

## **AIDS HEALTH PROJECT ADMINISTRATIVE POLICIES AND PROCEDURES**

### **MISSION STATEMENT OF THE AIDS HEALTH PROJECT**

The mission of the AIDS Health Project is to develop and provide culturally sensitive HIV disease prevention, education, and mental health services to those at risk for HIV infection and those with HIV disease; to train mental health, substance abuse, and other health and human service providers concerning the psychosocial aspects of the epidemic; and, to advocate for those affected by HIV.

## **GAY CLIENTS' BILL OF RIGHTS**

Gay clients, like other mental health service clients, shall receive services in an atmosphere of dignity and respect. Gay clients shall not be subjected to homophobic behavior in any service of AIDS Health Project.

Gay Clients have full freedom of choice to request a therapist who is sensitive to and knowledgeable about Gay lifestyles.

Gay clients have full freedom of choice to request a Gay-identified therapist.

When a positive working relationship cannot be developed because of conflicts regarding the client's sex preferences and lifestyle, clients have the right to request referral; and staff persons the responsibility to refer the client to an appropriate therapist.

Confidentiality is a basic principle in mental health care for all clients, "non-Gay" or "Gay," and is enforceable by law. Under no circumstances will any information regarding the sexual preference of a client be divulged to any person, organization, or agency without the explicit written informed consent of the client. (6/14/85)



## **PATIENTS' RIGHTS (6/14/85)**

As a patient you have the right to:

1. Prompt, confidential and respectful care by a therapist whose name, title, education, and level of training you have a right to know, at a facility nearest your home.
2. Be told the therapist's view of your problems, the expected course of treatment, an estimate, where possible, of the length of treatment, and any side effects which could result from the treatment.
3. Know what your fee will be and how you will be billed, and that inability to pay will not bar treatment.
4. Ask for a different therapist after discussing that request with your therapist and subject to the judgment of the Director.
5. Be certain that your therapist, if a trainee or non-professional, is under the direct supervision of a professional.
6. Refuse treatment proposed or in process without losing the right to other appropriate treatment if available. This includes the right to know the consequences of not accepting any or all treatment.
7. Refuse hospitalization, except if dangerous to self or others, or if unable to provide oneself with food, clothing or shelter as a result of mental illness. In case of life-threatening behavior, staff will act to safeguard life above all other considerations.
8. Know that your medical record will be kept in a locked file not to be shared with anyone outside UCSF AIDS Health Project without your explicit authorization, unless court-ordered.
9. Refuse to take part in any research project or experimental, novel or controversial treatment method without your explicit approval after a full explanation of the research or treatment.
10. Know the organization of the treatment facility, who is in charge, who pays the staff and who represents the Citizens' Advisory Board, and to whom you can complain and present grievances if your treatment or other aspect of the facility displeased you. (You are also free to commend the services you appreciate.)
11. Be informed well in advance of expected change, transfer or resignation of therapist; and to have information about you transmitted, if you wish, to physician or therapist of your choice if you should continue or resume treatment outside of the UCSF AIDS Health Project.

As a patient you have the responsibility to:

1. Keep appointments or to cancel in advance.
2. Take medications as prescribed; medicines are not to be shared with others.
3. Pay bills and to inform your therapist of changes in financial status which would affect your fee.
4. Inform your therapist of any change in address or phone number.



## UCSF AIDS HEALTH PROJECT

From  
CAB  
Manual

### A. MISSION STATEMENT OF THE AIDS HEALTH PROJECT

The mission of the AIDS Health Project is to develop and provide culturally sensitive HIV disease prevention, education, and mental health services to those at risk for HIV infection and those with HIV disease; to train mental health, substance abuse, and other health and human service providers concerning the psychosocial aspects of the epidemic; and, to advocate for those affected by HIV.

### B. Brief General History

The AIDS Health Project (AHP) is a multi-level prevention program of the University of California, San Francisco and is now beginning its third year of operation. Initial funding was obtained from the San Francisco Department of Public Health (SFDPH) in March of 1984.

Collaboratively designed by a group of mental health professionals from the University of California and the private practice community in San Francisco, the project offers an array of high quality, innovative services to a range of individuals affected by the AIDS epidemic. The primary goals of the project are threefold:

1. To provide health promotion and AIDS prevention services to individual at-risk for AIDS, particularly among gay and bisexual men in San Francisco;
2. To provide short-term mental health services to people with AIDS and those with symptoms of HIV disease at San Francisco General Hospital (SFGH), and;
3. To translate the collective expertise of AHP service providers into trainings and educational materials for mental health professionals in the community to provide on-going quality care to the population mentioned above.

The Project began with a Prevention and Outreach Program designed to help individuals reduce their risk of infection with the agent that caused AIDS. In addition, a crisis intervention and psychiatric consultation service at Ward 86 and on the inpatient AIDS Unit, Ward 5B, at San Francisco General Hospital were part of the Project's original contract. Since that time, the Project has grown and expanded several times over and has added a number of new services (See Section E: Program Services.) as the demands of the epidemic have changed. Today, the Project provides services to over 20,000 clients per year, employs approximately ninety full and part time employees and operates under a budget of \$3.2 million annually.

### C. Involvement with AIDS

The administration and staff of the AIDS Health Project have been closely involved with AIDS for several years. The Project Director, James W. Dilley, M.D., has served as psychiatric consultant to the outpatient Kaposi's Sarcoma/AIDS Clinic (Ward 86) at SFGH since January of 1983. When Ward 5B, the inpatient AIDS unit at SFGH opened in July of 1983, Dr. Dilley participated in the training of the staff and served as the facilitator of the nursing staff support group over the next year and a half. He continues to provide psychiatric consultation at both Ward 5B and Ward 86 as needed, has published articles on the psychiatric care of



patients with AIDS, and has served on national and international advisory committees concerned with the mental health aspects of AIDS.

Other members of the staff are also very active in AIDS work on both the local and national level. The AIDS Health Project staff are generally recognized as experts in the field and are frequently sought out for consultation to other programs and participation in national conferences and other educational events.

#### **D. Organization Philosophy**

Though the AIDS Health Project is comprised of several different programs, each individual program is conceptually linked by a set of unifying principles. These principles include, first, that the concept of prevention is important in maintaining health; second, that psychological states have significant bearing on issues of health and disease; and, third, that all groups in society have the right to receive quality services that are respectful of that groups' special needs.

Each program within the AIDS Health Project is designed to work with individuals at different points along the continuum between a state of health at one end of the spectrum and the clinical disorder of AIDS at the other. Thus, the individual programs reflect different levels of prevention. For example, the Worried Well program is an example of primary prevention, i.e., services are provided to healthy individuals who are at risk in an attempt to keep them from contracting the disease. The ARC program is an example of secondary prevention in which services are provided to those who have premonitory symptoms of the disease but have not yet developed the full-blown illness. The AIDS antibody program has elements of both primary and secondary prevention as individuals with a positive test may or may not go on to develop clinical AIDS. Finally, the Mental Health Program and the AIDS and Substance Abuse Program (ASAP) are examples of tertiary prevention. (NOTE: The ASAP actually incorporates all three levels of prevention through its various activities. However, as the original impetus for its development was to provide services to People With AIDS, we have listed it as a tertiary program.) In these programs, services are provided to individuals with the illness in an attempt to prevent psychological decompensation, provide relief of current distress and, perhaps, delay disease progression.

The project, as a primary prevention effort, involves the teaching of psychological principles in approaching behavioral change. Assumptions inherent in the model include: 1) specific behavioral changes (reduction or elimination of high-risk sexual behaviors; not sharing needles, etc.) are needed to avoid risk of the disease; 2) behavioral change is a process that involves education as an important first step but is not sufficient by itself for everyone to achieve changes; 3) a behavioral change program must include the attainment of new social skills and abilities; 4) psychological support and strategies must be made available to help individuals deal with the consequent disruptions of "trying on" new behaviors, and; 5) individuals must find peer and social support for the initiation and maintenance of these new behaviors.

Throughout all of these programs is the additional principle that psychological and social factors play an important role in definitions of health and disease. The role played by these factors in an individual's susceptibility to AIDS is particularly significant as individuals may be motivated to engage in known high-risk behaviors as a consequence of emotional states. Thus, an emphasis on psychological variables becomes imperative.

The final organizing principle of the AIDS Health Project involves the belief that all individuals have the right to receive quality care. Populations at high risk for AIDS (gay and bisexual men, intravenous drug users) as well as AIDS patients themselves have been denied



access to services because of fear and ignorance. To this end, professionals who are knowledgeable about AIDS and are also sensitive to the specific needs of the groups at risk are essential to insure quality service delivery to these groups.

### **Fee Policy (Accepted by Advisory Committee 2/21/85)**

After much discussion with the AIDS Health Project staff and members of the Advisory Committee, we have developed a plan for collecting fees for AIDS Health Project Services. We plan to implement the new policy effective March 1, 1985 and it will apply primarily to the Worried Well part of the program. The choice of this date will allow us to publicize the change in policy by stating, "After one year of providing free service to the community, the AIDS Health Project is initiating a low-fee to help defray the costs of the program. No one will be denied services because of inability to pay."

While initial health consultations (intakes will remain available to individuals at no charge, those who choose to participate in an eight week group will be asked to follow the following procedure:

1. During the intake, staff will explain the fee policy and present a Recommended Fee Schedule. This form will contain a simple, graduated schedule of fees to cover the entire eight-week group (Full fee: \$40, Low fee: \$20, No fee). There will also be a designated area for donations should a client wish to make one.
2. Once the client selects a fee, he and the intake worker will both sign the form which will then be returned to the AIDS Health Project office, and placed in a bookkeeping file. The client will also be told to bring payment to the first group meeting. Only checks or money orders will be accepted and should be made out to "Regents - University of California," with checks earmarked for the "UCSF AIDS Health Project."
3. At the first group session, the leader will distribute envelopes to each member and request payment. Clients will be asked to write his/her name on the envelope, the date of the group meeting, whether a receipt is requested, and the group leader's name. The sealed envelopes will be collected by the group leader and returned to the AIDS Health Project bookkeeping file.
4. Initial funds generated by the project will be used to cover the costs of the fee collection system, i.e., a part-time bookkeeper will be hired. He/she will open the payment envelopes and send a receipt to those who requested one.
5. Although financial information is gathered from clients during intakes, the staff will be instructed not to engage in negotiations about fees. A client would therefore theoretically be free to pay no fee regardless of his/her income. Similarly, non payment of fees by clients will not become an issue or focus of the groups. Leaders will not be asked to monitor a client's compliance with his/her fee agreement.
6. All clients whose intakes occurred before March 1, 1985, will be given an opportunity to make a donation to the project at his/her first group meeting. However, no formal fee agreement will be on file with the Project.
7. All fees collected at Operation Concern will be coordinated with client O.C. collection procedures.



## **E. Current Services**

### **1. List of Programs**

The AIDS Health Project offers the following low-cost programs to all San Francisco residents, agencies and organizations. Many services are provided free with some based on sliding scale fees - no one is turned away for lack of funds. Services are offered at various locations throughout The City.

For information on any of our services, or for referrals to other agencies, please call us at (415) 476-6430, Monday-Friday, 8:30-5:00. After hours, please leave a message or call the AIDS Hotline at 863-2437 (local) and (800) 367-2437 (northern California).

#### **I. CLINICAL SERVICES**

##### **Mental Health Services for People with AIDS and ARC**

- Δ Counseling and brief psychotherapy
- Δ Crisis intervention
- Δ Psychiatric consultation
- Δ Substance abuse assessment and referral
- Δ Stress Management Drop-in Group for persons with AIDS and ARC
- Δ Couples group for people with AIDS and their partners

##### **AIDS & Substance Abuse Program**

- Δ Assessment and referral for people with AIDS and people with AIDS-related conditions with substance abuse problems
- Δ Substance abuse education for people at risk for AIDS
- Δ Consultation/training to service providers who work with people with AIDS, people with ARC, and substance users

##### **AIDS Antibody Test Result Counseling and Referral Program**

The AIDS Antibody Counseling Program provides group pre-test and individual post-test counseling and education to clients utilizing the Alternative Test Sites in San Francisco. In addition to counseling services for individuals taking the test, the program provides referral to appropriate support services such as group, individual and couple therapy.



## **I. CLINICAL SERVICES (continued)**

### **Worried Well/ARC/HIV+ Program**

- Δ Free one-hour consultation and needs assessment for people with ARC and persons with questions or concerns about their risk for AIDS (worried well, seropositive or ARC).  
Consultations with families, lovers and friends of persons with AIDS or ARC are also offered.
- Δ Drop-in educational support groups for persons with ARC.
- Δ Drop-in educational support groups for persons who have tested HIV antibody positive.
- Δ Eight-week educational support groups for persons with ARC.
- Δ Eight-week educational support groups for persons who have tested HIV antibody positive.
- Δ Eight-week educational support groups for the worried well (includes those who may have tested positive, whose antibody status is unknown or who have tested negative). Groups focus on such issues as stress management, sexuality, risk reduction and coping with the epidemic.
- Δ Groups for couples in which one (or both) partner is diagnosed with AIDS
- Δ Groups for couples in which one (or both) partner is diagnosed with ARC
- Δ Groups for women concerned about or affected by AIDS
- Δ Advanced level transitions groups for those who have been through other appropriate groups.

### **Volunteer Therapist Program**

The AIDS Health Project recruits and coordinates professional mental health volunteers who are willing to donate one to two hours per week of their professional time to people with AIDS and ARC in San Francisco who are unable to afford therapy. Monthly support meetings and quarterly trainings are provided by The Project. Clients are asked not to call directly. All referrals should be made through an AIDS service agency, health care provider or other social service agency.

## **II. TRAINING AND EDUCATION FOR HEALTH PROFESSIONALS**

The AIDS Health Project provides training and consultation for mental health professionals, health care providers and educators. Training programs emphasize all aspects of the following:

- Δ AIDS and Mental Health
- Δ AIDS and Substance Abuse
- Δ HIV Antibody Testing and Counseling
- Δ AIDS Education in Schools

### **Outreach to Third World Communities Program**

- Δ Consultation and training services to Third World Community groups
- Δ Development of culturally sensitive and relevant educational materials

### **Educational Materials and Resources**

A variety of books, training manuals, resource guides, video cassettes and reference materials are available at low cost. Please refer to our Educational Materials and Ordering Information Sheet or call us directly.



## **2. Program Descriptions**

Services provided under each of these centers will be summarized below:

### **Support Services for the Worried Well (WW) and Persons with AIDS Related Conditions (ARC).**

AHP staff will work with people who are apprehensive about their prospects of acquiring AIDS and want to identify and find support for new behaviors likely to reduce their risk. Alternatively, people diagnosed with AIDS and AIDS Related Conditions may also need similar Interventions as well as emotional support. Specific services by the staff include:

- a. brief crisis interventions;
- b. psychological and general health assessments, with particular emphasis on factors contributing to exposure to the AIDS virus and the impairment of immunity;
- c. identifying medical, social and/or educational services and referring clients to them as appropriate, and;
- d. organizing and facilitating educational support groups that focus on topics such as 1) stress reduction, 2) safe sex, and 3) health awareness.

### **Support Services for Persons with AIDS (PWAs).**

This program is housed at the AIDS/Oncology clinic at Ward 86, SFGH. Services are provided to patients and staff at the clinic and include:

- a. crisis intervention services;
- b. psychological and general health assessment;
- c. identifying mental health services and referring patients to them as appropriate (e.g. private therapy, Shanti Project, a crisis center, a depression-prevention support group, etc.);
- d. patient-centered consultation with medical staff and personnel at SFGH, Ward 86;
- e. emotional support for service providers at Ward 86;
- f. short-term therapy for those on a waiting list for psychotherapy (not to exceed three sessions per FY 85-86; see Program Plan), and;
- g. organizing and facilitating educational support groups for persons with AIDS which focus on topics such as 1) coping with illness and stress reduction and 2) health awareness.

### **AIDS and Substance Abuse Program (ASAP).**

Services provided by our staff based on Ward 92, Substance Abuse Services at SFGH, include:

- a. assessment and development of treatment plans for AIDS patients with substance abuse problems at SFGH;
- b. client-centered consultations with service providers regarding drug and alcohol concerns for persons with AIDS;
- c. support groups as needed for people with AIDS or AIDS Related Conditions who are in recovery from alcoholism/chemical dependency.

### **Educational Services for Substance Abuse Professionals**

Information is distributed through public forums, conferences, workshops, and in-service trainings with the staff of existing substance abuse agencies, to both ensure staff understanding and awareness of AIDS and to highlight the special clinical problems raised in caring for this high-risk population. Services include:

- a. public education about AIDS and substance abuse, and
- b. education to substance abuse professionals and agencies.

### **Educational Services for Mental Health Professionals (EP).**

The AIDS Health Project organizes and conduct workshops designed to train and support mental health professionals working with populations at risk for AIDS and with persons

with AIDS. Medical and nursing care providers interested in the psychosocial issues associated with the AIDS epidemic are also encouraged to attend.

In addition to workshops and seminars conducted by the AIDS Health Project staff, the project also publishes a monthly newsletter for mental health and non-physician health-care providers. This newsletter provides a review of current AIDS research condensing the latest medical and psychosocial information into language that is understandable to non-M.D. providers.

A specialized group requiring education and training is youth service providers and the project maintains a youth specialist to provide these services. Previously operating as a direct service program, the Youth and AIDS Prevention program has moved from a direct service effort to a consultation service. Consultations to youth service providers are accomplished either individually, in small groups, or via larger forums and conferences. Additionally, consultation with the San Francisco Public School District has been an important effort with the development of a well-regarded AIDS curriculum for use in public schools. The youth specialist may also make classroom presentations to illustrate the use of the AIDS curriculum.

#### **Reporting Test Results at the AIDS Antibody Alternative Test Sites**

The AIDS Health Project is under contract with the SFDPH to provide test results for individuals taking the AIDS antibody test through the Department's Alternative Test Site Program. This program hires and trains counselors to give test results at the alternative test sites. The goals of this program are: 1) to convey accurate and unbiased information about the meaning of the test in a secure, supportive environment; 2) to provide crisis intervention services to those who may emotionally decompensate on receiving their test result; 3) to provide appropriate referrals for on-going medical or psychological support; and 4) to use the reporting of results to carefully educate individuals about their risk for AIDS and how to avoid transmission of the virus for those who test positive.



**3. Center for Positive Care (An Early Intervention Resource Center)**

The Center for Positive Care (CPC) officially opened October 1, 1991, and is the newest addition to the services coordinated by the AIDS Health Project. It was founded through the auspices of the San Francisco AIDS Office, Department of Public Health "to provide one overall structure for the efficient, effective, and integrated system of early intervention services to men and women with HIV." Management of CPC is provided through the collaborative efforts of the AIDS Health Project (AHP), the California Prostitutes Education Project (CalPEP), and the National Task Force on AIDS Prevention (NTFAP). See the following attachments for an overview of its purpose, services offered, organizational chart, and a list of participating agencies.

## a. Overview

### Statement of Mission

The primary goal of the Center for Positive Care (further referred to as "CPC"), San Francisco's Early Intervention Resource Center, is to provide one overall structure for the efficient, effective and integrated system of early intervention services to men and women with HIV. The centralization of services will enable HIV+ individuals to realize that there are early intervention and care alternatives available to them, including psychosocial, emotional and educational support, free antibody testing, and linkages to other services such as primary medical care and substance abuse treatment. CPC will serve as a hub for a multitude of activities designed to facilitate inter-agency co-operation in assisting and encouraging persons with HIV to access these services and remain in the treatment system.

A secondary, but NOT lesser, goal of CPC is to reduce the rate of transmission of the HIV virus.

The target population of CPC will be men and women in the early stages of HIV disease who are under-served, including members of communities of color, gays and bisexuals, IV drug users, youth and the homeless. A significant number of the persons targeted by CPC are from racial and ethnic minority communities, do not speak English as their primary language, have less than an eighth grade education, have low incomes and lack health insurance.

CPC is a collaborative effort between fifteen San Francisco agencies organized to provide coordinated information, education, care and linkage to treatment for all persons challenged by HIV. The management of CPC will be provided by the UCSF AIDS Health Project ("AHP"), the California Prostitutes Education Project ("CALPEP") and the National Task Force on AIDS Prevention. ("NTFAP"). Services



will be provided by AIDS Benefit Counselors, AHP, AIDS Indigent Direct Services, American Indian AIDS Institute, CALPEP, Community United in Response to AIDS/SIDA, Early Advocacy and Care for HIV, 18TH Street Services, Filipino Task Force on AIDS, Glide-Goodlet AIDS Project, Haight-Ashbury Free Clinic, NTFAP, Perinatal HIV Reduction & Education Demonstration Activity, Project AHEAD/Special Programs for Youth and the San Francisco AIDS Foundation.

Funding is provided in part by the San Francisco Department of Health-AIDS Office.

