind -HHH, Facilitators, Survey, Other)
- ☐ **SPEAKING ENGAGEMENT** (For What Group)
- ☐ **PANEL DISCUSSION** (Sponsored by Who)
- ☐ **INFORMATIONAL BOOTH** (Event)
- ☐ **PLANNING MEETING** (For What Activity)
- ☐ **PARTNERSHIP BUILDING** (With What Groups)
- ☐ **CHAPTER MEETING** (With What Committee or Group)
- ☐ **SUPPORT GROUP MEETING**

SUMMARY:

POPULATION SERVED:

	Gay Men	Men	Lesbian	Women	TS/TV	Unknown	Total
Asian/Pacific Islanders							
African American	12						12
Native American							
Latino	3						3
European American	4						4
Other							
Total	19						19

STAFF:

Coordinator: _____ Reviewer: _____

Facilitators: _____

LOCATION: _____ **DATE:** February 13, 1992

SUBMITTED BY: M. B. for L. Denson

Form: 531040/0 01/91 DIST: EdUCATION - SUPPORT - PARTNERSHIP - NTFAP - FILE

EVALUATION\COMMENT SHEET

SPEAKER(S)/FACILITATOR PERFORMANCE EVALUATION

NAME:

NAME:

NAME:

COMMENTS: 2/92

Project Expense Budget

Total Available	Billed This Month	Billed To Date	Total Remaining
$7500	$165	$1770	$5730

Support Group Deatailed Units of Service

	# of men		# of Groups		# of Weeks		# of Hours		Total Units of Service	
Tues	4	x	1	x	1	x	2	=	8	
	4	x	1	x	1	x	2	=	8	
	4	x	1	x	1	x	2	=	8	
									24	24
Wed	3	x	1	x	1	x	2	=	6	
Wed	3	x	1	x	1	x	2	=	6	
									12	12
Sat	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
									24	24
										60

CARE!

Support Group Facilitators
Stipend Eligibility
Jan/Feb 1992 **

NAME of FACILITATOR	Number of Groups	Amount Received
1. Michael Foo	4 (2 in Feb)	$60
2. Bruce Menapace	5 (3 in Feb)	$75
3. Carlton Jiggets	6 (2 in Feb)	$90
4. Mike Brunetti	6 (2 in Feb)	$90
5. Joseph Hanrahan	6 (2 in Feb)	$90
	TOTAL AMOUNT	$405

** For processing purposes, stipend was submitted for two months; however, see numbers next to number of groups for February figures.

CARE!

441175

PROGRAM REPORT

TO: San Francisco Department of Health
AIDS Office
25 Van Ness Ave., 5th Floor
San Francisco, CA 94102

Attn.: Contracts Office

FR: BAHSES (Bay Area HIV Support & Education Services)
625 O'Farrell St.
San Francisco, CA 94109

Contract Number: 83-07091 FY: 1991-92

Period Covered: 2/1/92 - 2/29/92

The following is a report on all services associated with the provision of early intervention and HIV treatment advocacy.

DELIVERABLES	PROJECTED FOR YEAR	PROVIDED THIS MONTH	PROVIDED YEAR TO DATE
Support Groups	10	0	7
African American Men	100	0	29
Support Groups Hours	2,625	48	448

I certify that the information provided above is, to the best of my knowledge, complete and accurate. Full justificaiton and backup for these claims is on file in our office.

Lee Y. Woo
Executive Director

Date:_____

Support Group Deatailed Units of Service for African American Men

February, 1992

	# of men		# of Groups		# of Weeks		# of Hours		Total Units of Service	
Tues	3	x	1	x	1	x	2	=	6	
	2	x	1	x	1	x	2	=	4	
	3	x	1	x	1	x	2	=	6	
									16	16
Wed	2	x	1	x	1	x	2	=	4	
	2	x	1	x	1	x	2	=	4	
									8	8
Sat	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
									24	24
										48

CONTRACT DELIVERABLE REPORT

GRANT NAME: Ryan White CARE Supplemental Grant

FOR MONTH OF: February, 1992

BAHSES BWMT/MACT

Deliverable: Due Date:	Original Number: Due:	Completed in This Month:	Total Completed to date:	Deliverables Outstanding
One Way Bus Trips	4118	65	73	4037
One Way Taxi Trips	214	4	73	141

SUBMITTED BY: MB for L. Denson DATE: 3/13/92 CODE: 91-03

FORM: 222035/416040 5/91

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 *	$72.25	$60.00	$55.25	$30.00	0	$30.00
BAHSES			0	0		
Totals						$30.00

Comments

* EACH reports having lost 17 tokens in the office and/or are unaccounted for.

February, 1992

513100/04T

DETAILED ACTIVITIES OF SUPPORT SERVICES COORDINATOR

FOR

FEBRUARY 1992

2/1,2	EMOTIONAL SUPPORT GROUP FACILITATORS TRAINING W/A.H.P. @ U.C.S.F.
2/3	FESTIVAL AT THE LAKE SEMINAR, OAKLAND
2/5	MEETING - DORIS PARNELL, AIDS PROJECT OF THE EAST BAY (TRANSPORTATION)
2/6	MEETING - VICTORIA, AIDS INDIGENT DIRECT SERVICES (TRANSPORTATION)
2/7	MEETING - ANNA, GLIDE CHURCH (TRANSPORTATION)
2/8	SEMINAR - ALPHA PHI ALPHA FRATERNITY & B.V.H.P. @ U.C.S.F.
2/10	SEMINAR - MIKLIX-M&C, CLINICAL PRACTICE FOR HIV+ @ HOLIDAY INN
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	SWAT HIT - PENDULUM ANNIVERSARY PARTY

OTHER ACTIVITIES:

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CONDUCTED TRANSPORTATION SESSIONS AT C.B.O.'s
COLLECTED DATA FOR PRACTICAL SUPPORT PACKETS

Lawrence L. Denson

LAWRENCE L. DENSON
PROGRAM COORDINATOR
SUPPORT SERVICES

523040

Support Services Detailed Activity Report
for
January 1992

1/2	1:00	Went to Fort Miley VA Hospital to get information on emotional support services.
	4:00	Visited Black Coalition on AIDS for facility tour & briefing.
1/5	6:00	Attended BMX's Development Committee meeting.
1/7	9:30	Intake - one AAM for emotion support group.
	11:00	Meeting - Bayview Hunter's Point - Angela M. Davis
1/8	4:00	Banquet - Catholic Charities HIV dinner
1/10	8:00	Attended Black Men's Exchange general meeting
1/11	11:00	Volunteer Orientation
1/13	5:00	Intake - one EAM volunteer for ESG facilitator.
1/14	10:00	Agency briefing- Jerry Logan from BVHP.
1/17	9:30	HIV Frontline Forum - Westin St. Frances - SF
1/21	2:00	Training - Transportation services - K.G.B.
1/22	10:00	EACH staff meeting.
1/23	9:00	CARE Grant negotiation - AIDS office - Michelle Durrah.
	5:30	Intake - one EAM for emotional support group.
	6:30	Meeting - Emotional Support Group facilitators.
1/28	2:00	Meeting - BAHSES staff.
1/30	6:30	Emotional Support Group graduation ceremony.
1/31	10:00	Agency visit - AIDS Indigent Direct Services - Mike Freeman
	7:00	Training - ESG facilitator - 1855 Folsom st. (1/31-2/2).

Other Activities:

Submitted budgets for Formula & Practical Spt. CARE funds.

Picked up disability packets from B.A.R.T.

Mailed introduction letters to HIV/AIDS agencies.

Lawrence L. Denson
Program Coordinator/Support Services

Detailed Activity Report for
Project Director & Coordinator
Support Services

January, 1992

1/10 o Attended meeting of Black Men's Exchange (33 members present)

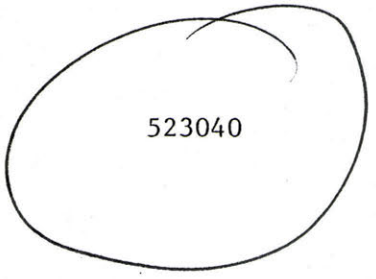
1/13 o Attended HIV Frontline Forum

1/31 o Collaborative training with AIDS Health Project (UCSF) for emotional support group facilitators. 24 people collaboratively trained.

1/31 o Toured A.I.D.S. Offices.

Attachments include:

- o Support Services Detailed Activity Report
- o Contract Deliverable Report
- o Activities Report
- o Evaluation Sheet
- o Support Group Detailed Units of Service (UOS)
- o Stipend Eligibility for Support Group Facilitators
- o Program Report - AIDS Office
- o Support Group Detailed UOS (African-American Men)
- o Transportation, Contract Deliverable Report
- o Transportation, Monthly Audit Report



Support Services Detailed Activity Report
for
January 1992

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	11:00	Meeting - Bayview Hunter's Point - Angela M. Davis
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1/10	8:00	Attended Black Men's Exchange general meeting
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1/21	2:00	Training - Transportation services - K.G.B.
1/22	10:00	EACH staff meeting.
1/23	9:00	CARE Grant negotiation - AIDS office - Michelle Durrah.
	5:30	Intake - one EAM for emotional support group.
	6:30	Meeting - Emotional Support Group facilitators.
1/28	2:00	Meeting - BAHSES staff.
1/30	6:30	Emotional Support Group graduation ceremony.
1/31	10:00	Agency visit - AIDS Indigent Direct Services - Mike Freeman
	7:00	Training - ESG facilitator - 1855 Folsom st. (1/31-2/2).