All CPC administrators and service providers pledge themselves to making the Center an emotionally and physically *SAFE PLACE* where all individuals are able to easily access quality HIV services and educational information. No persons will be denied service or made to feel unwelcome because of race, creed, color, national origin, ethnic identification, gender, sexual orientation, age, marital status, perceived disability, HIV status, AIDS diagnosis, economic status, homelessness, education level, literacy level, primary language, immigration status, or past or current substance use.

All persons presenting themselves for services at CPC will be treated in a manner that is respectful, dignified and professional.



# CENTER FOR POSITIVE CARE

An HIV Early Intervention Resource Center

## AVAILABLE SERVICES

Anonymous HIV Testing Services

Basic HIV Information and Referral Services

Brief Client Intake and Assessment Sessions to Determine Client Needs and Appropriate Referral

Case Management to Ensure Stabilized Treatment/Care Plan & Continuity in Services Delivery

Child Care Arranged

Client Advocacy

Clinical Trials Information and Workshops

Crisis Intervention

Early Intervention Seminars: Psychosocial Issues Related to HIV and Early Intervention, Early Intervention and the Continuum of Care, Strategies to Assist clients in Accessing Early Intervention Services and People of the EIRC as a Provider of Early Intervention Services

Educational Seminar on Gynecologic Assessment and Management Related to HIV + Women (For Health Care Providers)

Employee Benefits Counseling

Group & Individual Educational Sessions on HIV and Gynecologic issues, including reproductive health, family planning and STDs -*Referrals and access to these services on a short-term case management basis*

Health Education Counseling

Health Seminars on Nutrition, Pharmaceutical Drugs, Stress Management, Alternative Medicines as Treatment of HIV

HIV Early Intervention Resource Library

HIV Education Seminars Open to the Public (See Attachment - IN-SERVICE MEETING SCHEDULE)

Identification of Gaps in Medical Care

Individualized Health Maintenance Plans

Interpreter and Liaison to Referral Agencies

Limited Supply of Free Condoms, Dental Dams and Safe Sex Kits

Orientation and Introductory Tours of the CPC

Psychosocial Counseling



Referral to Detox Facility for Substance Abuse

Referral to Mental Health Providers

Referral to Public and Private Health Care Providers

Social Security Counseling - Limited Legal Services Offered For Appeals

Special Programs for Youth

Substance Abuse Referral for Asian Pacific Americans

Substance Abuse Referral for Asian Pacific American Students

Substance Abuse Referral for Boys/Girls 10-17 Years Old

Substance Abuse Referral for Drug Users on the Street

Substance Abuse Referral for Gay and Bisexual Males of all Colors

Substance Abuse Referral for the General Community

Substance Abuse Referral for Homeless, Runaway and Throwaway Youth

Substance Abuse Referral for Inner-City African Americans

Substance Abuse Referral for Parolees with Addiction

Substance Abuse Referral for Pregnant/Parenting Addicts

Substance Abuse Referral for Stimulant Abusers

Substance Abuse Referral for Women

Substance Abuse Referral for Women Ages 21 and Under Who are Without Children

Support Groups for Those Who are HIV +, Families, Friends and Lovers

Van for Client Transportation

Women's Advocacy Program - Case Finding, Short-Term Advocacy & Self-Advocacy Training

***ALL SERVICES ARE MULTI-LINGUAL. THE TARGET POPULATION OF CPC WILL BE MEN AND WOMEN IN THE EARLY STAGES OF HIV DISEASE WHO ARE UNDER-SERVED, INCLUDING MEMBERS OF COMMUNITIES OF COLOR, GAY AND BISEXUAL MEN AND WOMEN, IV DRUG USERS AND THE HOMELESS.***



# CENTER FOR POSITIVE CARE

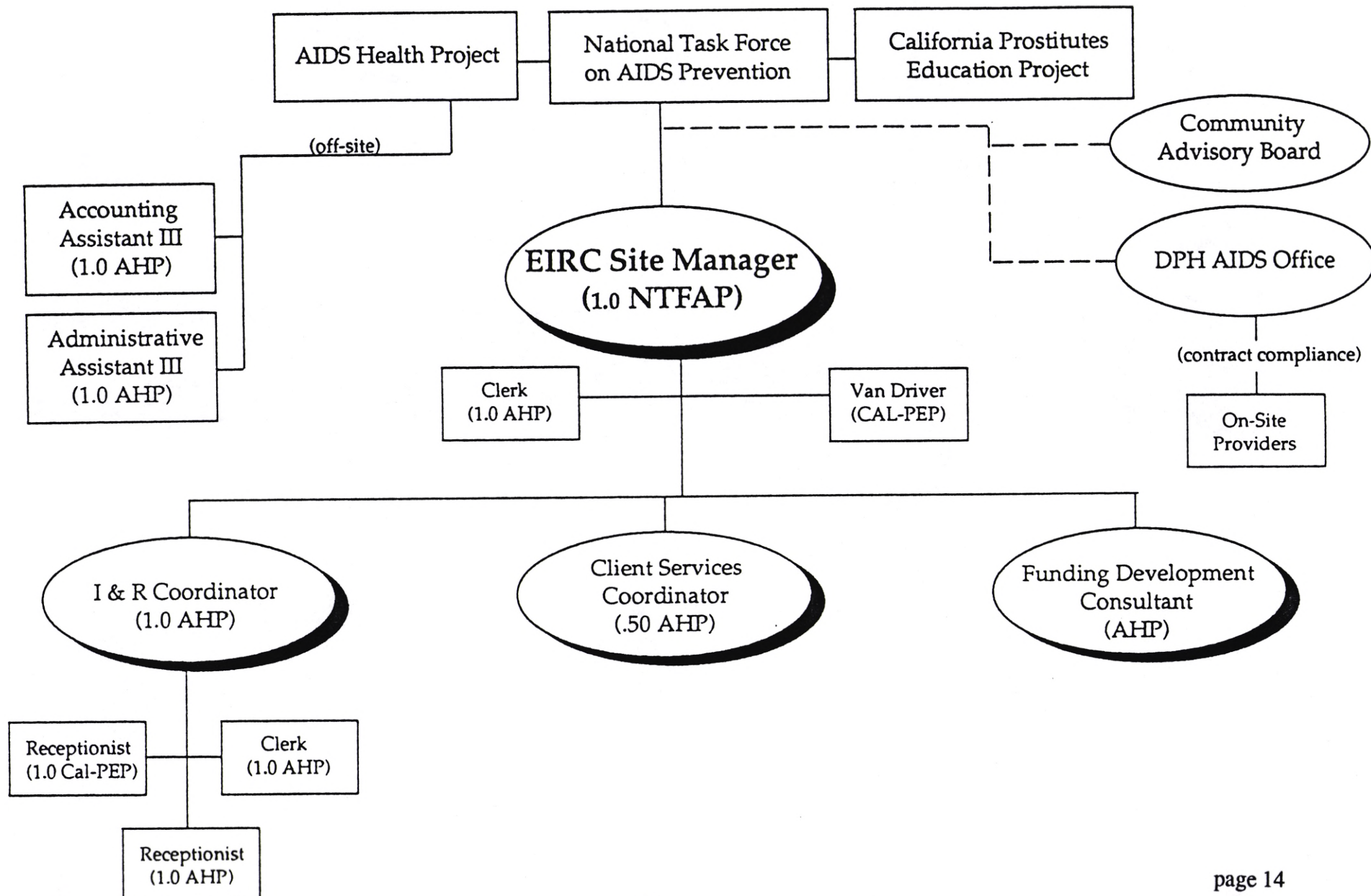
An HIV Early Intervention Resource Center

## ON SITE PROVIDERS

| Organization & Contact                                                   | Address                                        | Phone                   | FAX          |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------|--------------|
| <b>18th Street Services</b><br>Frank Davis, Mike Shriver                 | 217 Church Street<br>San Francisco CA 94114    | 861-4898                | 861-5269     |
| <b>AIDS Benefit Counselors</b><br>John Yarling, Patrick Duffy            | 470 Castro St.<br>San Francisco CA 94114       | 558-9845                | no fax       |
| <b>AIDS Health Project</b><br>James Dilley, MD, Marisa Davis, JD Benson  | UCSF Box 0884<br>San Francisco CA 94143-0884   | 476-6430                | 476-7996     |
| <b>AIDS Indigent Direct Services</b><br>Michael Thompson                 | 25 Taylor St.<br>San Francisco CA 94102        | 292-5460                | 931-9672     |
| <b>AIDS Treatment News</b><br>Laura Thomas                               | PO Box 411256<br>San Francisco CA 94141        | 255-0588                | 255-4659     |
| <b>American Indian AIDS Institute</b><br>Les Hanson                      | 333 Valencia St.<br>San Francisco CA 94103     | 626-7639                | 626-1737     |
| <b>California Prostitutes Education Project</b><br>Gloria Lockett        | 811 Clay St<br>Oakland CA 94607                | 510-874-7850            | 510-839-6775 |
| <b>CURAS</b><br>Anabertha Campa, Carmen Chavez                           | 347 Dolores<br>San Francisco CA 94110          | 255-2731                | 255-4954     |
| <b>E.A.C.H.</b><br>Wendell Carmichael                                    | 625 O'Farrell St<br>San Francisco CA 94109     | 864-1214                | 749-6706     |
| <b>Filipino Task Force On AIDS</b><br>Jamie Geaga, Rob Samonte Tagalicod | 1540 Market St.<br>San Francisco CA 94102      | 703-9880                | 864-7482     |
| <b>G.A.P.A. Community HIV Project</b><br>John Silva                      | 1841 Market St.<br>San Francisco CA 94103      | 575-3939                | 541-0748     |
| <b>Glide-Goodlet AIDS Project</b><br>Anna Mautz                          | 330 Ellis Street<br>San Francisco CA 94102     | 775-3862 or<br>771-6300 | 921-6951     |
| <b>Haight-Asbury Free Clinic</b><br>Barry Lawlor                         | 409 Clayton St.<br>San Francisco CA 94117      | 565-1903                | 621-7354     |
| <b>National Task Force on AIDS Prevention</b><br>Reggie Williams         | 631 O'Farrell St.<br>San Francisco CA 94109    | 749-6700                | 749-6706     |
| <b>PHREDA</b><br>Mohr Downing                                            | 3130 20th St<br>San Francisco CA 94143-0898    | 476-6117                | 647-7611     |
| <b>Project AHEAD</b><br>Ron Henderson                                    | 375 Woodside<br>San Francisco CA 94127         | 753-7786                | 753-7595     |
| <b>San Francisco AIDS Foundation</b><br>Pat Christen, Bill Hayes         | 25 Van Ness Ave<br>San Francisco CA 94101-6182 | 864-5855                | 552-9762     |
| <b>San Francisco DPH AIDS Office</b><br>Russ Zellars, Valerie Dorr       | 25 Van Ness Avenue<br>San Francisco CA 94102   | 554-9000                | 431-7547     |



# Early Intervention Resource Center Site Administration



**F. Previous Contracts**

AHP Chart of Accounts FY 84-85

| <u>Contract No.</u> | <u>Administered by</u> | <u>Contract Period</u> | <u>Amount</u> |
|---------------------|------------------------|------------------------|---------------|
| CT-44826            | AIDS Activ Ofc         | 3/5/84 - 6/30/84       | \$ 78,190     |
| CT-58266A           | AIDS Activ Ofc         | 7/1/84 - 6/30/85       | \$296,408     |
| CT-51204            | CSAS                   | 1/1/85 - 6/30/85       | \$ 51,818     |
| CT-58266C           | AAO/Fed Prj 247        | 2/15/85 - 2/14/86      | \$ 50,961     |
| CT-51435            | AAO/Fed Prj 248        | 5/1/85 - 4/30/86       | \$263,064     |
| CT-60182            | AIDS Activ Ofc         | 7/1/85 - 6/0/86        | \$388,701     |
| CT-61121            | AAO/St Com Ed          | 7/1/85 - 6/0/86        | \$117,306     |



Chart of Accounts Fy 89-90  
AIDS HEALTH PROJECT GRANT LISTINGS AS OF MAY 02, 1990

| P.I. NAME | AB/SF    | ACCOUNT NAME     | ACCT / FUND | FY | PERIOD OF PERFORMANCE | AGENCY   | AMOUNT       |
|-----------|----------|------------------|-------------|----|-----------------------|----------|--------------|
| DILLEY, J | 0990 (3) | AIDS LAW         |             |    | 04/01/89 - 03/31/90   | CITY     | \$107,000.00 |
|           |          | VOL THERAPIST    |             |    | 10/01/89 - 09/30/90   | CITY     | \$18,561.00  |
|           |          | PSYCH CONSULT    |             |    | 10/01/89 - 09/30/90   | CITY     | \$19,125.00  |
| HOPKIN, J | 2031 (3) | SUBS ABUSE       |             | 02 | 07/01/89 - 06/30/90   | CITY     | \$169,786.00 |
| HOPKIN, J |          | SFGH CT          |             |    | 03/01/89 - 12/31/90   | CITY     | \$66,000.00  |
| DILLEY    | 0661 (3) | FED ATS (Peter)  |             | 02 | 01/01/90 - 06/30/90   | CITY     | \$341,400.00 |
| DILLEY    | 9385 (3) | SATS (Peter)     |             | 02 | 07/01/89 - 06/30/90   | CITY     | \$224,102.00 |
| DILLEY, J |          | PWA              |             | 02 | 7/01/89 - 06/30/90    | CITY     | \$87,770.00  |
| DILLEY, J |          | WORRIED WELL     |             | 02 | 7/01/89 - 06/30/90    | CITY     | \$169,988.00 |
| DILLEY, J | 1513 (3) | MHEP             |             | 02 | 7/01/89 - 06/30/90    | CITY     | \$115,719.00 |
|           | 1805 (M) |                  |             |    |                       |          |              |
| DILLEY, J | 1598 (3) | TOT              |             |    | 7/01/89 - 06/30/90    | STATE    | \$122,000.00 |
|           | 1597 (M) | TOT              |             |    |                       |          |              |
| DILLEY, J | 1592 (3) | ACT (89 - 97849) |             |    | 09/01/89 - 08/31/90   | STATE    | \$358,975.00 |
|           | 1594 (M) | ACT (89 - 97849) |             |    |                       |          |              |
|           | 1596 (7) | ACT (89 - 97849) |             |    |                       |          |              |
| DILLEY, J | 1608 (3) | ALCOHOL          |             |    | 06/30/89 - 06/29/90   | STATE    | \$59,000.00  |
| DILLEY, J | 9626 (3) | UN TASK FORCE    |             |    | 7/01/88 - 06/30/90    |          | \$37,179.00  |
| DILLEY, J | 8023 (3) | NAS              |             | 03 | 09/01/89 - 08/31/90   | FED      | \$220,657.00 |
| P FEES    | 3076 (3) | P FEES           |             |    | ON GOING              | P. FEES  |              |
| FOCUS     | 6876 (3) | FOCUS            |             |    | ON GOING              | FOCUS    |              |
| CLEARING  | 1178 (3) | CLEARING ACCT    |             |    | ON GOING              | SUPPLIES |              |
|           | 2453 (K) |                  |             |    | ON GOING              | MATERIAL |              |
|           | 6019 (B) |                  |             |    | ON GOING              | HOLDING  |              |
| COM COST  | 9625 (3) | COMMON COST      |             |    | ON GOING              | C COST   |              |
| DONORS    | 2289 (3) | DONORS           |             |    | ON GOING              | DONORS   |              |

## G. Current Budget Summary

**AIDS HEALTH PROJECT BUDGET**

7/1/91 through 6/30/92

| <b>BUDGET BY CONTRACT AND SERVICE AREA</b>      |               |               |                                     |                    |                       |
|-------------------------------------------------|---------------|---------------|-------------------------------------|--------------------|-----------------------|
| <b>Contract</b>                                 | <b>Agency</b> | <b>Source</b> | <b>Program Name</b>                 | <b>Amount</b>      | <b>Amount Percent</b> |
| <b>Community Services Program</b>               |               |               |                                     | <b>\$408,527</b>   | <b>13.0%</b>          |
| SF DPH AO                                       | City          |               | Educational Support Services        | \$229,000          |                       |
| SF DPH AO                                       | Care          |               | Volunteer Therapist Program         | 20,540             |                       |
| SFAF                                            | City          |               | Prevention of Relapse from Safe Sex | 11,877             |                       |
| SF Fnd                                          | SF Fnd        |               | Volunteer Facilitated Groups        | 25,000             |                       |
| SF DPH AO                                       | City          |               | CPC Linkage Services                | 61,320             |                       |
| SF DPH AO                                       | Care          |               | Womens Advocacy and Case Management | 60,790             |                       |
| <b>Hospital Services Programs</b>               |               |               |                                     | <b>\$631,818</b>   | <b>20.1%</b>          |
| SF DPH Sub. Ab.                                 | City          |               | AIDS and Substance Abuse            | \$183,000          |                       |
| SF DPH AO                                       | Care          |               | AIDS and Substance Abuse            | 100,000            |                       |
| SF DPH AO                                       | City          |               | People with AIDS - Ward 86          | 87,770             |                       |
| SF DPH AO                                       | Care          |               | People with AIDS - Ward 86          | 114,700            |                       |
| SF DPH AO                                       | Care          |               | Comm.-Based Psych. Consult          | 34,384             |                       |
| SF DPH AO                                       | Care          |               | Comm.-Based Psych. Consult          | 62,000             |                       |
| SF DPH AO                                       | Care          |               | Mental Health Community Liaison     | 49,964             |                       |
| <b>Professional Services Programs</b>           |               |               |                                     | <b>\$592,427</b>   | <b>18.8%</b>          |
| State                                           | State         |               | Antibody Counselor Training         | \$355,591          |                       |
| State                                           | State         |               | AIDS Law for Mental Health Prof.    | 34,288             |                       |
| Polaris                                         | City          |               | Multicultural Training              | 21,000             |                       |
| AHP                                             | Publ.         |               | FOCUS                               | 113,258            |                       |
| SF DPH AO                                       | City          |               | CPC Trainings to Prof.              | 34,690             |                       |
| AHP                                             | Publ.         |               | Face to Face                        | 24,000             |                       |
| AHP                                             | Publ.         |               | AIDSLaw                             | 6,000              |                       |
| AHP                                             | Publ.         |               | Video Sales                         | 3,600              |                       |
| <b>Anonymous Testing Service</b>                |               |               |                                     | <b>\$744,025</b>   | <b>23.6%</b>          |
| SF DPH AO                                       | CDC           |               | Federal Testing                     | \$302,204          |                       |
| SF DPH AO                                       | State         |               | State Testing                       | 311,821            |                       |
| SF DPH AO                                       | CDC           |               | Federal ATS Outreach                | 130,000            |                       |
| <b>Center for Positive Care Site Operations</b> |               |               |                                     | <b>\$665,081</b>   | <b>21.1%</b>          |
| SF DPH AO                                       | City          |               | Site Administration                 | \$479,347          |                       |
| SF DPH AO                                       | City          |               | Case Management                     | 185,734            |                       |
| <b>Donors and Other Fundraising</b>             |               |               |                                     | <b>\$107,500</b>   | <b>3.4%</b>           |
| SFAF                                            | Community     |               | AIDS Walk                           | 87,500             |                       |
| AHP                                             | Community     |               | Misc.                               | 20,000             |                       |
| <b>GRAND TOTAL</b>                              |               |               |                                     | <b>\$3,149,378</b> | <b>100.0%</b>         |

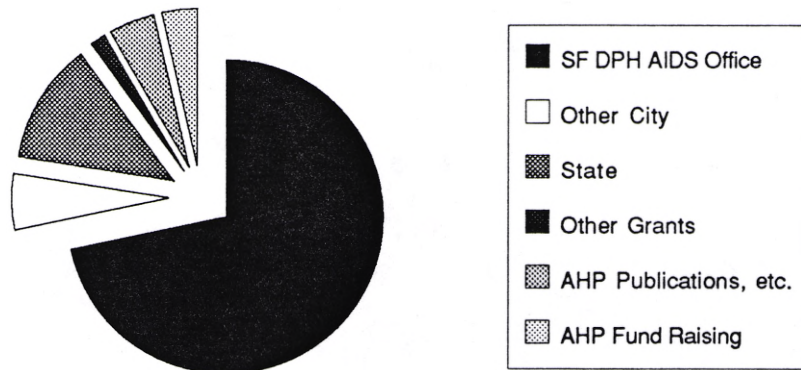


# AIDS HEALTH PROJECT BUDGET

7/1/91 through 6/30/92

| BUDGET BY CONTRACTING AGENCY |        |             |         |
|------------------------------|--------|-------------|---------|
| Contracting Agency           | Amount | Amount      | Percent |
| SF DPH AIDS Office           |        | \$2,264,264 | 71.9%   |
| Other City                   |        | 183,000     | 5.8%    |
| State                        |        | 389,879     | 12.4%   |
| Other Grants                 |        | 57,877      | 1.8%    |
| AHP Publications, etc.       |        | 146,858     | 4.7%    |
| AHP Fund Raising             |        | 107,500     | 3.4%    |
| Total                        |        | \$3,149,378 | 100.0%  |