Other Activities:

Submitted budgets for Formula & Practical Spt. CARE funds.

Picked up disability packets from B.A.R.T.

Mailed introduction letters to HIV/AIDS agencies.

Lawrence L. Denson
Program Coordinator/Support Services

523040

CONTRACT DELIVERABLE REPORT

GRANT NAME: Ryan White CARE Grant

FOR MONTH OF: January, 1992

BAHSES
BWMT/MACT

Deliverable: Due Date:	Original Number: Due:	Completed in This Month:	Total Completed to date:	Deliverables Outstanding
Support Groups	10	0	7	3
African-American Men	100	0	29	71
UOS - African-American Men	2625	44	400	2225

SUBMITTED BY: MR for L. Denson **DATE:** 3/13/92 **CODE:** 91-02

FORM: 222035/416040 5/91

BAHSES BWMT/MACT ACTIVITIES REPORT

ACTIVITIES: Detailed Units of Service **DATE OF EVENT:** January, 1992

- ☐ **WORKSHOPS** (Type, Target Audience)
- ☐ **TRAINING** (What Kind -HHH, Facilitators, Survey, Other)
- ☐ **SPEAKING ENGAGEMENT** (For What Group)
- ☐ **PANEL DISCUSSION** (Sponsored by Who)
- ☐ **INFORMATIONAL BOOTH** (Event)
- ☐ **PLANNING MEETING** (For What Activity)
- ☐ **PARTNERSHIP BUILDING** (With What Groups)
- ☐ **CHAPTER MEETING** (With What Committee or Group)
- ☐ **SUPPORT GROUP MEETING**

SUMMARY:

POPULATION SERVED:

	Gay Men	Men	Lesbian	Women	TS/TV	Unknown	Total
Asian/Pacific Islanders							
African American	10						10
Native American							
Latino							
European American	3						3
Other							
Total	13						13

STAFF:

Coordinator: _____ Reviewer: _____

Facilitators: _____

LOCATION: _____ **DATE:** _____

SUBMITTED BY: MB for L. Denson/Support Services 3/13/92

Form: 531040/0 01/91 DIST: EdUCATION - SUPPORT - PARTNERSHIP - NTFAP - FILE

EVALUATION\COMMENT SHEET

SPEAKER(S)/FACILITATOR PERFORMANCE EVALUATION

NAME:

NAME:

NAME:

COMMENTS: January, 1992

Project Expense Budget

Total Available	Billed This Month	Billed To Date	Total Remaining
$7500	$240	$1605	$5895

Support Group Deatailed Units of Service

	# of men		# of Groups		# of Weeks		# of Hours		Total Units of Service	
Tues	2	x	1	x	1	x	2	=	4	
	1	x	1	x	1	x	2	=	2	
	1	x	1	x	1	x	2	=	2	
	1	x	1	x	1	x	2	=	2	
									10	10
Weds	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
									24	24
Sat	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
									18	18
										52

CARE!

Support Group Facilitators
Stipend Eligibility
Jan/Feb 1992 **

NAME of FACILITATOR	Number of Groups	Amount Received
1. Michael Foo	4 (2 in Jan)	$60
2. Bruce Menapace	5 (2 in Jan)	$75
3. Carlton Jiggets	6 (4 in Jan)	$90
4. Mike Brunetti	6 (4 in Jan)	$90
5. Joseph Hanrahan	6 (4 in Jan)	$90
	TOTAL AMOUNT	$405

**Stipend for January is recorded next to total number of groups since fees for January and February were billed together

CARE!

441175

PROGRAM REPORT

TO: San Francisco Department of Health
AIDS Office
25 Van Ness Ave., 5th Floor
San Francisco, CA 94102

Attn.: Contracts Office

FR: BAHSES (Bay Area HIV Support & Education Services)
625 O'Farrell St.
San Francisco, CA 94109

Contract Number: 83-07091 FY: 1991-92

Period Covered: 1/1/92 - 1/31/92

The following is a report on all services associated with the provision of early intervention and HIV treatment advocacy.

DELIVERABLES	PROJECTED FOR YEAR	PROVIDED THIS MONTH	PROVIDED YEAR TO DATE
Support Groups	10	0	7
African American Men	100	0	29
Support Groups Hours	2,625	44	400

I certify that the information provided above is, to the best of my knowledge, complete and accurate. Full justificaiton and backup for these claims is on file in our office.