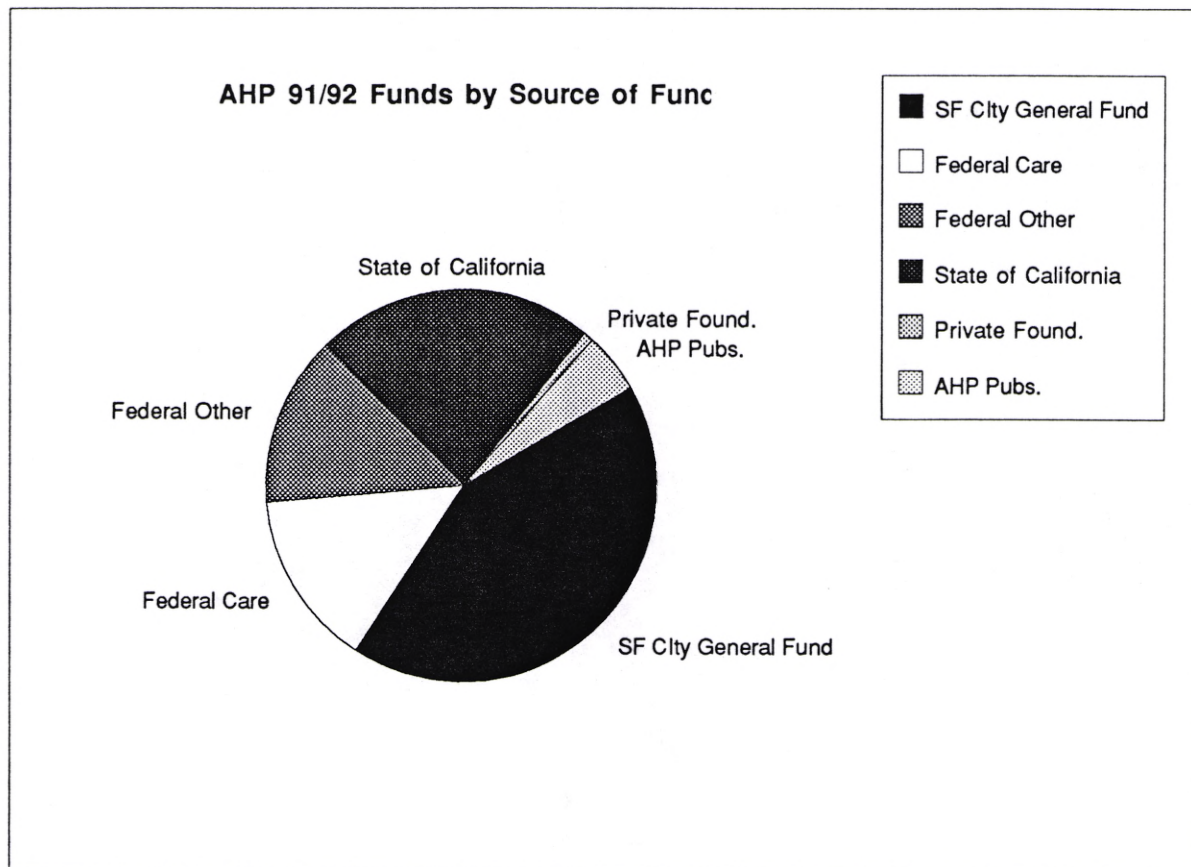
AHP 91/92 Funds by Contracting Ageni



# AIDS HEALTH PROJECT BUDGET

7/1/91 through 6/30/92

| BUDGET BY SOURCE OF FUNDS |        |             |         |
|---------------------------|--------|-------------|---------|
| Source of Funds           | Amount | Amount      | Percent |
| SF City General Fund      |        | \$1,293,738 | 41.1%   |
| Federal Care              |        | 442,378     | 14.0%   |
| Federal Other             |        | 432,204     | 13.7%   |
| State of California       |        | 701,700     | 22.3%   |
| Private Foundations       |        | 25,000      | 0.8%    |
| AHP Publications, etc.    |        | 146,858     | 4.7%    |
| Community Fundraising     |        | 107,500     | 3.4%    |
| Total                     |        | \$3,149,378 | 100.0%  |





# AIDS HEALTH PROJECT BUDGET

7/1/91 through 6/30/92

| BUDGET BY EXPENDITURE                                                                                                                             |                |                    |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|---------------|
| Source of Funds                                                                                                                                   | Amount         | Amount             | Percent       |
| <b>Personnel</b>                                                                                                                                  |                | <b>\$2,072,061</b> | <b>65.7%</b>  |
| Salaries                                                                                                                                          | \$1,672,135    |                    |               |
| Fringe                                                                                                                                            | 399,926        |                    |               |
| <b>Operations</b>                                                                                                                                 |                | <b>852,110</b>     | <b>27.0%</b>  |
| Occupancy                                                                                                                                         | \$162,424      |                    |               |
| AHP Cost                                                                                                                                          | 139,200        |                    |               |
| CPC Cost                                                                                                                                          | 23,224         |                    |               |
| Common Cost                                                                                                                                       | 87,007         |                    |               |
| Computer Lease                                                                                                                                    | 19,580         |                    |               |
| Consultants and Sub-Contractors                                                                                                                   | 276,544        |                    |               |
| Meeting Expense                                                                                                                                   | 8,978          |                    |               |
| Travel                                                                                                                                            | 67,959         |                    |               |
| Other Program Expense                                                                                                                             | 229,618        |                    |               |
| <b>UCSF Indirect</b>                                                                                                                              | <b>231,282</b> | <b>231,282</b>     | <b>7.3%</b>   |
| <b>Total Expenses</b>                                                                                                                             |                | <b>3,155,453</b>   | <b>100.0%</b> |
| <u>Administrative Cost Analysis</u>                                                                                                               |                |                    |               |
| AHP Administration Core Cost                                                                                                                      |                | 427,096            | 13.5%         |
| UCSF Indirect Cost                                                                                                                                |                | 231,282            | 7.3%          |
| <b>Total Administration Cost</b>                                                                                                                  |                | <b>\$658,378</b>   | <b>20.9%</b>  |
| Note: UCSF Indirect rate is charged at 15%, except when waived. With Indirect rate totalling 7.3%, this represents a 7.7% contribution, equal to: |                |                    |               |
|                                                                                                                                                   |                | \$242,970          |               |

## **H. Structure**

### **ADMINISTRATIVE ADVISORY COMMITTEE (10/1/84)**

Originally formed to:

1. Hire and fire the Project Director
2. Review the Project Director's work.
3. Generally oversee the Project including the development of programmatic policies.

Originally formed by John T. Hopkin, MD, Vice-Chairman, Department of Psychiatry, and consisted of the following members:

1. Gary Titus, AIDS Activity Office, DPH, 101 Grove St, Rm 323, SF, CA 94102
2. Jon Herstam, Center for Special Problems, 1700 Jackson St, SF CA 94109
3. John Hopkin, MD, SFGH, Dept of Psychiatry, 1001 Potrero Avenue, SF, CA 94110
4. Patt Denning, Health Center #1, 3850 17th St, SF, CA 94114
5. James Dilley, MD, AHP
6. Peter Goldblum, PhD, AHP replaced by Renetia Martin, AHP
7. Jim Fishman, Operation Concern, 1853 Market Street, SF, CA 94103

This committee was formed in the initial stages of the project and has subsequently been disbanded.

### **COMMUNITY ADVISORY BOARD**

The Administrative Advisory Committee (CAB) was created in 1986 with selected members (at least ten and not to exceed twenty members) having no direct policy making power. The purpose of the CAB is to provide community involvement in the planning, monitoring and evaluation of AIDS prevention and health promotion programs of the AIDS Health Project. It consists of:

President  
Vice-President  
Secretary  
Treasurer  
Members

See section on CAB Overview for contributions and by-laws of the CAB.

### **MANAGEMENT TEAM**

(Formed 1988)

The AHP Management Team which was established in 1988, was composed of the Unit Managers of the AIDS Health Project and eventually became the policy making body of the AIDS Health Project. It originally consisted of:

James Dilley, MD - Project Director  
Renetia Martin, MSW - Deputy Director  
Judy Macks - Training Program  
John Acevedo - Prevention Program  
Marcia Quackenbush - Youth Program  
Joanna Rinaldi - Substance Abuse Program  
Donna Berka - Administrative and Fiscal Unit



## **Purpose of Management Team**

4/11/89

1. Share pertinent information about administrative issues and the activities undertaken in each program among the managers to ensure a high level of awareness about the activities and opportunities that exist throughout the project. New directions or new projects undertaken by a particular unit should be presented for input.
2. Promote better communication and utilization of resources among the programs and the managers.
3. Provide an arena for discussion of shared agency problems as well as personnel, management or programmatic problems that may arise in a particular program.
4. Provide an arena for the development of selected agency policy and procedures.
5. Promote an atmosphere of general support among the managers and between the leadership and the management team.

## **PROGRAM MANAGEMENT TEAM AND CLUSTER REPRESENTATIVES**

(3/5/91)

This reorganization of the Project was set forth and accepted by all staff of the Project in March, 1991, in the hope of developing a more effective and efficient organizational system to better facilitate agency planning and decision-making processes.

### **Linkage with "Organizational Chart" Decision-Making Process**

The ultimate responsibility for the overall operations of the agency will remain with the Project Director just as the final determination of what we can and cannot do programmatically remains with the University. Personnel decisions and detail-level fiscal decisions will continue to be made using the "Organizational Chart" decision-making processes, i.e., by the Project Director with input from the Unit Managers, Deputy Directors, and Fiscal Manager. It is important to recognize, however, that these decisions are typically based on program level needs. In this context, the Program Management Team Agency and Clusters through their Two-Year Program Direction Plan will be very influential in the determination of most agency decisions.

### **Decision-Making and Power Issues**

This model will acknowledge and support the decision-making and influence that all staff exercise as a normal part of their performance. This model allows AHP to have a more coordinated decision-making process in which all affected staff are apprised of and participate in the development of program changes before they occur. The purpose of the Program Management Team and Clusters is to assist the agency in being able to manage its many programs and meet its community service objectives in an efficient and cost-effective manner.

### **Two-Year Program Direction Plans**

Each unit will develop "Two-Year Program Direction Plans" which will chart the rough course that the unit intends to follow. These one to two page two-year plans will be merged at the Cluster level into Cluster Plans and at the Program Management Team level into a recommendation for an Agency Plan. The consideration of the Two-Year Plans (and their annual review) will constitute a major work component of the Clusters and the Program Management Team and will be used as the basis for agency pursuit of grant funding.

The organization of the Project shall be as follows:

### **Administrative Committee:**

Membership: Members of old Management Team (consisting of Upper Management and Unit Managers), plus, as needed other AHP staff members who perform administrative functions.



Chaired By: James Dilley  
 Meeting Time: Every Tuesday, except first Tuesday of the month, 12:30-2:00pm  
 Mtg. Location: AHP Conference Room  
 Function: Agency administration topics: standardized cost of services, implementation of system for easier development of proposals, review of purpose of agency indirect, all relevant administrative issues.  
 Outputs: Agency semi-monthly staff bulletin.

### Program Management Team

Membership: Members of the old Management Team, plus a representative from each cluster and from special populations to be specified by the Team. Special populations representatives will be chosen by the special populations groups themselves. (Length of term to be determined.) Currently, special populations to have representatives are the following: African-American, Asian/Pacific Islander, Latino, Women, and an HIV+ Person.

Chaired By: James Dilley  
 Meeting Time: Third Tuesday of each month, 2:30-4:30pm on odd numbered months (Jan, Mar, May, July, Sept, Nov).  
 Mtg. Location: AHP Conference Room  
 Function: Agency program and policy topics: recommends agency policies and program direction, reviews and recommends changes in "2-year program direction plans" of all units to be received via the clusters, identifies agency response to multi-cultural special needs populations issues, recommends agency policy on items like conference attendance, recommends agency participation in community activities and fund raising activities, etc.  
 Outputs: Minutes for Team members with general information items placed in the staff bulletin.

### Clusters

Membership: All career status staff and part-time staff approved by supervisor are to attend cluster meetings. This is part of work responsibilities, like attending unit meeting and the All-Staff meeting. Staff are to attend the following clusters, based on Unit membership. If a unit is split into different clusters, the unit coordinator will make cluster assignments. (If a unit supervisor feels that someone from their unit should attend the Client Services-Facility cluster meeting, contact Jim Dilley or Joanna Rinaldi.)

#### Client Svs - Community ATS

Prevention (Educat & Support Svs)  
 Women's Services  
 ASAP - Community Ed Component

Chaired By: Renetia Martin  
 Location: AHP Conference Room  
 Client Svcs - Facility ASAP - All  
 Psychiatric Consultation  
 Ward 86

Chaired By: Joanna Rinaldi/James Dilley  
 Location: SFGH  
 Operations Central Office Staff  
 Fiscal Services



|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Marketing<br>MIS         |
|                | Chaired By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Peter Campos             |
|                | Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6th Floor                |
|                | Professional Services                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Publications<br>Training |
|                | Chaired By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                | James Dilley             |
|                | Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dilley's Office at AHP   |
| Chaired By:    | As noted above.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| Meeting Times: | Third Tuesday, 2:30-4:30 pm on even numbered months (Feb, April, June, Aug, Oct, Dec), except Client Services - Facility which meets at SFGH on the 4th Tuesday from 2:30pm-4:00pm in Room 7E2.                                                                                                                                                                                                                                                                            |                          |
| Function:      | Field level agency program development and intra-agency linkages topics: exchange of service delivery information, hashing out unit overlap issues, brain storming on hard-to-reach populations or hard-to-deliver services, schmoozing with your colleagues, staff needs, review and approval of "2-year program direction plans" of all units for forwarding to Program management Team, and identification of other items for consideration at Program Management Team. |                          |
| Outputs:       | Selection of a representative to the Program Management Team. Presentation of "2-year program direction plans" for the cluster's units to the Program Management Team. Need for minutes to be determined by each cluster.                                                                                                                                                                                                                                                  |                          |

### Unit Meetings

|               |                                             |
|---------------|---------------------------------------------|
| Membership:   | Staff of each Program Unit.                 |
| Chaired By:   | Unit Coordinators (Managers)                |
| Meeting Time: | Decided by Unit or Unit Coordinator/Manager |
| Function:     | To work out the needs of the Unit.          |
| Outputs:      | To be decided by each Unit.                 |

## Structure and Organization of the AIDS Health Project

### HISTORY

(Perhaps Jim could update this section.)

The AIDS Health Project (AHP) is a multi-level prevention program of the University of California, San Francisco and is now beginning its third year of operation. Initial funding was obtained from the San Francisco Department of Public Health (SFDPH) in March of 1984.

Collaboratively designed by a group of mental health professionals from the University of California and the private practice community in San Francisco, the project offers an array of high quality, innovative services to a range of individuals affected by the AIDS epidemic. The primary goals of the project are threefold:

1. To provide health promotion and AIDS prevention services to individual at-risk for AIDS, particularly among gay and bisexual men in San Francisco;
2. To provide short-term mental health services to people with AIDS and AIDS Related Conditions (ARC) at San Francisco General Hospital (SFGH), and;
3. To translate the collective expertise of AHP service providers into trainings for mental health professionals in the community to provide on-going, quality care to the population mentioned above.

Moreover, on request from the SFDPH, the project has developed two additional programs during the past year: The AIDS and Substance Abuse Program (ASAP), organized in conjunction with Community Substance Abuse Services (CSAS) and housed at SFGH; and most recently, the AIDS Antibody Reporting and Follow-up Counselling Program that is an integral part of the Department's Alternative Test-Site Program.

Overall, the operating budget and staff of the AIDS Health Project has more than doubled in size since January of 1985, bringing total salaried staff to 18.32 full time equivalents for 1986-87.

### B. Brief History of Involvement with AIDS

The administration and staff of the AIDS Health Project have been closely involved with AIDS for several years. The Project Director, James W. Dilley, M.D., has served as psychiatric consultant to the outpatient Kaposi's Sarcoma/AIDS Clinic (Ward 86) at SFGH since January of 1983. When Ward 5B, the inpatient AIDS unit at SFGH opened in July of 1983, Dr. Dilley participated in the training of the staff and served as the facilitator of the nursing staff support group over the next year and a half. He continues to provide psychiatric consultation at both Ward 5B and Ward 86 as needed, has published several articles on the psychiatric care of patients with AIDS, and has served on national and international advisory committees on the mental health aspects of AIDS.



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Other members of the staff are also very active in AIDS work on both the local and national level. The AIDS Health Project staff are generally recognized as experts in the field and are frequently sought out for consultation to other programs and participation in national conferences and other educational events.

### **C. Previous Contracts with CCSF**

| <u>Contract No.</u> | <u>Administered by</u> | <u>Contract Period</u> | <u>Amount</u> |
|---------------------|------------------------|------------------------|---------------|
| CT-44826            | AIDS Activ Ofc         | 3/5/84 - 6/30/84       | \$ 78,190     |
| CT-58266A           | AIDS Activ Ofc         | 7/1/84 - 6/30/85       | \$296,408     |
| CT-51204            | CSAS                   | 1/1/85 - 6/30/85       | \$ 51,818     |
| CT-58266C           | AAO/Fed Prj 247        | 2/15/85 - 2/14/86      | \$ 50,961     |
| CT-51435            | AAO/Fed Prj 248        | 5/1/85 - 4/30/86       | \$263,064     |
| CT-60182            | AIDS Activ Ofc         | 7/1/85 - 6/0/86        | \$388,701     |
| CT-61121            | AAO/St Com Ed          | 7/1/85 - 6/0/86        | \$117,306     |

### **D. Other Current Services (Cost Centers)**

For purposes of this proposal and as a basis of our accounting procedures in fiscal year (FY) 1986-87, the AIDS Health Project will utilize six cost-centers. Services provided under each of these centers will be summarized below:

#### **1. Support Services for the Worried Well (WW) and Persons with AIDS Related Conditions (ARC).**

AHP staff will work with people who are apprehensive about their prospects of acquiring AIDS and want to identify and find support for new behaviors likely to reduce their risk. Alternatively, people diagnosed with AIDS and AIDS Related Conditions may also need similar Interventions as well as emotional support. Specific services by the staff include:

- a. brief crisis interventions;
- b. psychological and general health assessments, with particular emphasis on factors contributing to exposure to the AIDS virus and the impairment of immunity;
- c. identifying medical, social and/or educational services and referring clients to them as appropriate, and;
- d. organizing and facilitating educational support groups that focus on topics such as 1) stress reduction, 2) safe sex, and 3) health awareness.



2. Support Services for Persons with AIDS (PWAs).

This program is housed at the AIDS/Oncology clinic at Ward 86, SFGH. Services are provided to patients and staff at the clinic and include:

- a. crisis intervention services;
- b. psychological and general health assessment;
- c. identifying mental health services and referring patients to them as appropriate (e.g. private therapy, Shanti Project, a crisis center, a depression-prevention support group, etc.);
- d. patient-centered consultation with medical staff and personnel at SFGH, Ward 86;
- e. emotional support for service providers at Ward 86;
- f. short-term therapy for those on a waiting list for psychotherapy (not to exceed three sessions per FY 85-86; see Program Plan), and;
- g. organizing and facilitating educational support groups for persons with AIDS which focus on topics such as 1) coping with illness and stress reduction and 2) health awareness.

3. AIDS and Substance Abuse Program (ASAP).

Services provided by our staff based on Ward 92, Substance Abuse Services at SFGH, include:

- a. assessment and development of treatment plans for AIDS patients with substance abuse problems at SFGH;
- b. client-centered consultations with service providers regarding drug and alcohol concerns for persons with AIDS;
- c. support groups as needed for people with AIDS or AIDS Related Conditions who are in recovery from alcoholism/chemical dependency.

4. Educational Services for Substance Abuse Professionals

Information is distributed through public forums, conferences, workshops, and in-service trainings with the staff of existing substance abuse agencies, to both ensure staff understanding and awareness of AIDS and to highlight the special clinical problems raised in caring for this high-risk population. Services include:

- a. public education about AIDS and substance abuse, and
- b. education to substance abuse professionals and agencies.

5. Educational Services for Mental Health Professionals (EP).

The AIDS Health Project organizes and conduct workshops designed to train and support mental health professionals working with populations at risk for AIDS and with persons with AIDS. Medical and nursing care providers interested in the psychosocial issues associated with the AIDS epidemic are also encouraged to attend.

In addition to workshops and seminars conducted by the AIDS Health Project staff, the project also publishes a monthly newsletter for mental health and non-physician health-care providers. This newsletter provides a review of current AIDS research condensing the latest medical and psychosocial information into language that is understandable to non-M.D. providers.



A specialized group requiring education and training is youth service providers and the project maintains a youth specialist to provide these services. Previously operating as a direct service program, the Youth and AIDS Prevention program has moved from a direct service effort to a consultation service. Consultations to youth service providers are accomplished either individually, in small groups, or via larger forums and conferences. Additionally, consultation with the San Francisco Public School District has been an important effort with the development of a well-regarded AIDS curriculum for use in public schools. The youth specialist may also make classroom presentations to illustrate the use of the AIDS curriculum.

6. Reporting Test Results at the AIDS Antibody Alternative Test Sites

The AIDS Health Project is under contract with the SFDPH to provide test results for individuals taking the AIDS antibody test through the Department's Alternative Test Site Program. This program hires and trains counselors to give test results at the alternative test sites. The goals of this program are: 1) to convey accurate and unbiased information about the meaning of the test in a secure, supportive environment; 2) to provide crisis intervention services to those who may emotionally decompensate on receiving their test result; 3) to provide appropriate referrals for on-going medical or psychological support; and 4) to use the reporting of results to carefully educate individuals about their risk for AIDS and how to avoid transmission of the virus for those who test positive.

Federal support of this program is scheduled to be withdrawn and replaced by funds from the State of California.

## **E. Organization Philosophy**

Though the AIDS Health Project is comprised of several different programs, each individual program is conceptually linked by a set of unifying principles. These principles include, first, that the concept of prevention is important in maintaining health; second, that psychological states have significant bearing on issues of health and disease; and, third, that all groups in society have the right to receive quality services that are respectful of that groups' special needs.

Each program within the AIDS Health Project is designed to work with individuals at different points along the continuum between a state of health at one end of the spectrum and the clinical disorder of AIDS at the other. Thus, the individual programs reflect different levels of prevention. For example, the Worried Well program is an example of primary prevention, i.e., services are provided to healthy individuals who are at risk in an attempt to keep them from contracting the disease. The ARC program is an example of secondary prevention in which services are provided to those who have premonitory symptoms of the disease but have not yet developed the full-blown illness. The AIDS antibody program has elements of both primary and secondary prevention as individuals with a positive test may or may not go on to develop clinical AIDS. Finally, the Mental Health Program and the AIDS and Substance Abuse Program (ASAP) are examples of tertiary prevention. (NOTE: The ASAP actually incorporates all three levels of prevention through its various activities. However, as the original impetus for its development was t;o



provide services to People With AIDS, we have listed it. as a tertiary program.) In these programs, services are provided to individuals with the illness in an attempt to prevent psychological decompensation, provide relief of current distress and, perhaps, delay disease progression.

The project, as a primary prevention effort, involves the teaching of psychological principles in approaching behavioral change. Assumptions inherent in the model include: 1) specific behavioral changes (reduction or elimination of high-risk sexual behaviors; not sharing needles, etc.) are needed to avoid risk of the disease; 2) behavioral change is a process that involves education as an important first step but is not sufficient by itself for everyone to achieve changes; 3) a behavioral change program must include the attainment of new social skills and abilities; 4) psychological support and strategies must be made available to help individuals deal with the consequent disruptions of "trying on" new behaviors, and; 5) individuals must find peer and social support for the initiation and maintenance of these new behaviors.

Throughout all of these programs is the additional principle that psychological and social factors play an important role in definitions of health and disease. The role played by these factors in an individual's susceptibility to AIDS is particularly significant as individuals may be motivated to engage in known high-risk behaviors as a consequence of emotional states. Thus, an emphasis on psychological variables becomes imperative.

The final organizing principle of the AIDS Health Project involves the belief that all individuals have the right to receive quality care. Populations at high risk for AIDS (gay and bisexual men, intravenous drug users) as well as AIDS patients themselves have been denied access to services because of fear and ignorance. To this end, professionals who are knowledgeable about AIDS and are also sensitive to the specific needs of the groups at risk are essential to insure quality service delivery to these groups.



MEMO

To: Gary Titus

Date: February 14, 1985

From: James W. Dilley

Re: Proposed AIDS Health Project Fee Policy (Accepted by Advisory Committee 2/21/85)

After much discussion with the AIDS Health Project staff and members of the Advisory Committee, we have developed a plan for collecting fees for AIDS Health Project Services. We plan to implement the new policy effective March 1, 1985 and it will apply primarily to the Worried Well part of the program. The choice of this date will allow us to publicize the change in policy by stating, "After one year of providing free service to the community, the AIDS Health Project is initiating a low-fee to help defray the costs of the program. No one will be denied services because of inability to pay."

While initial health consultations (intakes will remain available to individuals at no charge, those who choose to participate in an eight week group will be asked to follow the following procedure:

1. During the intake, staff will explain the fee policy and present a Recommended Fee Schedule. This form will contain a simple, graduated schedule of fees to cover the entire eight-week group (Full fee: \$40, Low fee: \$20, No fee). There will also be a designated area for donations should a client wish to make one.
2. Once the client selects a fee, he and the intake worker will both sign the form which will then be returned to the AIDS Health Project office, and placed in a bookkeeping file. The client will also be told to bring payment to the first group meeting. Only checks or money orders will be accepted and should be made out to "Regents - University of California," with checks earmarked for the "UCSF AIDS Health Project."
3. At the first group session, the leader will distribute envelopes to each member and request payment. Clients will be asked to write his/her name on the envelope, the date of the group meeting, whether a receipt is requested, and the group leader's name. The sealed envelopes will be collected by the group leader and returned to the AIDS Health Project bookkeeping file.
4. Initial funds generated by the project will be used to cover the costs of the fee collection system, i.e., a part-time bookkeeper will be hired. He/she will open the payment envelopes and send a receipt to those who requested one.
5. although financial information is gathered from clients during intakes, the staff will be instructed not to engage in negotiations about fees. A client would therefore theoretically be free to pay no fee regardless of his/her income. Similarly, non payment of fees by clients will not become an issue or focus of the groups. Leaders will not be asked to monitor a client's compliance with his/her fee agreement.



6. All clients whose intakes occurred before March 1, 1985, will be given an opportunity to make a donation to the project at his/her first group meeting. However, no formal fee agreement will be on file with the Project.
7. All fees collected by William at Operation Concern will be coordinated with client O.C. collection procedures.

**ADMINISTRATIVE ADVISORY COMMITTEE (10/1/84)**

Originally formed to:

1. Hire and fire of the Project Director
2. Review of the Project Director's work.
3. General oversight of the Project including the development of programmatic policies.

Originally formed by John T. Hopkin, MD, Vice-Chairman, Department of Psychiatry, consisted of the following:

1. Gary Titus, AIDS Activity Office, DPH, 101 Grove St, Rm 323, SF, CA 94102
2. Jon Herstam, Center for Special Problems, 1700 Jackson St, SF CA 94109
3. John Hopkin, MD, SFGH, Dept of Psychiatry, 1001 Potrero Avenue, SF, CA 94110
4. Patt Denning, Health Center #1, 3850 17th St, SF, CA 94114
5. James Dilley, MD, AHP
6. Peter Goldblum, PhD, AHP replaced by Renetia Martin, AHP
7. Jim Fishman, Operation Concern, 1853 Market Street, SF, CA 94103





A project concerned  
with AIDS Prevention  
and Health Promotion

## MEMORANDUM

Fri, Aug 7, 1992

To: Executive Committee

From:  Peter V. Campos, Dep. Dir. for Ops. and Prog. Mgmt.  
476-3951 voice, 476-3613 fax, AHP3LP email

Re: Organizational Chart Versions

Attached are the current organizational charts. Please note that charts reflect the functional role of the positions and not the source of funding. Version dates are noted below.

| <u>Version Date</u> | <u>Chart</u>                  |
|---------------------|-------------------------------|
| 8/1/92              | Agency Overview               |
| 8/1/92              | Administrative Services       |
| 8/1/92              | Anonymous Testing Services    |
| 8/1/92              | Community Services Program    |
| 7/31/92             | Hospital Services Program     |
| 8/4/92              | Professional Services Program |

Change Notes:

1. Center for Positive Care chart has been included in Community Services Chart.
2. Other changes reflect reallocations per current budgets.

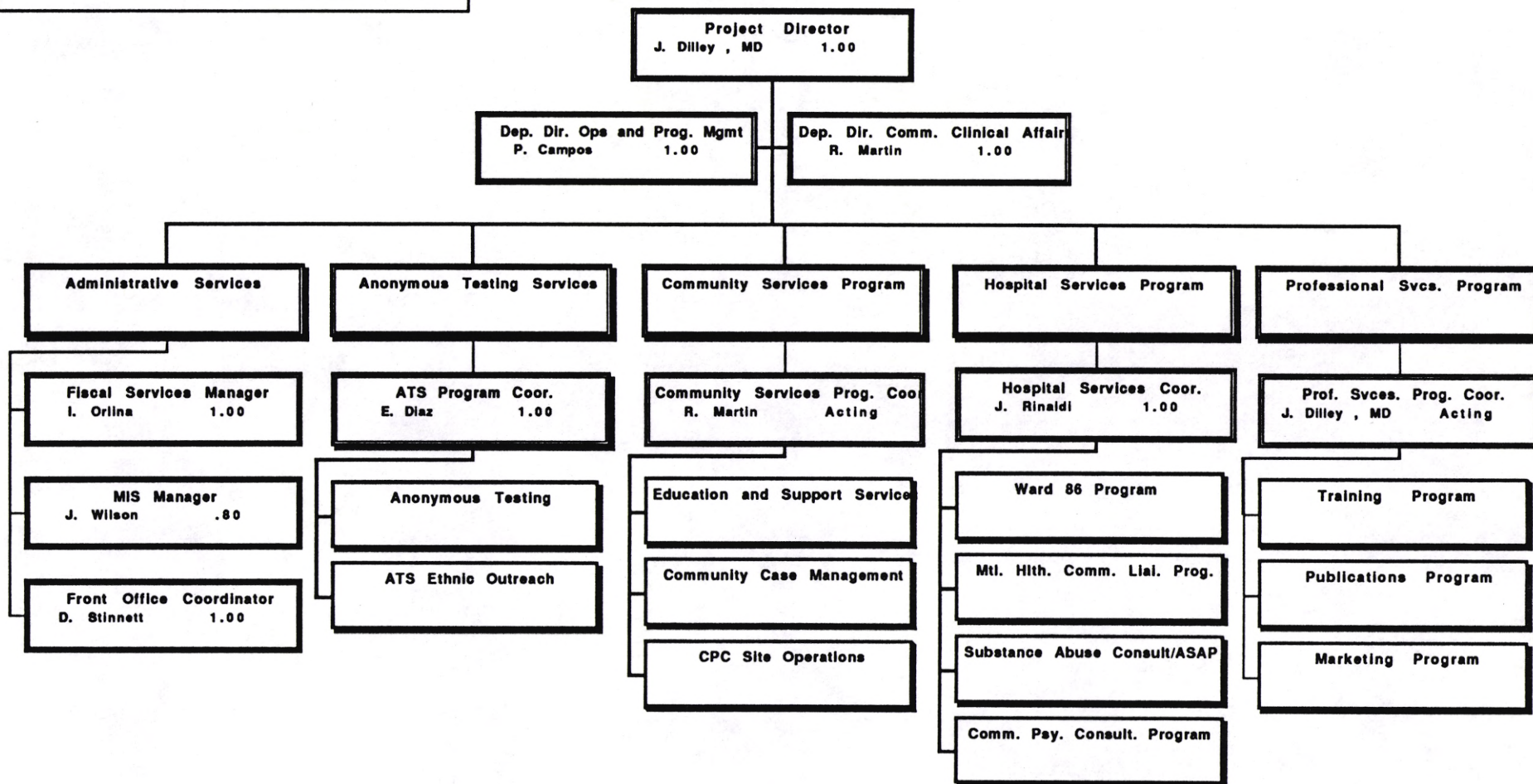
**Address Correspondence To:** UCSF AIDS Health Project • Box 0884 • San Francisco, CA 94143-0884

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

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

Affiliated with the University of California, San Francisco

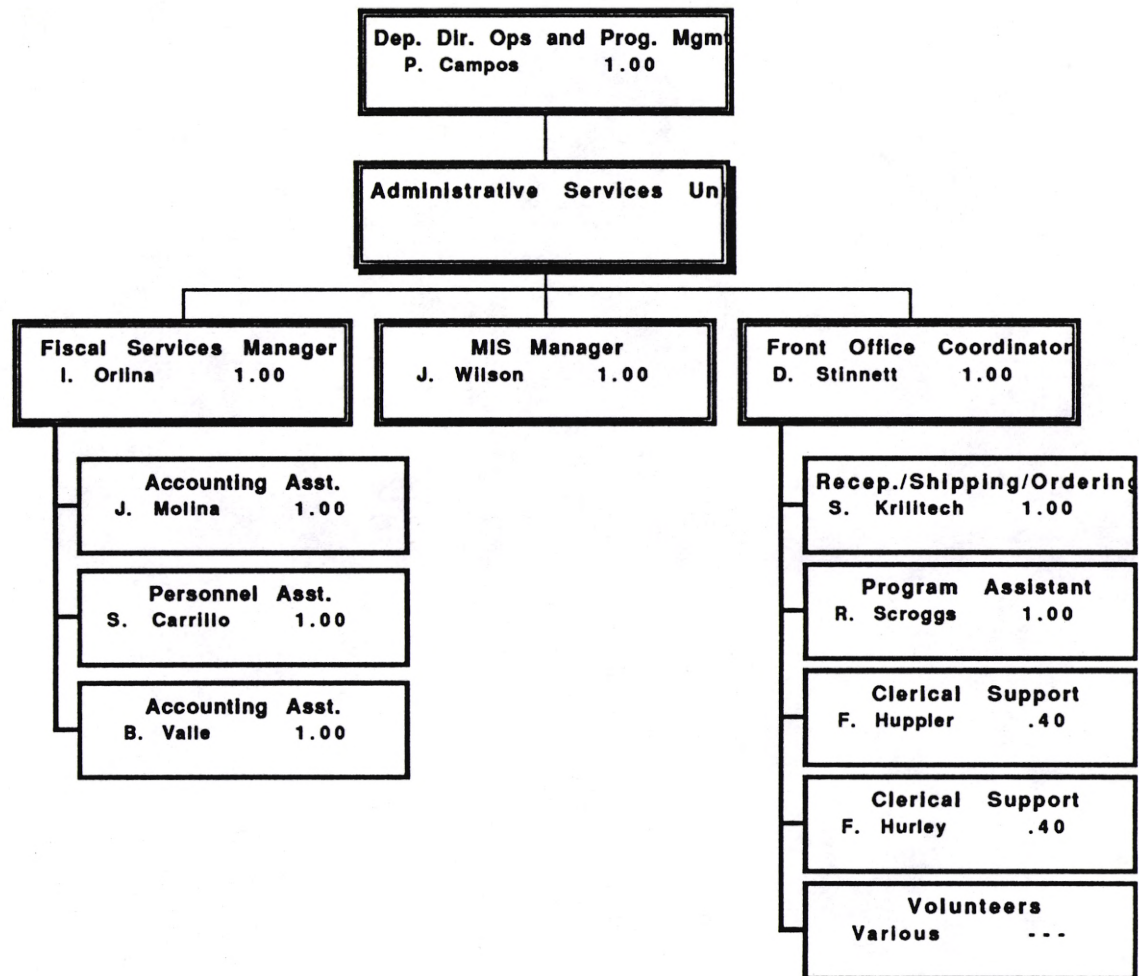
**AIDS HEALTH PROJECT**  
**Chart: Agency**  
**Version Date: 8/1/92**