Lee Y. Woo
Executive Director

Date:_____

Support Group Deatailed Units of Service for African American Men

January, 1992

	# of men		# of Groups		# of Weeks		# of Hours		Total Units of Service	
Tues	1	x	1	x	1	x	2	=	2	
	1	x	1	x	1	x	2	=	2	
									4	4
Weds	2	x	1	x	1	x	2	=	4	
	2	x	1	x	1	x	2	=	4	
	2	x	1	x	1	x	2	=	4	
	2	x	1	x	1	x	2	=	4	
									16	16
Sat	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
	3	x	1	x	1	x	2	=	6	
									24	24
										44

CONTRACT DELIVERABLE REPORT

GRANT NAME: Ryan White CARE Supplemental Grant

FOR MONTH OF: January, 1992

BAHSES BWMT/MACT

Deliverable: Due Date:	Original Number: Due:	Completed in This Month:	Total Completed to date:	Deliverables Outstanding
One Way Bus Trips	4118	0	8	4110
One Way Taxi Trips	214	22	69	145

SUBMITTED BY: MB for L. Denson **DATE:** 3/13/92 **CODE:** 91-03

FORM: 222035/416040 5/91

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		$120.00		$120.00		
BAHSES		$30.00		$30.00		
Totals		$150.00		$150.00		

Comments

January, 1992

513100/04T

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

January 26, 1993

Michelle Long-Dixon, Program Manager
Department of Public Health - AIDS Office
25 Van Ness Avenue, 5th Floor
San Francisco, CA 94012

Dear Michelle:

This correspondence is a response to our telephone conversation of yesterday. It outlines our plan of evaluation for psychosocial support services, communicates what we have done to date and provides a timeline for evaluations during the contract year.

Plan

Beginning February 1, 1993, *all* current groups will be asked to evaluate the program regardless of their status in the Module structure. It is perceived we will have a current baseline of information from which to build upon later. Evaluations of groups in Modules I and II will be done by February 26, 1993. A written report of the evaluations will be made and submitted with our quarterly report on April 1, 1993.

Hereafter, we will continue to evaluate the Module(s) on schedule. To re-iterate, the evaluation schedule is after Module I (10 weeks) and again after Module II (15 weeks). All evaluations will be written up and submitted in quarterly reports to the AIDS Office.

Also in this packet, I am including:

- o Module Overview
- o New outlines for the weekly topics of Modules I and II which were completed after November 11, 1992.
- o Module descriptions
- o Weekly Module format
- o Module III outline which was reviewed on January 8, 1993 in preparation for the Facilitator's meeting of January 25, 1993. We have set a date of February 26, 1993 for Module III topics to be in place and information about Module III will be submitted to the AIDS Office then.

Module III will be evaluated on a quarterly basis, since it is an on-going support system/group and is not generally facilitated by BAHSES staff. (The agency remains a resource for Module III participants, however.) Evaluations for Module III will be gathered and reported to the AIDS Office during the quarterly reporting system.

I hope the above and attached information clarifies any questions about program evaluation you have. If not or if you have further questions, please call me. Thanks for your continued patience.

Sincerely,

Mike Brunetti

Mike Brunetti
Program Director -
Support Services

222005/523040/523050
Enclosures

HIV SUPPORT GROUP PROGRAM

"HIV is a Manageable Disease"

Developed by

BAY AREA HIV SUPPORT AND EDUCATION SERVICES

513050.02
Version II 11/16/92

HIV SUPPORT PROGRAM
"HIV is a Manageable Disease"
Developed by

BAY AREA HIV SUPPORT AND EDUCATION SERVICES

PROGRAM PURPOSE:

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

ROUNDTABLE DISCUSSIONS:

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

BUDDY DIRECTORY SYSTEM:

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

Support group facilitators are not the main component of the Buddy Directory System (BDS). The BDS is for the group members. The group members make a decision to start a directory of each others telephone numbers, and distribute them amongst themselves. During times when the support group members need to talk to someone, their support buddies will be the immediate contact person(s). In the event a group member is not able to contact the above individuals, the support group facilitator should be contacted.

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

MODULE I

The goals of Module One are to build trust, bonding, and support between members. Support group members are asked to examine their feelings about HIV and being seropositive, look at past and present accomplishments, decide on future accomplishments, and form personal support systems.

MODULE II

The goals of module II are to empower group members to take responsibility for daily living. Support group members will focus on personal goals and planning, legal and treatment options, relationships and lifestyle changes

SESSION I. - Support Group 201

Support Group Meeting Format

Each group meeting should last the same length of time: 1 1/2 hours. Each meeting should start exactly on time, and end right on time.
SESSION I. - Support Group 201

••••••••••••••

Format for each meeting

1. Read as a group, the expectations for the meetings and member behavior. Pass around the Phone List. Brief announcements (up to one minute per announcement).
2. Brief mention of any absent group members, including any information about their absence.
3. Check-in (2-3 minutes for each group member).
4. Post-check-in: Any comments or reactions to things mentioned in the check-in.
5. Discussion of topics of interest or concern to the group. (60 minutes)
6. Wrap-up: Feedback about the meeting (final 10 minutes).