**AIDS HEALTH PROJECT**  
**Chart: Admin. Services**

Version Date: 8/1/92

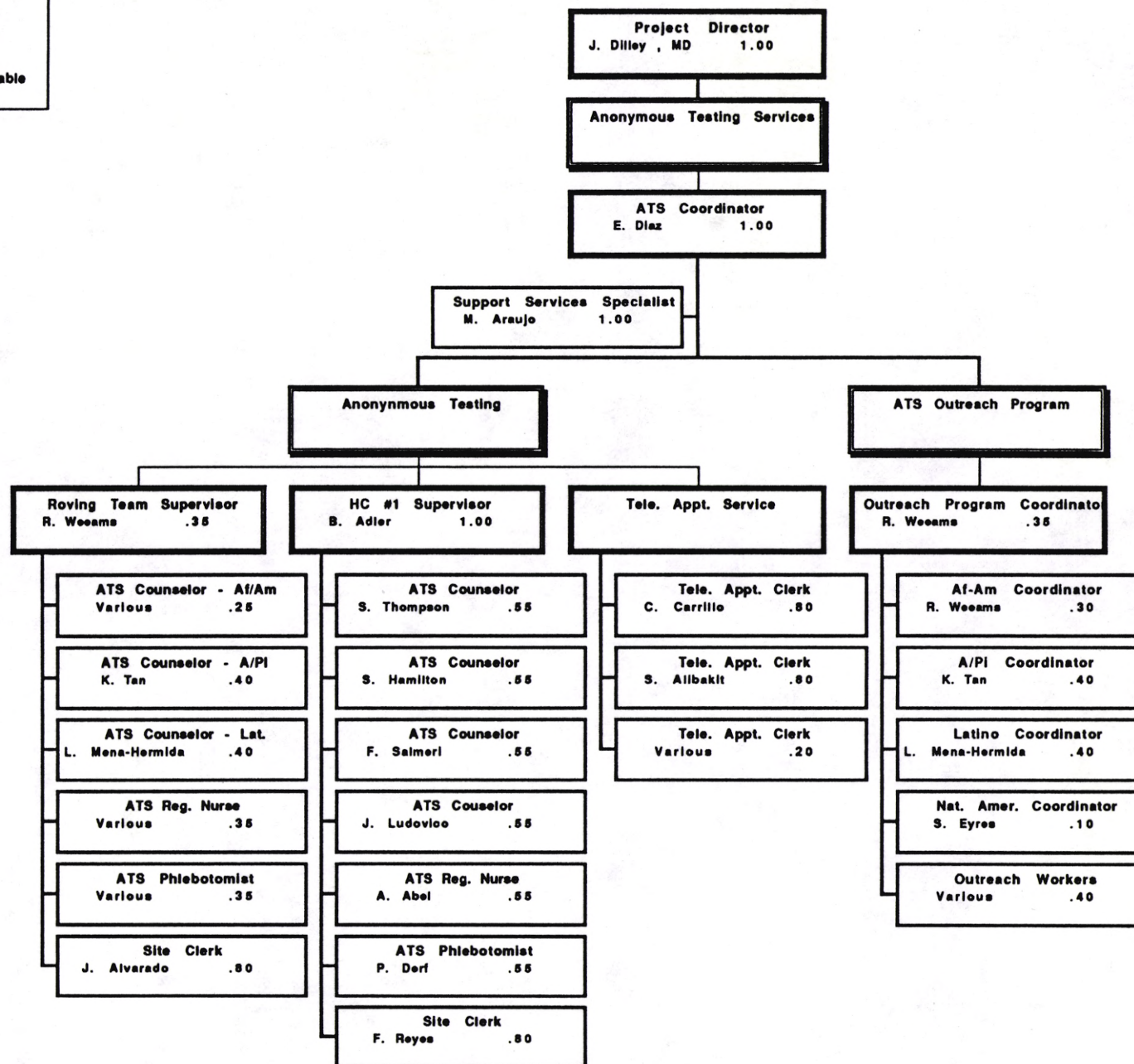


# AIDS HEALTH PROJECT

Chart: ATS

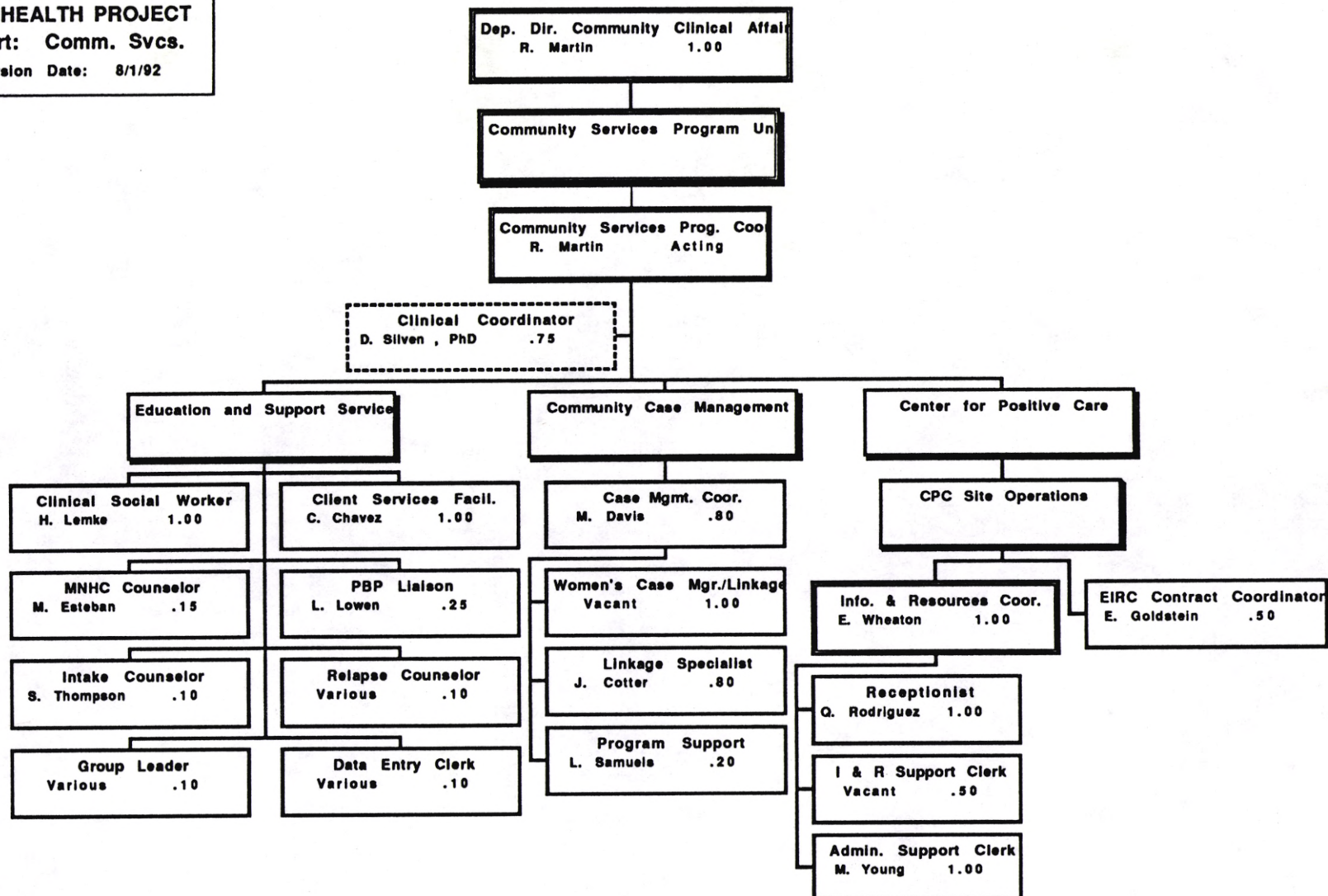
Version Date: 8/1/92

Note: FTE for some staff are variable





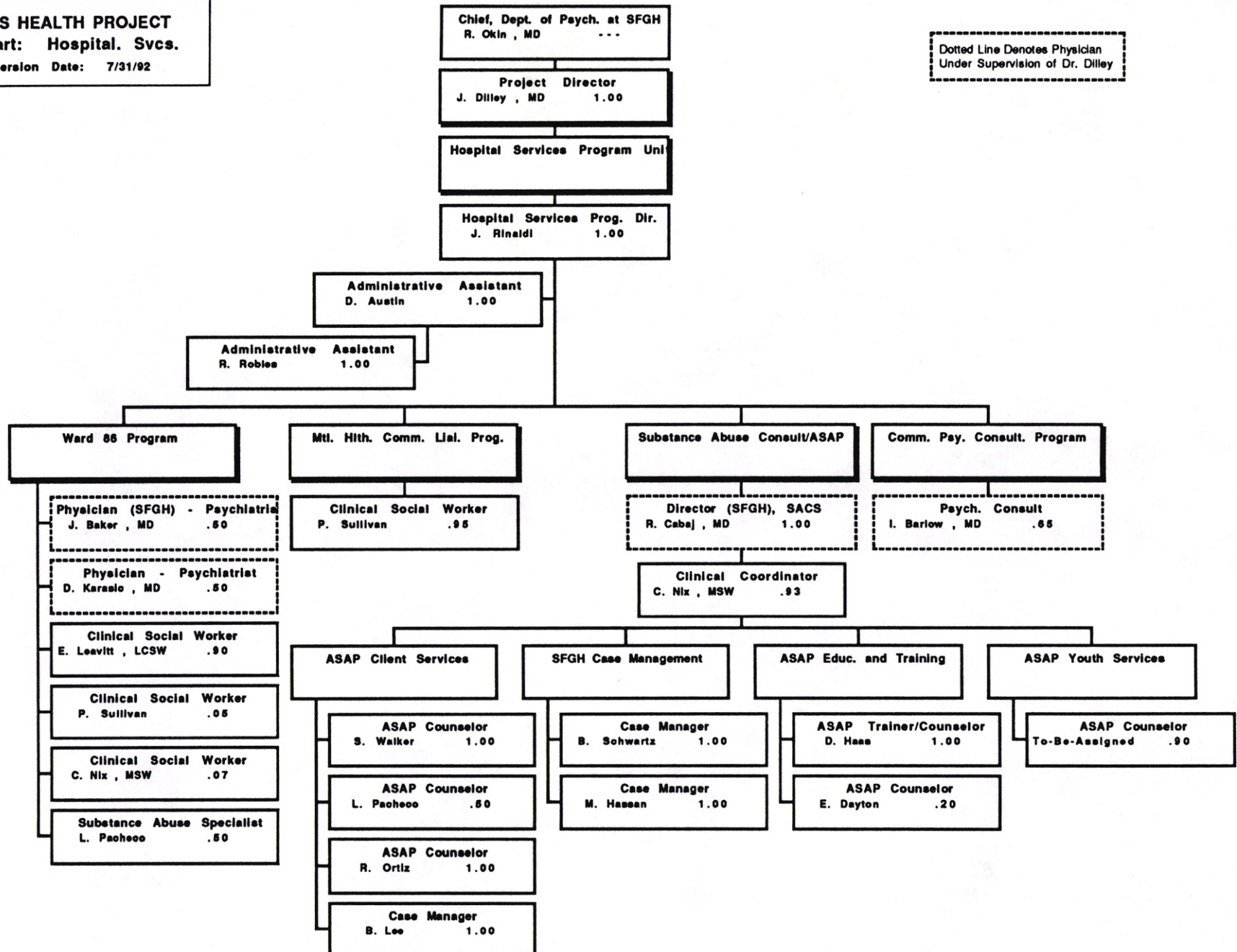
**AIDS HEALTH PROJECT**  
**Chart: Comm. Svcs.**  
 Version Date: 8/1/92



**AIDS HEALTH PROJECT  
Chart: Hospital. Svcs.**

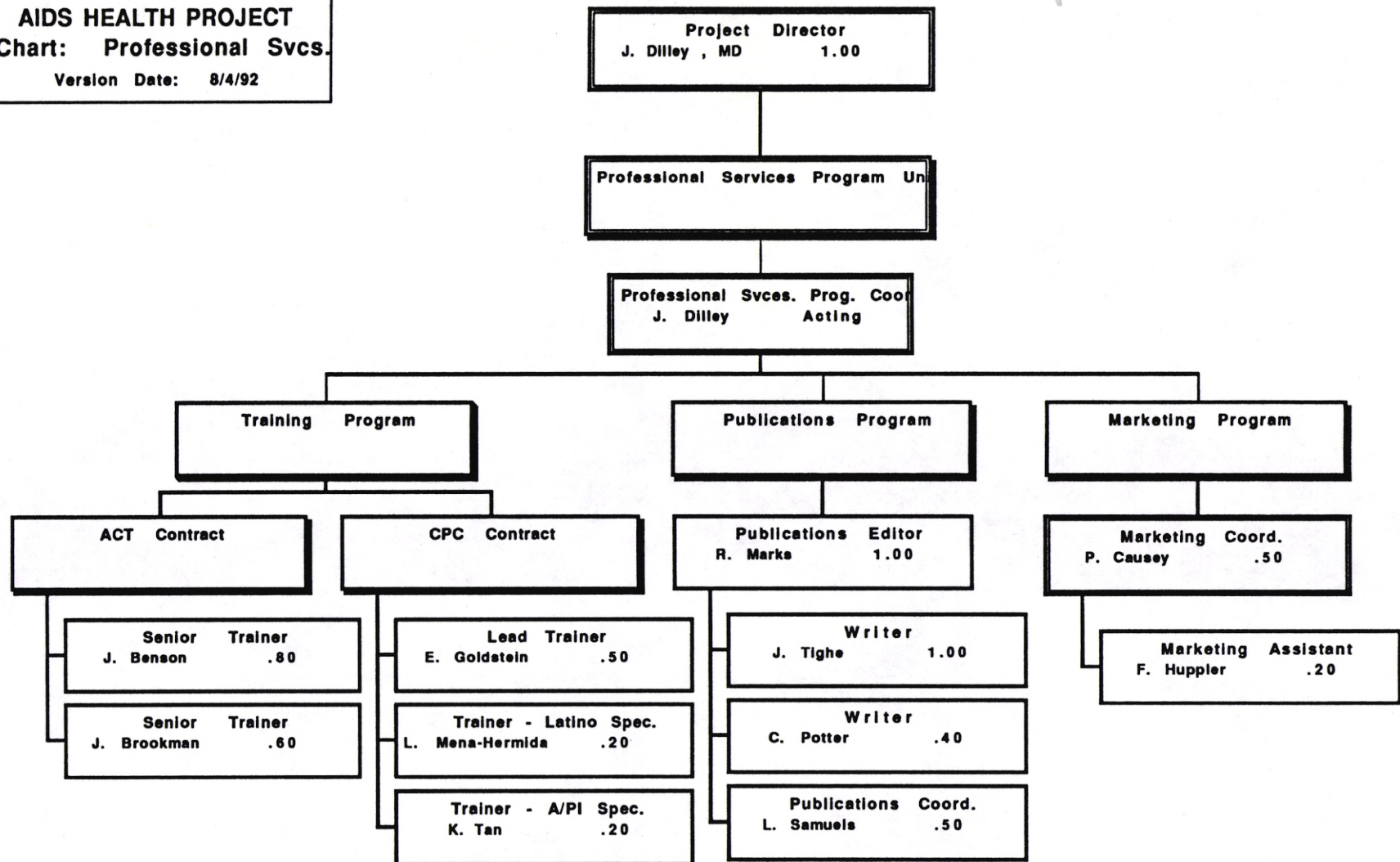
Version Date: 7/31/92

Dotted Line Denotes Physician  
Under Supervision of Dr. Dilley





**AIDS HEALTH PROJECT**  
**Chart: Professional Svcs.**  
Version Date: 8/4/92



## AHP COMMUNITY ADVISORY BOARD

### A. HISTORY OF AHP CAB CONTRIBUTIONS

The following is a summary of the help contributed by the Community Advisory Board since its inception in 1986.

Our government contracts require that the Project demonstrate open communication and responsiveness to the community to insure that our services are relevant and necessary. The mere existence of the Board, and attendance at monthly meetings by its members, helps assure that our funding will continue.

#### 1986-1987

The Project held its first Holiday party for staff, board, volunteers and family, invite colleagues and guests thanks to the generous hosting by a member of the CAB in his (held both in 1986 and 1987) parties. Members helped by writing corporate solicitation prepared design suggestions for our logo, consulted in design of our teen education program, helped us become a Bike-a-thon beneficiary, reviewed educational materials and helped the idea for a Spanish language stress group. Most notably, members helped the Project secure our grant for Apple Computers for a computer network and helped translate our brochure, "AIDS Effects on the Brain," into Spanish.

From  
CAB  
Manual

#### 1988

This year saw many individual contributions of the Board to the Project that included writing of news stories and press releases, helped market our first AIDS and mental health conferences and reviewed materials for our trainings and publications.

Members helped the Board itself by hosting the new member orientation at one member's popular local restaurant, hosting the Retreat at another member's weekend home, hosting, with refreshments, various committee meetings in member's homes.

The Board helped raise money for the Project by conceiving the idea and preparing the ads for the holiday gift letter offering, helped fight for our part in the Bike-a-thon and representing the Project on the stage at the AIDS Walk.

The Board also helped by advising the Project on matters of legal concerns and issues, a few members marched in the Gay Day Parade and a helped out in the booth, and a few worked in the Castro Street Fair booth.

Most notably: members helped by motivating support for services for asymptomatic HIV+'s and conceived, executed and raised money to pay for the safety pin give-away at the Gay Day Parade (including helped stick the pins on ouch!) to help publicize these services.



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## 1989

As in 1988, some members marched in the Gay Day Parade and helped in the booth that day and at the Castro Street Fair, although it was fewer than in 1988. Several members helped launch our donor newsletter, *News & Notes*, by consulting in the design and writing several of the articles. Other assistance in fundraising activities included help in the planning and production of the Movie Mogul Party (with one member coordinating/ donating most of the food for the evening), researching of greeting card printing and production, introducing the Project to grant writer Judy Loura, volunteering for the Macy's Passport Fashion Show, representing the Project at the AIDS Walk and the planning of home party ideas.

Many members helped in the marketing of our educational materials by participation in a special FOCUS marketing session, reviewing new materials, writing articles and selling books in our booth at the National AIDS Update conference .

General help to the Project included researching locations for the Holiday party, legal advise and expertise, consulting on accounting systems and procedures, writing letters to the Governor, major news media, etc. in the state and bringing the issues of sexual minorities to the Project. Members also attended a Coming Home Hospice Bingo game.

Most notably, the Board was responsible for assuring the Project's participation in the Kirov Ballet Benefit at the Opera House, and the recognition of the Project by both of the publishers of the Sentinel and the Bay Area Reporter and the subsequent increase of coverage by each newspaper.

## 1990

During 1990, the Board raised money through two house parties hosted by one current and one past Board person, worked the booth at AHP's AIDS and Mental Health Conference and hosted the CAB Retreat at a member's weekend home. Most notably, members have recruited volunteer office workers (and one works here herself), helped start the new Volunteer Facilitated Support Groups for HIV+'s, and were supportive of the Project during the AIDS Walk and other fundraisers.

Other achievements during the year included a review of the Project's services to minority clients, a Bridge Party fundraiser, several important lobbying letters written by the Board on the Project's behalf, and an update of the Boards by-laws were made.

The Board also recommended that the Project revisit its traditional stance of neutrality towards HIV testing with the following: ". . . that AHP's policy on HIV testing be changed from one on neutrality to one being supportive of testing in high-risk populations" (7/12/90). Board members also volunteered to help with the Project's successful Asphalt Pilot Program at the Castro Street Fair where 240 people were tested in a single afternoon.

## 1991

During 1991, a number of new members joined the Board and the sub-committee structure began to work more efficiently. The Finance Committee took on a stronger role and, in addition to supporting the usual fundraisers such as the AIDS Walk, the committee recommended that the Board become a "fully contributing" Board and asked each member to donate. The Program Committee focused on advocating for mobile testing and the Volunteer



Committee, through local newspaper advertisements brought many hours of volunteer time to the agency.

The Board also agreed to host the Volunteer Party in 1992 and will use its bank account to make money that was raised for this purpose available to support the activities of the Positives Being Positive's Social Program.

The Board also hosted its first Annual New Member Dinner at Ivy's restaurant in October where a good deal of fun (and fine food) was had by all!

**B. BY-LAWS OF THE COMMUNITY ADVISORY BOARD**  
**(Adopted December 6, 1990)**

**ARTICLE I - NAME**

The name of this organization shall be the Community Advisory Board of the AIDS Health Project (AHP) of the University of California, hereinafter referred to as the "CAB."

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8. Assist in maintaining appropriate priorities for assignment of staff and expenditure of funds.
9. Do the above with a general overview of program activities rather than through active involvement in day-to-day functioning of the AHP.

**ARTICLE III - MEMBERSHIP**

Section 1. CAB membership shall be at least ten and not more than twenty members. To the extent possible, the membership shall reflect the population of San Francisco, and especially consumers of AHP services, with consideration to such factors as ethnicity, nationality, handicaps, gender, sexual orientation, and age. To the extent possible, at least one of the members shall be a past or present consumer of AHP services.

Section 2. Each candidate for membership shall be at least 18 years of age and shall submit during candidacy a brief and signed statement that he or she is willing to serve, together with a biographical sketch. No member may be an AHP employee, AHP contractor, or agent or employee of any AHP contractor. At any given time, at least 75 per cent of the members shall be residents of San Francisco.



- Section 3. At the annual dinner meeting referred to in Section 1 of Article IV, those members who wish to stand for reelection to the CAB may do so by notifying the Nominating Committee. All members present at the annual meeting shall vote for or against each incumbent member who desires to stand for reelection. Any incumbent receiving a majority of the votes cast shall be allowed to serve an additional year. The Personnel and Volunteers Committee shall be responsible for promptly nominating persons to fill vacancies on the board caused by the leaving of current members.
- Section 4. The term of members shall be one year from September 1 through August 31. Members may be elected for an unlimited number of successive terms.
- Section 5. Members failing to attend three meetings unexcused or a total of six meetings whether or not they have been excused within a 12-months period shall be dropped automatically from membership.
- Section 6. Members may be removed from the CAB for cause. Removal requires a two-thirds vote of the current membership of the CAB.
- Section 7. Whenever a vacancy occurs on the CAB for any reason, the Nominating Committee shall nominate replacements, and the CAB shall vote on replacements, as soon as possible by majority vote.
- Section 8. No CAB member shall vote on any matter before the CAB affecting an agency in which the CAB member or his or her immediate family has any financial interest.
- Section 9. Members are not personally liable for the debts, liabilities or other obligations resulting from actions of the CAB or AHP.

#### **ARTICLE IV- MEETINGS**

- Section 1. The annual dinner meeting of the CAB each September shall be brief, beginning with a staff orientation and ending with the election of officers and re-election of members to the board at a dinner following the orientation. Only items considered urgent shall be added to the agenda so that the bulk of the time can be spent on an orientation for all board members, followed by a dinner designed to help the membership and staff get to know each other better.
- Section 2. The annual meeting shall begin early enough so that all members will have time to participate in the annual orientation -- a tour of the AHP's major facilities.
- Section 3. Regular meetings of the CAB shall be held in any place within San Francisco which is approved by a simple majority of the CAB. An agenda outlining what will be discussed at each meeting shall be mailed at least one week prior to each meeting by AHP staff after consultation with the chair of the CAB.
- Section 4. Special meetings of the CAB may be called at any time by the CAB chair if 48 hours notice is given to all members.
- Section 5. Only CAB members shall have the right to vote, hold office, or be permitted to speak on agenda items. Non-members may address the CAB at the pleasure of the chair.



Section 6. Members shall receive no financial compensation for their services.

Section 7. Regular meetings of the CAB, except those items dealing with personnel, contracts and litigation, shall be open to the public.

Section 8. One-half of the current membership of the CAB shall constitute a quorum for the transaction of business at any meeting. Except as otherwise provided in these By-laws, the act of a majority of the members present at any meeting shall be the act of the CAB.

## **ARTICLE V - OFFICERS**

Section 1. Each August, a special Nominating Committee shall be appointed by the chair to nominate from the membership a slate of officers for the coming year and report that slate at the beginning of the September meeting. The officers of the CAB shall be the chair, the vice-chair, the secretary and the treasurer. All officers must be members of the CAB and no person may hold more than one office at a time.

- A. The chair shall preside at all meetings of the CAB. The chair, either directly or by delegation, shall serve as liaison with other CABs, and with the Director of the AHP, who shall be staff liaison to the CAB and shall keep the CAB up to date on the day-to-day operations of the AHP. The AHP Director may bring other staff members to board or committee meetings when the board decides a more detailed presentation about some area of operations is necessary and invites the director to do so.
- B. The vice-chair shall perform in the absence or disability of the chair all duties of the chair as well as such other such duties as prescribed by the CAB.
- C. The secretary shall handle all correspondence, which must be approved and signed by the chair of the CAB before being sent out.
- D. The treasurer shall handle all monies for the CAB, but each check must be signed by one additional CAB officer as well as the treasurer in order for it to be negotiable.
- E. Each officer shall be elected by majority vote in a separate election. If necessary, run-off elections will be conducted to determine winners.
- F. The CAB shall elect such other officers as it deems necessary to perform the duties determined by the CAB.

## **ARTICLE VI - COMMITTEES**

Section 1. There shall be five standing committees of the CAB: the Volunteers Committee, the Media Relations Committee, the Finance Committee, the Program Committee, and the Nominating Committee.

Section 2. The CAB shall have such other committees as it deems necessary to perform its duties and carry out its activities. The number of persons composing each committee and the purpose, powers and duties thereof shall be approved by a simple majority of the CAB.



Section 3. Committee chairs as well as the members of each committee shall be appointed by the CAB chair.

Section 4. In general, committees of the CAB will have the bulk of responsibility for studying various issues that come before the CAB and voting to make recommendations on these issues to the full CAB membership. The chair will decide which topics and issues are assigned to which committees for study.

Section 5. Each committee may vote to make recommendations to the full CAB. The CAB must decide as a full board, however, whether to approve, modify or reject such recommendations.

Section 6. The Director of the AHP is to take each recommendation passed by the full board to his staff, explaining in each case that the staff should pay them heed because these recommendations come from the Advisory Board, which is representative of the community at large and required by federal statutes to advise the AHP on such matters.

#### **ARTICLE VII - NON-DISCRIMINATION**

The CAB shall not discriminate in any manner on account of race, creed, religion, age, sex, sexual orientation, or handicap.

#### **ARTICLE VIII - MISCELLANEOUS**

The AHP shall prepare and maintain correct and complete books and records of account, minutes of all meetings, and shall also keep a copy of current by-laws., all of which shall be open to inspection by the public at all reasonable times during office hours at the Office of the AHP. The AHP shall provide recording and clerical support for production of all such books, records, minutes and by-laws.

#### **ARTICLE IX - AMENDMENTS TO BY-LAWS**

These by-laws may be amended or repealed and new by-laws adopted at any CAB meeting by a two-thirds vote of those present.

#### **ARTICLE X - PARLIAMENTARY AUTHORITY**

The Rules contained in "Roberts Rules of Order, Newly Revised," shall apply to all situations not covered by these by-laws or by any special rules adopted by the CAB.

END

**C. LIST OF MEMBERS**

**1. CURRENT**



## **2. PAST**

### **COMMUNITY ADVISORY BOARD**

The Administrative Advisory Committee was created (1985) with selected members having no direct policy making power. It consisted of:

Chairman  
Vice-Chairman  
Secretary  
Treasurer

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*Check  
against  
CAB Notebook*



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Section 3. At the annual dinner meeting referred to in Section 1 of Article IV, those members who wish to stand for reelection to the CAB may do so by notifying the Nominating Committee. All members present at the annual meeting shall vote for or against each incumbent member who desires to stand for reelection. Any incumbent receiving a majority of the votes cast shall be allowed to serve an additional year. The Personnel and Volunteers Committee shall be responsible for promptly nominating persons to fill vacancies on the board caused by the leaving of current members.

Section 4. The term of members shall be one year from September 1 through August 31. Members may be elected for an unlimited number of successive terms.

Section 5. Members failing to attend three meetings unexcused or a total of six meetings whether or not they have been excused within a 12-months period shall be dropped automatically from membership.

Section 6. Members may be removed from the CAB for cause. Removal requires a two-thirds vote of the current membership of the CAB.

Section 7. Whenever a vacancy occurs on the CAB for any reason, the Nominating Committee shall nominate replacements, and the CAB shall vote on replacements, as soon as possible by majority vote.

Section 8. No CAB member shall vote on any matter before the CAB affecting an agency in which the CAB member or his or her immediate family has any financial interest.

Section 9. Members are not personally liable for the debts, liabilities or other obligations resulting from actions of the CAB or AHP.



## **ARTICLE IV- MEETINGS**

Section 1. The annual dinner meeting of the CAB each September shall be brief, beginning with a staff orientation and ending with the election of officers and re-election of members to the board at a dinner following the orientation. Only items considered urgent shall be added to the agenda so that the bulk of the time can be spent on an orientation for all board members, followed by a dinner designed to help the membership and staff get to know each other better.

Section 2. The annual meeting shall begin early enough so that all members will have time to participate in the annual orientation -- a tour of the AHP's major facilities.

Section 3. Regular meetings of the CAB shall be held in any place within San Francisco which is approved by a simple majority of the CAB. An agenda outlining what will be discussed at each meeting shall be mailed at least one week prior to each meeting by AHP staff after consultation with the chair of the CAB.

Section 4. Special meetings of the CAB may be called at any time by the CAB chair if 48 hours notice is given to all members.

Section 5. Only CAB members shall have the right to vote, hold office, or be permitted to speak on agenda items. Non-members may address the CAB at the pleasure of the chair.

Section 6. Members shall receive no financial compensation for their services.

Section 7. Regular meetings of the CAB, except those items dealing with personnel, contracts and litigation, shall be open to the public.

Section 8. One-half of the current membership of the CAB shall constitute a quorum for the transaction of business at any meeting. Except as otherwise provided in these By-laws, the act of a majority of the members present at any meeting shall be the act of the CAB.

## **ARTICLE V - OFFICERS**

Section 1. Each August, a special Nominating Committee shall be appointed by the chair to nominate from the membership a slate of officers for the coming year and report that slate at the beginning of the September meeting. The officers of the CAB shall be the chair, the vice-chair, the secretary and the treasurer. All officers must be members of the CAB and no person may hold more than one office at a time.

A. The chair shall preside at all meetings of the CAB. The chair, either directly or by delegation, shall serve as liaison with other CABs, and with the Director of the AHP, who shall be staff liaison to the CAB and shall keep the CAB up to date on the day-to-day operations of the AHP. The AHP Director may bring other staff members to board or committee meetings when the board decides a more detailed presentation about some area of operations is necessary and invites the director to do so.



B. The vice-chair shall perform in the absence or disability of the chair all duties of the chair as well as such other such duties as prescribed by the CAB.

C. The secretary shall handle all correspondence, which must be approved and signed by the chair of the CAB before being sent out.

D. The treasurer shall handle all monies for the CAB, but each check must be signed by one additional CAB officer as well as the treasurer in order for it to be negotiable.

E. Each officer shall be elected by majority vote in a separate election. If necessary, run-off elections will be conducted to determine winners.

F. The CAB shall elect such other officers as it deems necessary to perform the duties determined by the CAB.

## **ARTICLE VI - COMMITTEES**

Section 1. There shall be five standing committees of the CAB: the Volunteers Committee, the Media Relations Committee, the Finance Committee, the Program Committee, and the Nominating Committee.

Section 2. The CAB shall have such other committees as it deems necessary to perform its duties and carry out its activities. The number of persons composing each committee and the purpose, powers and duties thereof shall be approved by a simple majority of the CAB.

Section 3. Committee chairs as well as the members of each committee shall be appointed by the CAB chair.

Section 4. In general, committees of the CAB will have the bulk of responsibility for studying various issues that come before the CAB and voting to make recommendations on these issues to the full CAB membership. The chair will decide which topics and issues are assigned to which committees for study.

Section 5. Each committee may vote to make recommendations to the full CAB. The CAB must decide as a full board, however, whether to approve, modify or reject such recommendations.

Section 5. The Director of the AHP is to take each recommendation passed by the full board to his staff, explaining in each case that the staff should pay them heed because these recommendations come from the Advisory Board, which is representative of the community at large and required by federal statutes to advise the AHP on such matters.



## **ARTICLE VII - NON-DISCRIMINATION**

The CAB shall not discriminate in any manner on account of race, creed, religion, age, sex, sexual orientation, or handicap.

## **ARTICLE VIII - MISCELLANEOUS**

The AHP shall prepare and maintain correct and complete books and records of account, minutes of all meetings, and shall also keep a copy of current by-laws., all of which shall be open to inspection by the public at all reasonable times during office hours at the Office of the AHP. The AHP shall provide recording and clerical support for production of all such books, records, minutes and by-laws.

## **ARTICLE IX - AMENDMENTS TO BY-LAWS**

These by-laws may be amended or repealed and new by-laws adopted at any CAB meeting by a two-thirds vote of those present.

## **ARTICLE X - PARLIAMENTARY AUTHORITY**

The Rules contained in "Roberts Rules of Order, Newly Revised," shall apply to all situations not covered by these by-laws or by any special rules adopted by the CAB.

## **AIDS HEALTH PROJECT MANAGEMENT TEAM**

1988-1991

The AHP Management Team which was established in 1988, was composed of the Unit Managers of the AIDS Health Project and eventually became the policy making body of the AIDS Health Project. It originally consisted of:

James Dilley, MD - Project Director  
Renetia Martin, MSW - Deputy Director  
Judy Macks - Training Program  
John Acevedo - Prevention Program  
Marcia Quackenbush - Youth Program  
Joanna Rinaldi - Substance Abuse Program  
Donna Berka - Administrative and Fiscal Unit

*Restructure  
Executive  
Committee*

### **Purpose of Management Team**

4/11/89

1. Share pertinent information about administrative issues and the activities undertaken in each program among the managers to ensure a high level of awareness about the activities and opportunities that exist throughout the project. New directions or new projects undertaken by a particular unit should be presented for input.
2. Promote better communication and utilization of resources among the programs and among the programs and among the managers.
3. Provide an arena for discussion of shared agency problems as well as personnel, management or programmatic problems that may arise in a particular program.
4. Provide an arena for the development of selected agency policy and procedures.
5. Promote an atmosphere of general support among the managers and between the leadership and the management team.



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## REORGANIZATION AND FORMATION OF CLUSTER REPRESENTATIVES (3/5/91)

This reorganization of the Project was set forth and accepted by all staff of the Project in the hope of developing a more effective and efficient organizational system to better facilitate agency planning and decision-making processes.

### Linkage with "Organizational Chart" Decision-Making Process

The ultimate responsibility for the overall operations of the agency will remain with the Project Director just as the final determination of what we can and cannot do programmatically remains with the University. Personnel decisions and detail-level fiscal decisions will continue to be made using the "Organizational Chart" decision-making processes, i.e., by the Project Director with input from the Unit Managers, Deputy Directors, and Fiscal Manager. It is important to recognize, however, that these decisions are typically based on program level needs. In this context, the Program Management Team Agency and Clusters through their Two-Year Program Direction Plan will be very influential in the determination of most agency decisions.

### Decision-Making and Power Issues

This model will acknowledge and support the decision-making and influence that all staff exercise as a normal part of their performance. This model allows AHP to have a more coordinated decision-making process in which all affected staff are apprised of and participate in the development of program changes before they occur. This organizational change is intended to assist the agency in being able to manage its many programs and meet its community service objectives in an efficient and cost-effective manner.

### Two-Year Program Direction Plans

Each unit will develop "Two-Year Program Direction Plans" which will chart the rough course that the unit intends to follow. These one to two page two-year plans will be merged at the Cluster level into Cluster Plans and at the Program Management Team level into (should this read "into a recommendation for an"?) an Agency Plan. The consideration of the Two-Year Plans (and their annual review) will constitute a major work component of the Clusters and the Program Management Team and will be used as the basis for agency pursuit of grant funding.

The organization of the Project shall be as follows:

#### Administrative Committee:

|                |                                                                                                                                                                                                      |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Membership:    | Members of old Management Team, plus, as need other AHP staff members who perform administrative functions.                                                                                          |
| Chaired By:    | James Dilley                                                                                                                                                                                         |
| Meeting Time:  | Every Tuesday, except first Tuesday of the month, 12:30-2:00pm                                                                                                                                       |
| Mtg. Location: | AHP Conference Room                                                                                                                                                                                  |
| Function:      | Agency administration topics: standardized cost of services, implementation of system for easier development of proposals, review of purpose of agency indirect, all relevant administrative issues. |
| Outputs:       | Agency semi-monthly staff bulletin.                                                                                                                                                                  |

Handwritten notes on a yellow sticky note:

Now  
First  
Mgmt  
Structure



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| Outputs:       | Agency semi-monthly staff bulletin.                                                                                                                                                                  |



## Program Management Team

**Membership:** Members of the old Management Team (Unit Managers), plus a representative from each cluster and from special populations to be specified by the Team. Special populations representatives will be chosen by the special populations groups themselves. (Length of term to be determined.) Currently, special populations to have representatives are the following: African-American, Asian/Pacific Islander, Latino, Women, and an HIV+ Person.

**Chaired By:** James Dilley

**Meeting Time:** Third Tuesday of each month, 2:30-4:30pm on odd numbered months (Jan, Mar, May, July, Sept, Nov).

**Mtg. Location:** AHP Conference Room

**Function:** Agency program and policy topics: sets **(It is my understanding that this should read "recommends" instead of "sets.")** agency policies and program direction, reviews and approves **(recommends changes in?)** "2-year program direction plans" of all units to be received via the clusters, identifies agency response to multi-cultural special needs populations issues, sets **(recommends?)** agency policy on items like conference attendance, sets **(recommends?)** agency participation in community activities and fund raising activities, etc.

**Outputs:** Minutes for Team members with general information items placed in the staff bulletin.

## Clusters

**Membership:** All career status staff and part-time staff approved by supervisor are to attend cluster meetings. This is part of work responsibilities, like attending unit meeting and the All-Staff meeting. Staff are to attend the following clusters, based on Unit membership. If a unit is split into different clusters, the unit coordinator will make cluster assignments. (If a unit supervisor feels that someone from their unit should attend the Client Services-Facility cluster meeting, contact Jim Dilley or Joanna Rinaldi.)

### Client Svs - Community    ATS

Prevention (Educat & Support Svs)  
Women's Services  
ASAP - Community Ed Component

**Chaired By:** Renetia Martin

**Location:**

### Client Svcs - Facility

AHP Conference Room

ASAP - All

Psychiatric Consultation

Ward 86

Case Management Liaison

**Chaired By:** Joanna Rinaldi/James Dilley

**Location:**

### Operations

SFGH

Central Office Staff

Fiscal Services

Marketing



MIS

Chaired By: Peter Campos  
Location: 6th Floor  
Professional Services Publications  
Training  
Chaired By: James Dilley  
Location: Dilley's Office at AHP

Chaired By: As noted above.  
Meeting Times: Third Tuesday, 2:30-4:30 pm on even numbered months (Feb, April, June, Aug, Oct, Dec), except Client Services - Facility which meets at SFGH on the 4th Tuesday from 2:30pm-4:00pm in Room 7E2.  
Function: Field level agency program development and intra-agency linkages topics: exchange of service delivery information, hashing out unit overlap issues, brain storming on hard-to-reach populations or hard-to-deliver services, schmoozing with your colleagues, staff needs, review and approval of "2-year program direction plans" of all units for forwarding to Program management Team, and identification of other items for consideration at Program Management Team.  
Outputs: Selection of a representative to the Program Management Team. Presentation of "2-year program direction plans" for the cluster's units to the Program Management Team. Need for minutes to be determined by each cluster.

**Unit Meetings**

Membership: Staff of each Program Unit.  
Chaired By: Unit Coordinators  
Meeting Time: Decided by Unit or Unit Coordinator  
Function: To work out the needs of the Unit.  
Outputs: To be decided by each Unit.

## POLICY

### 100.01 Confidentiality Form

All personnel of the AIDS Health Project are required to sign a confidentially form upon employment. (See copy of attached form.)

### 100.02 Confidentiality and Access to Personnel Files

To ensure confidentiality of staff personnel files, all such files shall be maintained in a locked file in the Director of Operations office. Access to a staff member's personnel file shall be restricted to the Project Director and his assistant(s) and the Project Director and his assistant(s) and the respective staff member. Individuals' records shall be accessible to that person upon approval from the Project Director. Certain items in an individual's personnel file may be classified as confidential at the discretion of the Project Director.

### 102.1 Use of Sick Time

Paid sick time is a benefit of your employment that is to be used only when illness prohibits your discharging your regular duties. The use of sick time to extend vacations etc. is not allowed. **("Abuse of this benefit can be grounds for termination" should be removed from this policy.)**

### 102.2 Unauthorized Extension of Paid Sick Leave (9/30/86)

Paid sick leave is a benefit of your employment that is to be used only when illness prohibits your discharging your regular duties. The use of sick time to extend vacations (without a physician's written statement), etc., is not allowed. Abuse of this benefit can be grounds for termination.

### 104.1 Communication of Staff Illnesses to Other Employees (8/23/89)

In the event an employee becomes ill with HIV or other disease, he/she may disclose this information to his/her unit manager. The manager will respect the employee's wishes concerning whether or not this information is shared with other staff. The information will not be disclosed to others by the unit manager without the employee's consent. The unit manager will decline to state if the employee wishes the information to be withheld.

If the information is to be shared with other staff members, the unit manager will make an announcement to this effect at the next Management Team meeting. Each unit manager will then inform employees in his/her unit. If the next Management Team meeting is some time away, the employee's unit manager may contact other unit managers by telephone, and ask them to communicate the information to their respective staff.

### 105.1 Educational Leave (12/16/85)

UC Staff Personnel Policy 260.16 states, "The department head may approve an employee's attendance of position-related or career-related programs as time worked . . ." It should be noted that this includes only days actually in attendance at a conference, etc, and not travel time. Other possibilities include



taking leave without pay or possibly arranging compensatory work time to free the employee to attend a desired activity.

105.2 Conference Attendance and Leave (10/23/89)

AHP personnel may request leave to attend conferences for the purpose of making presentations or for professional development.

All requests must be presented to the Unit Manager for approval and may include any or all of the following elements. (Use attached form.)

1. Request for days of leave: with pay, without pay, or vacation leave.
2. Request for coverage of registration costs.
3. Requests for coverage of travel and per diem costs.

AHP policy for granting such leave is as follows:

**When Making Presentations**

The unit manager must forward the request to the agency director, or in his or her absence, the deputy director.

Generally, approval will be based on whether the presentation is viewed as furthering the goals of the agency and whether the agency workload demands allow the absence.

**For Professional Development**

Unit managers are authorized to grant permission for staff persons to attend workshops or conferences for the purpose of professional development.

Generally, approval will be based on whether the session is viewed as contributing to the skills required for the staff person's performance in the agency and whether the agency workload demands allow the absence.

1. Conference Registration Costs
  - a. Units with a staff development line item must fund their own registration costs.
  - b. Units without a staff development line item may request these costs be covered from agency discretionary funds. The agency will make provisions to cover such costs roughly to the extent that these costs are funded by units that have this line item.
2. Conference Out-of-Town Travel and Per Diem Costs
  - a. Approval for out-of-town travel costs must be secured from the agency director, or in his/her absence, the deputy director.

105.3 Requirements of Conference Attendees Representing AHP

1. Persons attending conferences as an AHP representative should write a 1 to 2 page report on the conference. (2/28/89)



2. Conference attendees representing AHP or those attending a conference as part of their AHP work schedule, are not allowed to participate in activities that are primarily political in nature. Those wishing to participate in political demonstrations or other political activities must do so on their own time.

106.1 Emergency Procedures (10/20/89)

1. Each Unit Manager will keep a list of all employees' home telephone numbers and addresses at their office and at their residence. In the event of a disaster, each unit manager will try to contact each person in his unit, or set up a communication tree within his unit to verify the safety of his staff.
2. Each staff should try to contact his immediate supervisor or designated second-in-command as soon as possible after a disaster. Each supervisor (or designated second-in-command) should contact his Unit Manager or immediate supervisor.
3. Each Unit Manager should report to the director or deputy director and let him/her know of any missing or injured staff.
4. In the event of a disaster during office hours, all staff are to meet at the Folsom Street Diner at 14th and Folsom (those at MCB) or at a designated meeting place for the off site staff (Health Centers, SFGH, CPC). In the case of fire or bomb threat, evacuation of the building will be immediate. All staff should familiarize themselves with the exits for all their worksites. In the case of an earthquake, no one should exit the building until given the safe go ahead from the Public Safety Officers (in case of falling bricks, etc.).
5. Do not use the elevators. Use exit stairs only. Move away from the building.
6. Safety monitors have been designated to check for any missing persons. Please have all off site staff sign-in when visiting your site.
7. New staff should be oriented to emergency procedures.

107.1 Threats Against AHP Staff (9/11/89)

Threats against staff should be immediately reported to the director or in his/her absence, the deputy director.

108.1 Difficult Clients (10/31/86)

Should be referred to one of the social workers or to the director or deputy director.

109.1 Difficult Inservices (8/23/89)

Unit managers will be responsible for setting up time within their team meetings, as necessary, to discuss difficult information received from inservices. Such discussions might focus on informational questions, or on the emotional responses people have to information (given in inservices). Employees may also wish to discuss some of these matters personally in smaller groups with other staff.

The Project will arrange quarterly "Inservices on Inservices," which will be offered during our usual inservice time. In these meetings, discussions will be



held concerning recent inservices or other news as it relates to work in the Project. Clarification and assistance in coping with difficult information will be presented. Advance notice of these meetings will be posted.

110.1 Honoring Vacation Leave Requests and Limits (12/16/85)

UC Policy 405.10 states, "Vacation shall be scheduled at the convenience of the department and approved by the department head, normally in advance of the vacation period. Vacation may not be used before it is accrued, and vacation schedules are subject to the staffing requirements of the department, as determined by the department head." Thus, it will not always be possible to accommodate all vacation requests. Also, it is requested that an employee not be away for more than three (3) consecutive weeks at a time.

110.2 Work Leave Requests (10/28/87, Revised 10/29/87)

When planning time away from work, a work leave request form (see attached) needs to be submitted to the employee's supervisor for his or her approval (after verifying with AHP personnel that such time has been accrued) and signed by the supervisor *at least four weeks* in advance of the scheduled work leave. A copy of this approved work leave should be attached to your upcoming time sheet and submitted to AHP personnel to verify that sufficient vacation leave or sick leave is available.

110.3 Use of Vacation Leave during a Contract Year (4/14/1986)

Budgets for the Project are written each year (or for however many years) with the assumption that staff will take all vacation accrued to them during the budgeted period of the contract or grant. Employees who are entitled to earned vacation leave but who do not use all their earned vacation during the contract year are entitled to a cash payment for that earned vacation leave time. However, contracts and grants are not budgeted for this "extra" expense and, thus, must be made up out of other budgeted items. When vacation is carried over from year and the employee takes vacation earned in contract year one in contract year two, the hours charged against the contract are charged at the employees' new pay scale (up to 10-15% percent higher because of cost-of-living, merit increases and other increased benefit costs). Thus, the dollar amount carried over from year one to year two is insufficient to cover the total expenses and, the contract must make up this difference from elsewhere within the budget. Monitoring these contracts within their contract period necessitates requesting all AHP employees to take their full vacation leave within that contract year period.