Module 1 Overview
Week 1

TITLE: Getting together.

Section 1. Expectations, Program Overview and Outline

Orientation:

- Pass out handouts to be read: (Purpose of Module One, Expectations, format, facilitator responsiblilies).
- Introduce yourself and co-Facilitator
- Answer questions, if any, about the above mentioned handouts.
- Have everyone in the group introduce themselves and share some background.

Module Overview and Outline:

- Explain 5th week activity is decided by group (it is not mandatory. A roundtable group can be done in its place.)
- Explain the Buddy Directory Support System. Ask group if they want a phone sign-in sheet. If so, start one.

Section 2. Administrative and Housekeeping Information

- Ask if everyone has completed a Consent to Participate. If not please do so now.
- Ask if everyone has completed a Client Intake form. If not have them do so.

Section 3. Roundtable discussion

-What are my needs and expectations of a support group

Section 4. Wrap Up

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

Week 2

TITLE: Living with the infection

Section 1. Introduction:

- Pass out handouts to be read (Purpose of Module One, Expectations,format, facilitator responsiblilies).
- Check-in

Section 2. Roundtable discussion

- How do I feel about living with HIV?

Section 3. Wrap Up

Week 3

TITLE: Personal Belief Systems

Section 1. Announcements and Check-in

Section 2. Roundtable discussion

- How has HIV made me feel about myself?

- Self Image/How do I see myself
- How you feel others look at you

Section 3. Wrap Up

Week 4

TITLE: Surfacing emotions about HIV

Section 1. Announcements and Check-in

Section 2. Roundtable discussion

- What emotions surface when you think about your HIV status?

(Preparatory list for facilitator: Check all that come up and write down those emotions mentioned that are not on the list.)

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

Section 3. Wrap Up - discuss week 5 options (see below).

Week 5

Section 1. Activity/Social Week, continuation of Week 4 Roundtable or take the week off. Group decides in week 4.

Week 6

TITLE: Motivation

Section 1. Announcements and Check

Section 2. Roundtable discussion - **What keeps me going ?**

Section 3. Wrap Up

Note: The Bay Area HIV Support and Education Services S.W.A.T. (Sex With A Twist) Playshop can be used as an educational tool should group decide it would benefit from the presentation/ information (Held on week 9).

Week 7

TITLE: Life changes with HIV

Section 1. Announcements and Check-in

Section 2. Roundtable discussion

- What I enjoyed doing before HIV.

- What HIV has brought to my life.
- Difficulties in the changes/letting go.

Section 3. Wrap Up

Week 8

TITLE: Looking Forward

Section 1. Announcements and Check-in

Section 2. Support group structure

- Plan for a 10th week activity/regular meeting
- Does group wish to continue to Module Two
- Stay together/adding new members continue to use the Buddy Phone Directory

Section 3. Roundtable discussion

-Look back on ones accomplishments and direction with HIV.

- Make a list of what one wants to accomplish now and in the future.

Section 4. Wrap Up

Week 9

TITLE: Complimentary Therapy or S.W.A.T. Workshop (as decided by group)

Section 1. Therapies

- Accupucture & Meditation
- Holistic Medicine
- Herbs & Vitamins

Section 2. How to keep healthy

Section 3. Wrap Up

Week 10

TITLE: Closure (Pot Luck)

Section 1. Review accomplishments and achievements

- Where was I, where am I?

Section 2. Roundtable discussion

- How do I feel about myself now?

- Have I learned anything about my feelings and how to deal with them?
- Evaluation of the 10 week program (what have I gained)

Section 3. Wrap Up

MODULE II OVERVIEW

SESSION I. - Support Group 201

Week 1

TITLE: Taking Inventory

Section 1. Review Handouts

Section 2. Announcements & Check In

Section 3. Distribute & complete "Self Analysis Profile" (Appendix F)

Section 4. Roundtable discussion - "Self Analysis Profile"(SAP) - Using the SAP, the discussion should focus on questions like Where am I now? Where would I like to be?

Section 5. Wrap up

SESSION II. - Support Group 202/Social Impact

Week 2

TITLE: Relationships.

Section 1. Announcements & Check In

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

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

Section 4. Wrap up

Week 3

TITLE: Family/Extended Family

Section 1. Announcements & Check In

Section 2. Roundtable discussion - (This discussion should focus on how family/ extended family on the RC support the member's action plan emotion ally, spiritually, physically, and socially. It should also look at how the people on the chart cause or relieve stress. Trust and disclosure issues surrounding HIV).