111.1 Holidays - UC vs. City Holidays for AHP Staff

When there is a justifiable reason for a UC program to ask its employees to work on usual UC holidays, the program (specifically ATS) has the right to make such a request.

112.1 Hours of Work (11/1/85)

**AHP is out of compliance with the following UC policy 310.2 "Standard Work Schedule.** A work schedule is the normal hours of work for an employee within a workweek. The standard work schedule for full-time



employees shall be **eight (we work 7 1/2 hrs per day)** hours per day on five consecutive days from 8:00 a.m. to 5:00 p.m., excluding one hour for a meal. The time worked prior to or following a meal period shall be called a work period." **At present full time AHP staff work 7 1/2 hours per day, however, part time and temporary staff do not get the benefit of this 1/2 hour extra pay per day for time they have not worked because their time sheets are marked for the exact number of hours worked. This is an inequity.**

**The following is part of a policy memo sent out 11/1/85:**

1. Staff workweek is equal to forty hours per week. Staff are encouraged to limit work to the standard workweek.
2. Work schedules are negotiated with immediate supervisor.
3. Any change in work schedule must be approved by supervisor.
4. If staff member wishes to work more than forty hours in a workweek, this must be approved by supervisor beforehand.

**113.1 Compensatory Time Policy (11/1/85)**

1. Compensatory time for hours greater than the standard forty hour workweek must be approved by supervisor and must be taken within the same pay period in which overtime takes place. (The definition of a pay period is each calendar month.)
2. Work which exceeds the standard forty hours and does not follow the procedures outlined here shall be considered donated to the Project.

**AHP's Compensatory Time actual policy needs to be clarified with Labor Relations. (Can we stipulate only straight time for compensatory time for work done over 40 hours per week?) UC Staff Personnel Policy 315.6 states, "Employees in the classes designated in the Systemwide Title and Pay Plan as eligible for premium overtime (overtime exemption status code N) shall be compensated at the straight-time rate for hours of overtime not exceeding forty hours of actual work in a workweek and shall be compensated at the rate of one and one-half times the straight-time rate for hours worked which exceed forty hours of actual work in the workweek." Compensatory time for A&PS Policy 132.1 is as follows: "The workweek for a full-time employee is forty hours; however, greater emphasis is placed on meeting the responsibilities assigned to the position than on working a specified number of hours. Work beyond forty hours in a week is subject to additional compensation only under the circumstances described in this policy. Overtime shall be assigned only in emergency situations or when the overtime is determined by the department head to be necessary to meet essential operating needs. To be compensable under this Policy, overtime must be approved in advance and confirmed in writing by the department head." Overtime compensation for A&PS staff per policy 132.4 is as follows: "Overtime granted under the terms of Section 132.1 shall be compensated by compensatory time off on an hour for hour basis. Compensatory time off is scheduled with the approval of the department head. Upon approval of the Chancellor, payment for such overtime may be authorized in exceptional circumstances."**



113.3 Compensation Option

In accordance with the following sections, overtime shall be compensated at the appropriate rate **either** by compensatory time off **or by pay**. **(AHP does not give the option of being paid for overtime.)**

114.1 Long Distance Telephone Calls (5/13/1985)

All long distance telephone calls shall be entered onto a Long Distance Telephone Log which shall be maintained by each staff person in the Administrative Office. **(This policy is out of date or rather not enforced. Shall it be deleted?)** Use of long distance must be restricted to official Project business. **(Unwritten rule is that staff living in the East Bay or surrounding area may have up to \$5.00 per month long distance personal calls.)**

115.1 Requests for Letters of Support from Outside Agencies (3/7/91)

Individual staff members do not have the authority to speak for the agency. As such, the authority to sign all letters of support rests with the Project Director. If an AHP staff receives a request from an outside agency to send a letter of support for their proposal, and that staff member believes AHP should support the proposal, the requesting party should send a copy of the executive summary of the proposal which the staff member should present to the Project Director. The Project Director will issue the letter of support if acceptable.

**(AHP GUIDELINES AND PROCEDURES ARE YET TO BE DEVELOPED.)**

**UCSF AIDS HEALTH PROJECT  
AIDS AND SUBSTANCE ABUSE PROGRAM (ASAP)  
ADMINISTRATIVE POLICIES AND PROCEDURES**

Direct Services Component

1. INITIAL CLIENT CONTACT

- 1.1 Referring professional/client calls centralized phone number for appointment for consultation/Intake. Initial information regarding program is given.
- 1.2 Referring professional/client is given appointment time/place/name of staff for evaluation, assessment and referral.
- 1.3 Client is referred to other resources if they are not appropriate or do not desire services offered by the Project (e.g., to AIDS Hotline for general AIDS information or HC #1 for medical screening.)

2. HEALTH CONSULTATION / INTAKE

- 2.1 Client fills out Confidential Information Sheet first. (Refer to Page 6 for procedure.)
- 2.2 Client's Consent for Services is obtained at beginning of session. (Refer to Page 7 for procedure.)
- 2.3 Client is assessed regarding his/her current situation, problem areas, medical/mental status, medical/psychiatric history, and current and past use of substances.
- 2.4 Clinical decisions are made and discussed with client.
- 2.5. Service recommendations/referral:



a. If client meets admission criteria (see below) and is interested in AHP group, he/she is assisted in selecting appropriate group among those offered.

b. As necessary, client is referred to other community resources.

2.6 Crisis counseling. If client presents to health consultation in crisis, crisis oriented counseling/referral will supercede above procedures (see "Psychiatric Referral Procedures"). Up to two additional crisis sessions can be conducted when necessary in order to provide a safe effective transition to appropriate referral.



### 3. ADMISSION CRITERIA

3.1 Assignment of services is based on the initial assessment of the client's needs and is matched with specific goals and objectives of groups/services being offered.

#### 3.2 Substance Use Assessment

Much Data must be collected during the intake session and there is not adequate time to include a full assessment of a client's substance use history. Clinicians should always pursue a partial assessment of the client's substance use status. In reviewing the Client Information Sheet, regardless of what the client has checked under the questions, "Do you consider your alcohol use a problem?" and "Do you consider your drug use a problem?", clients should be queried as to current levels of substance use.

Clients with clear and significant alcohol or drug dependencies are not appropriate for closed groups. These clients may be referred on to ASAP for full assessment. They may also attend AHP drop-in group if appropriate.

In many instances, it may be difficult to assess a client's substance use status and appropriateness for group. In these cases, the clinician should acknowledge his/her concerns to the client and refer him/her on to ASAP for full assessment. ASAP will make a recommendation regarding whether or not client should be enrolled in AHP group.

The Intake and group experience may be considered opportunities to help clients evaluate their substance use issues. The AIDS Health Project is a "Health Promotion Effort."

### 3.3 Exclusion of Services

- a. Clients who are assessed likely to be disruptive to group format will be excluded from groups.
- b. Clients who are assessed to be unable to tolerate a group experience will be excluded from groups.
- c. Clients who have significant characterological disorders will not be appropriate for groups.
- d. Clients who are assessed to be in need of individual therapy and would not benefit from AHP group experience.

### 3.4 Fee Agreement

- a. If client is going to be waitlisted for a group, he/she is presented a Fee Agreement Form that explains the fee structure. Refer to Page 9 for Fee Form procedure.



4. DISPOSITION

- 4.1 Recommendations regarding Project services and/or referral are documented in client record. (Refer page 10)
- 4.2 Client's name is placed on a computerized waiting list indicating the type of group, earliest date available and times available for participation, staff person who conducted the health consultation/Intake and code indicating special conditions. All client information sheets for those clients waiting to be in groups in the Worried Well/ARC/HIV program are centralized in the AIDS Health Project Administrative Office. During none working hours, they are to be kept in a locked file cabinet in a locked office. This policy shall also apply to all client information sheets of those clients no longer waiting for groups (closed files).
- 4.3 Disposition meeting is held on the second and fourth week of the month to discuss waitlist status, schedule of new groups, discuss clients with special needs, and specific clinical issues. Any questions about clients should be brought to disposition before waitlisting or discussed one-to-one with appropriate counselor, then documented on secondary intake form (refer to 10) as "discussed in disposition (date)" or "discussed individually (date)."
- 4.4 Clients who were "not ready" for group at initial intake and later are reassessed and moved to the waitlist should have this reassessment documented on secondary intake form.
- 4.5 Clients who have completed one group and wish further participation in Project groups can be placed on a repeaters list. Repeaters are given a second priority to clients not previously served.

[REDACTED]

5. PROBLEM RESOLUTION/GRIEVANCE PROCEDURE

- 5.1 Problems relating to admission procedures are dealt with primarily by staff member who has initial contact.
- 5.2. If problem cannot be resolved in this way, the Coordinator of the Worried Well/ARC/HIV Program will be consulted.
- 5.3 If problem cannot be resolved in this way, the Deputy Director will be consulted.

[REDACTED]

6. CLIENT CONFIDENTIALITY

- 6.1 **All staff and volunteers will understand and adhere to rules regarding confidentiality as outlined by the Welfare and Institution Code and Title 9, California Administrative Code. All AIDS Health Project staff and volunteers will read and sign the Oath of Confidentiality.**
- 6.2 HIV antibody status should not be explicitly recorded in any client's chart. This policy exists for practical as well as legal reasons.
- 6.3 Any intake clinician with questions about what data should be recorded, and in what manner, should speak with the WW/ARC/HIV Program Coordinator to clarify clinical issues and language choices.



## 7. QUALITY ASSURANCE

### 7.1 Continuity of Care

- a. During the Disposition Meeting, specific problems related to clients are discussed, specific problems related to the delivery system are discussed and policy changes are made.
- b. Periodic case record review is conducted to assure accurate documentation and to determine the length of time required to serve clients.

### 7.2 Staff Supervision

- a. The Project Deputy Director directly supervises staff members of the Worried Well/ARC/HIV program regarding problems relating to providing services to this population.
- b. Coordinator of Worried Well/ARC/HIV program is available for clinical supervision when specific clinical problems arise in Intake or group sessions.

## 8. PROTOCOL FOR SUBMISSION OF CLIENT FORMS

### 8.1 CONFIDENTIAL CLIENT INFORMATION SHEET

#### Description:

Two-part self-report form with basic assessment and demographic information.

Explaining form to client:

Information is confidential. Anything client prefers not to answer may be left blank. Further questions regarding info sheet may be asked during intake.

Procedure:

- a. First part, with name, to AHP locked files; used by group facilitators.
- b. Second part, without name, entered into computer records for demographic purposes.
- c. AHP retains files for two years after last contact with client. They will be destroyed after that time.

Exceptions:

- a. Client refuses to fill out form. Note this on a blank form in client's file.
- b. Nature of information on CIF is not relevant to client's presenting concern, (i.e., heterosexual couple presenting with concerns over Dx of a close friend, mother of diagnosed child, etc.). Intake worker will determine such cases at his/her clinical discretion.



## 8.1

### CONSENT FOR SERVICES

#### Description:

One-page consent form giving client's permission to be seen for intake and to receive follow-up contact from AHP if applicable.

#### Explaining form to client:

Standard consent form. "conditions of services" means: (1) You are here voluntarily; (2) intake session is provided free of charge; (3) information in session is confidential. This means all info stays within Project and is not shared with anyone outside Project, except when we perceive client to be grave threat to self or others, or if client reports an instance of child physical or sexual abuse, in which case we would need to inform appropriate people.

#### Procedure:

- a. If client is not being wait-listed for a group and does not want further follow-up from Project, item 2 "Consent to be Contacted" may be crossed out and voided.
- b. Client signs on "Client signature" line. Client may sign with first name only or alias if he/she is using one.
- c. Clinician signs on "Witness Signature" line, and fills in "Title" line and date.
- d. Form is attached to client file.

#### Exceptions:

       All clients should be asked to complete Consent Form. This form may be left blank only if client refuses to sign it. In such a case, note this on a blank form attached to client file.

### 8.3 **FEE AGREEMENT**

Description: AHP Fee agreement form.

Explaining to client:

- a. Explain fee structure (\$60/30) to client. Agree on fee amount. If client cannot afford lower fee, fee may be waived. Clients enrolling in groups for people with medical conditions, ARC, PWA and PWARC couples should sign this form with fee waiver noted.
- b. Clinician writes in client's name at top of form and checks appropriate fee.
- c. Client reviews form, asks questions, signs form.
- d. Clinician witnesses form

Procedure:

Fee agreement is attached to client info sheet.

Exceptions:

If no group referral is being made, client does not need to sign this form.

### 8.4 **SECONDARY INTAKE FORM**

Description:

Clinical assessment form, filled out by clinician after intake.



Procedure:

- a. Notes should be entered for each heading. If there is not applicable info, enter "N/A." For #3, "relevant Psychiatric history," enter either "+" or "-" for each symptom listed, explaining all (+) entries.
- b. "Impressions" should explain/reinforce your assessment as to whether client is appropriate for group.
- c. "Disposition" should note any AHP group client is waitlisted for, or any follow up plans.

Follow-up contacts with significant clinical relevance should be noted on this form, or on a separate attached sheet.

Exclusions:

All first-time intakes should be documented with this form. Clients returning for intakes after a significant period (over 6 mos.) should be re-assessed with this form.

## 8.5 WAITLIST FOR GROUPS

Description:

Form given to support staff with client information for group waitlist.

Procedure:

- a. Enter clients waiting for WW/ARC/HIV groups. Do not enter clients who are not waitlisted for group .
- b. Fill out form as indicated. Write legibly.
- c. Enter "N" for new or "E" for existing client in appropriate column.
- d. Enter first (1 ) and, if applicable, second (2 ) choice of group for client.

- e. Enter times client is available for group. Do not waitlist people for WW group (Stress, Sex, Transitions) unless they are available M-TH evenings. (These groups are not offered days or weekends.)
- f. If there are important clinical concerns or questions about any client, he or she should not be entered on this form until the case is discussed in disposition. After such time, client can be entered on form with note under "special attention" column. Notes on disposition discussion should be attached to client file, and group facilitator should read such notes carefully before start of group. Alternatively, if intake clinician can speak to appropriate group facilitator about client outside of disposition and both clinicians are satisfied with this consult, client may then be entered on this form, again noting "special attention."

**Exclusions:**

Only clients being waitlisted for WW/ARC/HIV groups should be entered on this form.

**8.6 CLIENT TRACKING FORM**

**Description:**

AHP tracking form that lists group members, type of group, facilitator, start date of group, end date of group and sign-up for other groups.

**Procedure:**

This form is intended as an update form for clients who have been on our waitlist and who are now starting a group or ending one. Disposition is as follows:

- a. Group facilitator notes those group members who show up at first session.



- b. At last session, facilitator notes those members who have completed group and notes which groups members would like to be called for in the future.
- c. Form is returned to Administrative Office to be used in waitlist update.

## 8.7 EVALUATION

100   ATS

POLICY

100.1 ATS Program Objectives

100.1.1       The objectives of the Alternative Test Sites are:

To provide free, anonymous, and confidential AIDS antibody testing to anyone who requests it; to educate Alternative Test Site clients about AIDS, safe sex, and HIV risk reduction; and to provide the results of the test in a caring and supportive atmosphere.

100.2 ATS Policies and Procedures

100.2.1       Using these Policies and Procedures:

These Policies and Procedures outline the general administrative policies and procedures to be followed in ATS operations.

100.2.2       Other Policies and Procedures:

a.   State and City. The ATS operates under the general guidelines and operational standards promulgated by the State DHS Office of AIDS and the SF DPH AIDS Office. References to these guidelines and standards are contained in this document. Nothing in this document is intended to be in conflict with State and City guidelines.

b.   AHP and UCSF. Other guidelines and standards that affect ATS operations are promulgated by the AIDS Health Project and the University of California.

100.2.3       Patient Bill of Rights for HIV Testing

a.   The patient has the right to considerate and respectful care.

b.   The patient has the right to receive from the counselor information necessary to give verbal or written consent prior to the blood drawing.

c.   The patient has the right to refuse the HIV test at any time. Patients who sign a testing consent form at a confidential test site or give verbal consent to be tested at an Alternative Test Site (ATS) are not prevented from ultimately refusing to take the test.

d.   The patient has the right to privacy during pre-test counseling, post-test counseling, and the blood drawing procedure.

e.   At a confidential test site the patient has the right to expect that all communications and records pertaining to the HIV test should be treated as confidential.



- f. At an ATS the patient has the right to expect that all communications and lab results pertaining to the HIV test will be kept anonymous with no personal identifiers to identify the individual who took the test.
- g. The patient has the right to expect that within its capacity, a testing site will make reasonable efforts to meet the requests of a patient for services.
- h. The patient has the right to know the name of the counselor and/or health care professional who is providing services to him/her. The patient also has the right to know of any information concerning his/her test results that may be shared among the confidential test site that performed the test and any other health care and educational institutions.
- i. An HIV positive patient has the right to obtain complete and current information from the counselor concerning AIDS and human immunodeficiency virus (HIV) infection, the preventive treatments available to HIV positive individuals, and the prognosis of individuals infected with HIV in terms which the patient can be reasonably expected to understand.

### 100.3 Anonymity

#### 100.3.1 Client Identifying Information

- a. No person coming into the test site will be asked to give their name, address, or any other identifying information at any time or for any reason.
- b. If a client voluntarily reveals their name, or other identifying information (i.e. through filing a complaint or writing a letter to the ATS), this information will remain confidential.

#### 100.3.2 Client Known to the Counselor

- a. Counselors may not give results to persons they know or recognize. "Under no circumstances, including client request, will post-test counselors report results to clients: who are friends or acquaintances, or who the counselor recognizes by sight, i.e. a person the counselor recognizes from the gym, bank, department store, etc." (5/87 SF DPH memo)
- b. If a counselor recognizes a client to whom they have been assigned, they are to inform the clerk of that fact and ask that the client be assigned to another counselor.

### 100.4 Confidentiality

#### 100.4.1 General

- a. No one except staff and clients are allowed to be present during the ATS operating hours. The only exception to this rule applies when the ATS hours are simultaneous with the operations of the host site facility. At such times, the area for ATS operations should be generally restricted to ATS clients and staff.

#### 100.4.2 Media

- a. Absolutely no cameras, recording devices, or other media activity are allowed in this test site or on the grounds without the express consent of the the Department of Public Health and the AIDS Health Project.
- b. In the event that news media or others attempt to video or film or voice record during ATS operations, they are to be asked to cease and leave the premises by the site supervisor. If they do not accede to this request, are to shield clients from being observed and call UC Police to report the persons for trespassing.

#### 100.4.3 Research Activities

- a. No one may conduct interviews or perform other research related activities, including soliciting subjects with written materials, without the express consent of the AIDS Health Project
- b. All research-related requests are to be directed to the ATS Coordinator.

#### 100.5 Accessibility of Services

##### 100.5.1 General

- a. According to the State Department of Health Services "[for persons age 12 or over]...ATS HIV testing services shall be made available, in an accessible manner, to anyone who desires to be tested." Phone clerks must make every attempt to make an appointment to anyone who wishes one. In case of questions or difficult situations the counselor supervisor should be called in. (ref: State DHS Office of AIDS letter dated 2/10/89, attached legal opinion.)

##### 100.5.2 Age

- a. Clients aged 12 or over are eligible for ATS services.
- b. Persons between the ages 12-18 are generally to be provided one to one health ed.
- c. If someone under the age 12 needs testing they will be referred to either the AIDS Hotline or to the Perinatal AIDS Center at SFGH.

##### 100.5.3 Clients who are intoxicated or disorderly

- a. If in the opinion of the Health Educator a client would be disruptive and or unable to understand Health Education they should be referred to the on site supervisor.
- b. If a client disrupts or otherwise interferes with Health Education they should be asked to leave.



c. "Inevitably, the situation will present itself where the ATS counselor feels a client does not have the cognitive ability to comprehend the salient aspects of HIV testing, or, the social milieu that surrounds the test. In such a scenario, it is recommended that the client be referred, if at all possible, to a confidential test site where written consent may be obtained. However, if the client insists on being tested, the ATS must yield to their request." (ref: State DHS Policy letter #2, dated 5/10/87; State DHS Policy letter #3, dated 9/23/87; SF DPH memo dated 6/1/85)

#### 100.5.4 Clients needing translators/sign interpreters

- a. All persons will be provided services in the language of their request.
- b. Where possible, persons will be scheduled with ATS staff who speak the required language.
- c. If necessary, the translation services such as the Language Bank or St. Benedicts (sign language) will be used. (see DPH Memo date 12/1/88, attached). (ref: SF DPH memo dated 5/?/87, SF DPH memo dated 10/22/87, AHP memo dated 11/13/87, SF DPH memo dated 12/1/88, AHP memo dated 8/18/88)

#### 100.6 Client Rights

##### 100.6.1 Bill of Rights

- a. The ATS Client Bill of Rights, issued by the State Office of AIDS, is to be prominently posted during testing operations.