Section 3. Wrap up

Week 4

TITLE: Personal/Social/Sexual Relationships (friends, acquaintances partners)

Section 1. Announcements & Check In

Section 2. Roundtable discussion - (This discussion should focus on how personal/social & sexual relationships support the members action plan emotionally, spiritually, physically, and socially. It should also look at how personal/social relationships cause or relieve stress. Trust and disclosure issues surrounding HIV). Also how have my relationships changed with some of these people.

Section 3. Wrap up - Discuss week 6 options

Week 5

TITLE: Wants and Needs.

Section 1. Announcements & Check In

Section 2. Roundtable Discussion - What I want from my relationships. What I need from my relationships. How I achieve it.

Section 3. Wrap up

Week 6

TITLE: Social event/ Activity , continuation of relationships sessions or week-off. Group decides in week 5.

SESSION II. - Support Group 203/Technical Information

Week 7

TITLE: Treatment Information

Section 1. Announcements & Check In

Section 2. Q & A on medical treatments and alternatives. (This session should work in conjunction with Treatment Inservices held throughout the module.)

Section 3. Wrap up

Week 8

TITLE: Future Planning.

Section 1. Announcements & Check In

Section 2. Roundtable discussion - What are my priorities?, What are my needs?, What are my resources? Complete Priorities Worksheet - future goals. (PW/Appendix H).(This discussion should cover the following areas: Priorities: Things of importance in my life. Goals: Completion of certain things in life. Needs: What I need to feel whole. Resources: What I see available to help me meet my objectives).

Section 3. Wrap up - Use worksheet to create an interim life plan and be prepared to talk about it at a later time.

Week 9

TITLE: Legal Affairs

Section 1. Announcements & Check In

Section 2. Q & A on legal matters, rights, responsibilities, wills, power of attorney. (This session should work in conjunction with Legal Inservices held throughout the module.)

Section 3. Wrap up

Week 10

TITLE: Lifestyle Choices and Keepsakes

Section 1. Announcements & Check In

Section 2. Roundtable discussion - What items, activities and habits I had, still have and/or have started. Preparatory list for facilitator: Check all that come up and write down those habits/items/activities mentioned that do not appear on the list.

- Diet
- Vitamins
- Accupunture
- Stress
- Substance Abuse
- Exercise
- Cigarettes

Section 3. Wrap up

Week 11

TITLE: Long Term Survival

Section 1. Announcements & Check In

Section 2. Q & A with outside guest on long term survival and ways to enjoy a more fulfilled life handle it.

Section 3. Wrap up

Week 12

TITLE: Getting in Touch (Outside Guest)

Section 1. Announcements & Check In

Section 2. Exercise: Non-sexual touching of self and others, mutual massage, visualization and affirmations. (Group members volunteer to be worked on or sit back and learn.)

Section 3. Wrap up

Week 13

TITLE: Normal Nutrition?

Section 1. Announcements & Check In

Section 2. Q & A on Nutrition and HIV. (This session should work in conjunction with Nutrition Inservices held throughout the module.)

Section 3.
- Plan for a 15th week Potluck Social or Group Activity
- Does group wish to continue to Module Three
- Stay together/adding new mem bers continue using the Buddy Phone Directory

Section 4. Wrap up

SESSION IV - Support Group 204

Week 14

TITLE: Looking Back?

Section 1. Announcements & Check In

Section 2. Roundtable discussion - Review group members life plan and the changes made over the last 14 weeks. Also distribute and complete the SAP again and compare the 1st one to the last one.

Section 3. Wrap up

- Distribute program evaluation form (Appendix I)

Week 15

TITLE: Potluck Social or Group Activity

HIV SUPPORT GROUP PROGRAM

"HIV is a Manageable Disease"

Developed by

BAY AREA HIV SUPPORT AND EDUCATION SERVICES

513050.02

PROGRAM PURPOSE:

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

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

BUDDY DIRECTORY SYSTEM:

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Support group facilitators are not the main component of the Buddy Directory System (BDS). The BDS is for the group members. The group members make a decision to start a directory of each others telephone numbers, and distribute them amongst themselves. During times when the support group members need to talk to someone, their support buddies will be the immediate contact persons. In the event a group member is not able to contact the above individuals, the support group facilitator should be contacted.

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

MODULE I

Week 1

TITLE: Getting together.

Section 1. Expectations, Program Overview and Outline

Orientation:

- Pass out handouts to be read: (Purpose of Module One, Expectations, format, facilitator responsiblilies).
- Introduce yourself and co-facilitator
- Answer questions, if any, about the above mentioned handouts.
- Have everyone in the group introduce themselves and share some background.

Module Overview and Outline:

- Explain 5th week activity is decided by group (it is not mandatory. A roundtable group can be done in its place.)
- Explain the Buddy Directory Support System. Ask group if they want a phone sign-in sheet. If so, start one.

Section 2. Administrative and Housekeeping Information

- Ask if everyone has completed a Consent to Participate form, If not please have them do so.
- Ask if everyone has completed a Client Intake form. If not have them do so.

Section 3. Roundtable discussion - **What are my needs and expectations of a support group**

Section 4. Wrap Up

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

Week 2

TITLE: Living with the infection

Section 1. Introduction:
- Pass out handouts to be read (Purpose of Module One, Expectations, format, facilitator responsiblilies).
- Introduce yourself and co-Facilitator
- Check-in

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

Section 3. Wrap Up

Week 3

TITLE: Personal Belief Systems

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - **How has HIV made me feel about myself?**
- Self Image/How do I see myself
- How you feel others look at you

Section 3. Wrap Up

Week 4

TITLE: Surfacing emotions about HIV

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - **What emotions surface when you think about your HIV status?**

Preparatory list for facilitator: Check all that come up and write down those emotions mentioned that are not on the list.
- Depression
- Hate
- Confusion
- Abandonment
- Betrayal of trust and security
- Anger
- Blame
- Fear
- Loneliness
- Love

Section 3. Wrap Up - discuss week 5 options (see below)

Week 5

Section 1. Activity/social Week, continuation of Week 4 Roundtable or take the week off. Group decides in week 4.

Week 6

TITLE: Motivation

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - **What keeps me going ?**

Section 3. Wrap Up

Note: The Bay Area HIV Support and Education Services S.W.A.T. (Sex With A Twist) Playshop can be used as an educational tool should group decide it would benefit from the presentation/information(held on week 9).

Week 7

TITLE: Life changes with HIV

Section 1. Announcements and Check-in

Section 2. Roundtable discussion - **What I enjoyed doing before HIV.**
- What HIV has brought to my life.
- Difficulties in the changes/letting go.

Section 3. Wrap Up

Week 8

TITLE: Looking Forward

Section 1. Announcements and Check-in

Section 2. Support group structure
- Plan for a 10th week activity/regular meeting
- Does group wish to continue to Module Two
- Stay together/adding new members

continue to use the Buddy Phone Directory

Section 3. Roundtable discussion -**Look back on one's accomplishments and direction before HIV.**
- Make a list of what one wants to accomplish now and in the future.

Section 4. Wrap Up

Week 9

TITLE: Complimentary Therapy or S.W.A.T. Workshop (as decided by group)

Section 1.
- Accupucture & Meditation
- Holistic Medicine
- Herbs & Vitamins

Section 2. How to keep healthy

Section 3. Wrap Up

Week 10

TITLE: Closure (Pot Luck)

Section 1. Review accomplishments and achievements
- Where was I, where am I?

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

Section 3. Wrap Up (discuss outside guest for legal affairs)

MODULE II

MODULE II. Support Group 200

The goals of module II are to empower group members to take responsibility for daily living. Support group members will focus on personal goals and planning, legal and treatment options, relationships and lifestyle changes

SESSION I. - Support Group 201

Week 1

TITLE: Taking Inventory

Section 1. Review Handouts

Section 2. Announcements & Check In

Section 3. Distribute & complete "Self Analysis Profile" (Appendix F)

Section 4. Roundtable discussion - "Self Analysis Profile"(SAP) - Using the SAP, the discussion should focus on questions like Where am I now? Where would I like to be?

Section 5. Wrap up

SESSION II. - Support Group 202/Social Impact

Week 2

TITLE: Relationships.

Section 1. Announcements & Check In

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

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

Section 4. Wrap up

Week 3

TITLE: Family/Extended Family

Section 1. Announcements & Check In

Section 2. Roundtable discussion - (This discussion should focus on how family/extended family on the RC support the member's action plan emotionally, spiritually, physically, and socially. It should also look at how the people on the chart cause or relieve stress. Trust and disclosure issues surrounding HIV).

Section 3. Wrap up

Week 4

TITLE: Personal/Social/Sexual Relationships (friends, acquaintances partners)

Section 1. Announcements & Check In

Section 2. Roundtable discussion - (This discussion should focus on how personal/social & sexual relationships support the members action plan emotionally, spiritually, physically, and socially. It should also look at how personal/social relationships cause or relieve stress. Trust and disclosure issues surrounding HIV). Also how have my relationships changed with some of these people.

Section 3. Wrap up - Discuss week 6 options

Week 5

TITLE: Wants and Needs.

Section 1. Announcements & Check In

Section 2. Roundtable Discussion - What I want from my relationships. What I need from my relationships. How I achieve it.

Section 3. Wrap up

Week 6

TITLE: Social event/ Activity , continuation of relationships sessions or week-off. Group decides in week 5.

SESSION II. - Support Group 203/Technical Information

Week 7

TITLE: Treatment Information

Section 1. Announcements & Check In

Section 2. Q & A on medical treatments and alternatives. (This session should work in conjunction with Treatment Inservices held throughout the module.)

Section 3. Wrap up

Week 8

TITLE: Future Planning.

Section 1. Announcements & Check In

Section 2. Roundtable discussion - What are my priorities?, What are my needs?, What are my resources? Complete Priorities Worksheet - future goals. (PW/Appendix H)
(This discussion should cover the following areas:
Priorities: Things of importance in my life.
Goals: Completion of certain things in life.
Needs: What I need to feel whole.
Resources: What I see available to help me meet my objectives).

Section 3. Wrap up - Use worksheet to create an interim life plan and be prepared to talk about it at a later time.

Week 9

TITLE: Legal Affairs

Section 1. Announcements & Check In

Section 2. Q & A on legal matters, rights, responsibilities, wills, power of attorney. (This session should work in conjunction with Legal Inservices held throughout the module.)

Section 3. Wrap up

Week 10

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Section 1. Announcements & Check In

Section 2. Roundtable discussion - What items, activities and habits I had, still have and/or have started. Preparatory list for facilitator: Check all that come up and write down those habits/items/activities mentioned that do not appear on the list.

- Diet
- Vitamins
- Accupunture
- Stress
- Substance Abuse
- Exercise
- Cigarettes

Section 3. Wrap up

Week 11

TITLE: Long Term Survival

Section 1. Announcements & Check In

Section 2. Q & A with outside guest on long term survival and ways to enjoy a more fulfilled life handle it.

Section 3. Wrap up

Week 12

TITLE: Getting in Touch (Outside Guest)

Section 1. Announcements & Check In

Section 2. Exercise: Non-sexual touching of self and others, mutual massage, visualization and affirmations. (Group members volunteer to be worked on or sit back and learn.)

Section 3. Wrap up

Week 13

TITLE: Normal Nutrition?

Section 1. Announcements & Check In

Section 2. Q & A on Nutrition and HIV. (This session should work in conjunction with Nutrition Inservices held throughout the module.)

Section 3.
- Plan for a 15th week Potluck Social or Group Activity
- Does group wish to continue to Module Three
- Stay together/adding new members continue using the Buddy Phone Directory

Section 4. Wrap up

SESSION IV - Support Group 204

Week 14

TITLE: Looking Back?

Section 1. Announcements & Check In

Section 2. Roundtable discussion - Review group members life plan and the changes made over the last 14 weeks. Also distribute and complete the SAP again and compare the 1st one to the last one.

Section 3. Wrap up

- Distribute program evaluation form (Appendix I)

Week 15

TITLE: Potluck Social or Group Activity

Initial Meeting for Module III
(Onward Positively) Long Term Survival*

A. Continuing group

1. meets weekly
2. Possibly high absenteeism - due to illness
3. more utilization of phone lists -
   a. both clinical supervisor and peer facilitators should appear on the listing
4. Check in issues to be used as Roundtable Discussion for group
   a. Key issue points in outline form to be used by facilitators
5. Time for meeting
   a. Suggested 5:00 - 6:30 PM
   b. after Dx appt. and before it gets too dark(late)

B. Basic Topic Subjects and Reasons for this type of group

1. What do you think keeps you going? (Attitude, treatment, extent of care)
2. Care giver mentality (your support structures, wanted and unwanted)
3. Long-term medicine use
4. People and energy (who gets less or more attention)
   a. (the how are you going-ERs)
5. Role of family (both Choice & Chance)
   a. Family coming to you vs. you going to family
6. abandonment (i.e. partners death)
   a. What happens in a relationship when both partners are infected
   b. fear of intimacy - moving on
7. Sharing referrals
   a. meds - treatments
   b. diet - food
   c. hope and ability - what you do for you

*Discussion about specifics to be done at Facilitators Meeting

BAHSES
SUPPORT GROUP
EVALUATION FORM

(Please read and answer each statement either yes or no)

1. I had a support system before this support group. Y [ ] N [ ]

   What kind?_____ From whom?_____

2. The goals, directions and expectations were clear and followed? Y [ ] N [ ]

3. Were cultural bounderies acknowledged and ho nored? Y [ ] N [ ]

4. Do you feel your confidentiality was respected? Y [ ] N [ ]

5. I feel better about myself. Y [ ] N [ ]

   Why?_____

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

1. The meetings stayed "on track". 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

2. The Buddy Support System worked for me. 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

3. The facilitators provided good leadership. 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

4. The 5th week activity outing is important. 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

5. My issues were discussed. 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

   How?_____

6. My attitude about being HIV positive changed.
   1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

7. The facilitators were prepared and knowledgeable.
   1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

8. The support group improved the quality of my life.
   1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

9. The support group helped me to set goals and future directions.
   1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

10. The pot luck is a good way to end the support group.
    1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

M1 [ ] M2 [ ] M3 (once quarterly) [ ]

(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?