#### 100.7 Complaints

- 100.7.1 Clients may file verbal or written complaints about services received without giving up their anonymity.
- 100.7.2 All complaints received by staff on site are to be directed to the on site Supervisor.
- 100.7.3 If the client desires to direct their comment to the next-level supervisor, the Supervisor is to give the client the name, phone number, and address of the ATS Coordinator.
- 100.7.4 All complaints taken by the Supervisor or Coordinator will be written up on the ATS Compliments and Complaints form and reviewed as specified on that form. All complaints will be followed up and appropriate action will be taken.
- 100.7.5 Written responses to client complaints will be done only by the ATS Coordinator. No permanent record of the client's address or name will be kept. It will be the responsibility of the ATS Coordinator to protect the anonymity of the clients.

#### 100.8 Incidents

100.8.1 Reporting Incidents

100.8.2 Incidents (i.e. major disturbances, injury, or serious disruptions to the ATS program) will be recorded by the on site Supervisor on the ATS Incidents form and reviewed as specified.

100.8.3 In the event of injury to staff, a UCSF Injury Form will also be completed.

100.8.4 If necessary, the ATS Coordinator or AHP Project Director will be contacted immediately.

100.8.5 Interface between Counseling Supervisor and Registered Nurse

100.8.6 The on site Supervisor, with the consultation of the Registered Nurse in the event of a medical emergency, will determine the level of response required, the on site Supervisor, or Registered Nurse in the event of a medical emergency, will call 911.

100.9 Emergency Procedures

100.9.1 In the event of a medical emergency, the person in charge is the R.N. In the absence of the R.N., the L.V.N. will be responsible. The person in charge is responsible for assessing the patient, making a disposition, and directing the staff. A decision to call 9-911 will come only from the person in charge.

100.9.2 At the time of the emergency, it will be the health educator's responsibility to tend to the clients of the program, directing them out of the area where the medical emergency is taking place.

100.9.3 All clerks will make themselves available to the person in charge, and take direction from him or her. One clerk will be needed to handle the telephone (calling 9-911, awaiting calls pertaining to the emergency, etc.) One clerk will be available to perform recording for the person in charge if requested to do so.

100.9.4 Documentation of the incident should be accurate, thorough, and time-oriented, i.e., the record should be made as events occur and documented according to time. In all instances, vital signs should be monitored and recorded frequently until stable. The disposition of the client at the time of discharge should be carefully recorded.

100.9.5 In the event of a psych emergency (including instances of a hostile, abusive, or suicidal behavior), the person in charge is the supervisor of the counseling staff. As with a medical emergency, careful documentation of the incident is necessary.

BLOOD DRAW APPOINTMENT

100.10 General Policies



#### 100.10.1 Making an Appointment

- a. Appointments are typically made by calling the appointment phone number, 621-4858.
- b. There are also provisions for Walk-Ins. See Health Education procedures for information on handling walk-ins.

#### 100.10.2 Scheduling an Appointment

- a. Appointments are scheduled at the half-hour, known as a "time block".
- b. The number of persons to schedule at each time block is set by the ATS Coordinator and should generally not be exceeded.
- c. A chalkboard near the clerk area displays the number of appointments open in each of the sites for the week. Clerks should keep this display updated by reducing the number of slots available as they book appointment.

#### 100.10.3 Re-scheduling or Changing Appointments

- a. A client may call and re-schedule their results or testing appointment anytime.

#### 100.11 Telephone System Operations

##### 100.11.1 Phone System:

The appointment phone system consists of a 4 line telephone system and an automatic call sequencer. The sequencer is set to answer incoming calls after four rings and to place incoming calls on hold in the order received.

##### 100.11.2 After Hours Coverage:

The automatic sequencer also functions as an answering machine. A taped message informs callers of hours they can call for appointments. Different tapes are available for holidays. The messages are given in English and Spanish.

##### 100.11.3 Staffing:

Two clerks will be scheduled to answer the phones at all times. At least one of those persons will be Spanish speaking, unless the on site Clinic Clerk is on duty and is Spanish-speaking, in which case both clerks may be monolingual English.

##### 100.11.4 Operation of the Wang terminals is detailed in an attachment

#### 100.12 Handling Calls

##### 100.12.1 Overview

- a. Calls are to be handled courteously and expeditiously.
- b. Callers are to be encouraged to use all of our test site locations.

#### 100.12.2 General Procedure

- a. Phone Clerks provide the following information:
  - time and locations of testing
  - explain that testing is free, anonymous and confidential
  - offer translators or sign interpreters in necessary
  - explain how the testing and results procedure work.
- b. Location and Time Options. Callers are given their choice of locations and times available for testing. In general, Roving Team sites are to be presented as the first option.
- c. Client Code. Persons wishing to make an appointment are asked to give a 2 number and 2 letter code to secure their appointment (i.e. AA 12). This procedure is not followed for persons wishing to use the St. Anthony's test site, which is operated on a drop-in only basis.

#### 100.12.3 Referrals

- a. In general, clerks do not provide service referral information. Callers are typically referred to the SF AIDS Foundation Northern California AIDS Hotline at 863-AIDS.
- b. Clerks also have on hand a quick reference list of SF resources for commonly requested referrals and may give out this information as a courtesy service as long as it does not interfere with their primary responsibilities.
- c. Clerks also have on hand a list of all ATS sites in California for referral.

#### 100.13 Recording Calls

##### 100.13.1 Phone Log

- a. Each clerk keeps a handwritten log of phone calls as a back up for entries made in the DPH Wang VS minicomputer system.
- b. The phone log is used to log all calls that result either in an appointment being made, changed, or cancelled.
- c. There are 2 reasons for using the phone log: 1) It serves as a back up in case the computer crashes and data is lost. 2) When phones are especially busy the operator can just use the phone log and then later enter the appointments or changes into the computer.

##### 100.13.2 Phone Check List



- a. Details the procedure for making the appointments and entering data on the computer.

#### 100.14      ATS Nurses

100.14.1      The RN is the designated medical person in charge during ATS clinic times and will be the staff person in charge of any medical emergencies that arise. A RN must be on site at all times that blood drawing is taking place.

100.14.2      Medical supervision as necessary for nursing staff is provided by Dr. Jim Dilley, AHP Director. During his absence, he will designate one of the other AHP physicians as back-up. It is suggested that questions, concerns and observations be checked first with the on-site supervisor to determine if a procedure is already in place that addresses the question before calling Dr. Dilley.

#### 100.15      Coercion:

There are two ways that health educator or interviewer can determine if a client is being coerced into taking the antibody test:

- 1)      The client may voluntarily reveal that he/she is being coerced.
- 2)      There may be reason to suspect that a client is being coerced, i.e., accompanied by a police officer or attorney. In these situations, the health educator or interviewer can directly ask if any coercion is involved.

100.15.1      If the client is, or suspected to be, coerced then the following procedure should be followed:

- a.      Notify interviewing supervisor or designated supervisor.
- b.      Supervisor will inform client (and accompanying party if present) that it is illegal to coerce an individual to take this test and/or disclose test results to a third party. Explain that this is a voluntary and anonymous testing program.
- c.      Supervisor will present party with a copy of AB403 with pertinent sections underlined.
- d.      Supervisor will offer name and telephone number of Alternative Test Site Program Coordinator for additional information and further discussion.
- e.      Supervisor will obtain name and telephone number of party coercing the client for ATS Program Coordinator. Program Coordinator and the Education Coordinator will follow-up re: education to agency.
- f.      Be certain the client understands the ATS program will now **(NOT?)** allow a client to be tested under coercion by a third party, but that he/she is free to come back at any time to be tested under their own free will.

- g. Blood-drawing will not occur when clients are being coerced to take the test.

## HEALTH EDUCATION (PRE-TEST SESSION)

### 100.16 Policies

#### 100.16.1 Scheduling - Time Blocks

- a. Appointments are scheduled at half-hour, known as a "time block".

#### 100.16.2 Clients who are late

- a. Clients who are late risk missing important procedural information that is given at the start of the session.
- b. In general, clients who come 5 minutes late or more will be asked to wait for the next Health Ed. session. They should not be allowed to join the group late.
- c. The only exception to the above is for persons who have been tested within the last 6 months. They may be given a "Remember Card" and a Demographic Form, and then escorted to the clerk for results scheduling.

#### 100.16.3 Re-Tests

- a. Persons who have been tested within 6 months and who demonstrate familiarity with the ATS procedures are to be escorted to the clerk, given a "Remember Card" and a Demographic Form, and then escorted to the clerk for results scheduling.

#### 100.16.4 Clients who refuse Health Education

- a. All clients must attend a health education session in order to get tested. The exception is those who are re-tests within 6 months of their previous test.
- b. Any client who refuses to take Health Ed should be referred to the on site supervisor.

#### 100.16.5 Translators/Sign Interpreters

- a. Ideally these persons will be identified when they make their testing appointment and arrangements have been made. If this is not the case they should be referred back to the appointment clerks to arrange for a translator/interpreter.
- b. Clients using translators will be given an individual Health Education session with an available counselor.
- c. Clients using a sign interpreter will go in the group. The Health Educator will make arrangements so that the sign interpreter can easily relay the information from the video and presentation to the client.



100.16.6      Staffing

- a. Health Education is performed by one of the ATS counseling staff, as assigned by the on site Supervisor.

100.17.      Client Check In

100.17.1      Printout

- a. The phone clerks provide a computer printout of the day's appointments.

100.17.2      Checking Off Appointment Numbers

- a. Health Educators use the computer printout of appointments to check clients in. The Health Educator will ensure that the number of persons checked off (or added) to the schedule exactly, matches the number of person who go into the health ed. session.
- b. The counselor asks for appointment numbers and checks them off as they are reported.
- c. If a client's number is listed in another time block, the counselor will check the number off.
- d. If a client says that s/he has forgotten their number, the counselor will write down a code and check it off.
- e. If a client's number is not on the list, the counselor will write "WI" (for "Walk-In") on the list.
- f. Retests
- g. If the client indicates that this is a re-test and that it has been less than 6 months since their last HIV test the Health Educator will tell that they may be excused from the video. They will still have to accompany the group into Health Education and to listen to the Health Educator's opening remarks regarding procedure. The Health Educator will then give the client a "Remember Card" and a Demographic Form and escort the client to the clerk results scheduling.
- h. Persons who indicate that it has been longer than 6 months since their last test will be asked to stay for the complete Health Education session. (ref: SF DPH Memo dated 5/13/87, attached)

100.18      Walk-ins

100.18.1      Health Center #1 Clients

- a. Occasionally a person may walk in to Health Center #1 and ask to see a clerk to make a testing appointment. In general these persons have been accommodated. As this only happens rarely there seems no need to set any policy restricting this.

#### 100.18.2 Roving Team Clients

- a. St. Anthony's Clinic and South of Market Clinic are currently advertised as drop-in sites.

#### 100.18.3 Outreach Clients

- a. All Outreach Workshop clients are provided with a "PASS" which exempts them from the on site health ed. session. Clients who present a "PASS" are to be taken immediately to the Results Scheduling clerk. The "PASS" is then stapled to the Demographic form.
- b. The pass and a screen printout of the demographic form are to be sent to the ATS Coordinator when the Demographic data is entered.

#### 100.18.4 Session Materials and Content

##### 100.18.1 Content

- a. The course and content of Health Education is detailed in the "Health Education Outline", attached.

##### 100.18.2 Materials

- a. Equipment
  - Television
  - Video player
  - Video (English and Spanish versions)
  - Sample of blood drawing tube
  - Sample of return appointment card
  - Sample of bleach bottle
- b. Hand Outs
  - Demographic forms (eng/sp)
  - Pencils (golf pencils)
  - Safe sex cards
  - Condoms (Eng/Sp) 1/3 page Handout
  - Remember (Eng/Sp 1/3 page Handout
  - Condom samples (depending on availability)
  - AIDS Antibody Testing brochure eng/sp

##### 100.18.3 Length of Time

- a. The entire Health Education process should take no more than 30 minutes. Clients are scheduled at 30 minute intervals.



100.18.4 After the Session

- a. Following the session, the Health Educator will escort the clients to the clerk(s) who will make return appointments for results.

RETURN APPOINTMENT

100.19 Policy

100.19.1 Scheduling - Time Blocks

- a. Appointments are scheduled at the half-hour, known as a "time block".
- b. The number of person to schedule at each time block is set by the ATS Coordinator and should generally not be exceeded.

100.19.2 Scheduling - Time

- a. Clients will ordinarily be asked if they can return in two weeks for their test result. At times, dues to over booking or holiday conflicts, clients may have to wait more than 2 weeks for results.
- b. Clients may not be scheduled for results earlier than 2 weeks from the date of their test unless the on site Supervisor specifically approves. In such cases, the Supervisor will interface with the DPH lab to ensure expedited processing of the specimen.

100.19.3 Scheduling - Location

- a. Clients who want to get their results at a different ATS can do so (ref: State DHS letter dated 10/26/90) but should be discouraged from doing so.

100.20 Procedure

100.20.1 Making appointments

- a. Immediately after Health Education clients will be escorted to the clerks to make return appointments for their results.
- b. Health center 31. The telephone clerks make return appointments and enter them immediately into the Wang VS system.
- c. Roving Team. The roving team clerk does not have access to the Wang VS system computer and makes all return appointments manually. These appointments are entered into the Wang computer the next day by the Roving Team clerk.
- d. Demographic forms. Clients submit their completed demographic forms at this time. (Submission is optional.) Clerks enter demographic data at slow times.

- e. Return Appointment Card. Clerks remind clients about the importance of the return appointment card and that they will not get their results without it.

#### 100.20.2 Re-scheduling Appointments

- a. Results may be re-scheduled at any time.
- b. If a client cancels or changes an appointment on the day the result is due the clerks must notify the site clerk so the counseling schedule can be changed.

#### 100.20.3 Translators and Sign Interpreters

- a. Those clients needing either translators or sign interpreters (including those who are Hispanic and want a Spanish speaking counselor) should be identified during the return appointment process.
- b. If the services of a translation service are required, the clerk will make the necessary arrangements.

### RESULT REPORTING

#### 100.21 Policies

##### 100.21.1 Confidentiality

- a. A private room will be provided for giving test results. No results will be given in a public area.

##### 100.21.2 Anonymity

- a. Persons Known to the Counselor:

Counselors may not give results to persons they know or recognize. "Under no circumstances, including client request, will post-test counselors report results to clients: who are friends or acquaintances, or who the counselor recognizes by sight, i.e. a person the counselor recognizes from the gym, bank, department store, etc." (5/87 SF DPH memo) If a counselor recognizes a client to whom they have been assigned, they are to inform the clerk of that fact and ask that the client be assigned to another counselor.

- b. Test Results Belonging to Someone Else:

If the counselor suspects that the client is receiving somebody else's test result they should report this to the counseling supervisor and the clerk. A check can be made via the computer and the clients demographic form can be called up. If the age or sex or other data do not match then the client may be refused results. Note that not all clients fill out the demographics form.

##### 100.21.3 Late Clients



- a. Clients who are late, but had been scheduled earlier that day can be seen if there are counselors available and it is not later than 15 minutes after the last time block for seeing clients.
- b. Ordinarily clients scheduled before breaks or in the last time block will not be seen if they are more than 15 minutes late. Exceptions will be handled by the counseling supervisor.

#### 100.21.4 Walk-Ins

- a. Results clients who walk in requesting results may or may not be accommodated. The clerk will consult with the counseling supervisor, if necessary, and determine if the client can be seen.
- b. If the client cannot be seen due to heavy booking they will be asked to re-schedule their results appointment with the phone clerks.
- c. The Roving Team does not have access to a Wang VS and cannot accommodate a Walk-In client who received a blood test at another test site.

#### 100.21.5 Old Test Results

- a. Clients whose tests are more than 6 months old will not be given results unless it is approved by the counseling supervisor.
- b. The clerk should be able to catch "old" results by the 7 digit code on the return card (i.e. the numbers on the return appointment cards are issued in sequence, a number considerably lower than those currently assigned should alert the clerk to pull the lab slip and check the date of the test).

#### 100.21.6 Lost Appointment Card

- a. If a client comes in and states that they no longer have their card the clerk then explains how it is now impossible to give them their result. If the appointment clerks and nurses are available the client should be offered a chance to have their blood drawn again if they so desire. Remind the client that if they do find their card they can call in and make another appointment for results.

#### 100.21.7 Guests and Observers

- a. Professionals who are engaged in a training program on ATS services may, by invitation, be provided the opportunity to view ATS results giving. As part of their training they may actually give test results. This would be under the direction and supervision of the ATS staff and with the prior approval of the Director of the AIDS Health Project.
- b. The ATS will provide the service to persons who are members of groups (6-8 people) when the service is part of a larger training program on ATS services. This larger presentation (2-4 hours) would be provided by the AIDS Health Project and

would include the following elements: an overview of ATS services, discussion of clinical issues and dynamics, role playing, and a discussion of what is expected of observers.

c. All requests for this service should be made to the Director, AIDS Health Project, in writing, and should include information on why the persons involved should be accorded this service.

#### 100.21.8 Written Results

a. Although some other ATS sites give out a written confirmation of the result (in some cases a copy of the lab slip) it is the firm policy of the San Francisco ATS not to do so. The reasoning behind this is outlined in a 9/21/89 Memo by the ATS Coordinator. (ref: AHP ltr dated 9/21/89)

b. ATS results are not provided in written form because such a form would have no other purpose other than to provide a reporting of the result to a "third party", which is prohibited by law. Per Bang Nguyen Director SF DPH Office of AIDS..(ref: Letter dated 9/21/89 from Peter Campos to Chris Geoghan; State DHS ATS Policy Letter #4, dated 9/23/87)

#### 100.22 Procedure - Making the Results Schedule

##### 100.22.1 Scheduling - Lab Results

a. Test results are entered into the Wang VS system by the SF DPH Microbiology lab at 101 Grove.

##### 100.22.2 Scheduling

a. The results clerk prints out the results each day in multiple copies, one for each counselor scheduled.

b. Using the results the clerk prepares a schedule showing which counselors are on duty, which ones will do health education and then assigns each results client to a counselor.

c. The counseling supervisor will provide the clerk a calender indicating which counselors are on.

d. Details of results printing and schedule making are listed in an attachment.

e. If possible counselors will be scheduled so that they do not see two positive clients in a row.

##### 100.22.3 Counselor Materials

a. Each of the Alternative Test Sites in San Francisco has specific set up procedures. In general each site must have on hand for the counseling staff the following materials:



- Resource Compendium
- Resource brochures
- Seropositive handouts
- Selection of AIDS Foundation brochures and handouts
- Selection of AHP materials and handouts
- Referral therapist list
- Other materials that the staff considers essential

100.23 Client Check In

100.23.1 Procedure

- a. Clients coming in for results are checked in by the clerk. The client must present their appointment card to the clerk in order to obtain a result.
- b. The clerk will assign the client to a counselor and will write the counselor's name on the clients return appointment card. If no counselor is available the client will be asked to wait for the next available counselor.
- c. Clients will be asked to wait in the central lobby area until the counselor is available.
- d. The clerk should be aware that many clients are under a great deal of stress concerning receiving their test results. The clerk must be sensitive to the needs of the clients and deal with them in both a caring and professional manner.

100.23.2 Last Client

- a. There must be at least one other person at the test site if a counselor is giving a result. In other words, no counselor should be left alone at the test site with a client. Either the counseling supervisor, another counselor or the results clerk must be at the test site when a counselor is in session with the last client for the session.

100.24 Counseling Protocols

100.24.1 General

- a. Protocols for giving HIV test results are outlined in "Guideline for Disclosing AIDS Antibody Test Results: A Protocol for Health Professionals"

**DIFFICULT-TO-DRAWS AT HEALTH CENTER #1 (9/26/90)**

**100.** In the event that a client presents that is too difficult to draw, he/she should be referred to on-site supervisor. The on-site supervisor will conduct an in depth risk assessment with the client and, if HIV testing is indicated, will refer the client to Dr. Dilley's (or his back-up's) clinic hours at Ward 86 on Friday at 2:30. The supervisor will call the clerk at Ward 86 (821-8830) and ask that the client be added to Dr. Dilley's schedule. The client will bring a lab slip with him to Ward 86. The Health Center #1 ATS supervisor or designee will pick up the blood



at Ward 86 the same afternoon as the blood draw and return it to the Health Center #1 refrigerator for transport to the lab. The client is to be scheduled for results at the originating site two weeks after the draw.

## RE-DRAWS

### 100.25 Policy

100.25.1 There are two situations in which a client's blood may have to be re-drawn. The first is in the event of a lost or missing blood sample, the other is in the case of an indeterminate result. In each case the counselor assigned to the client must be notified in advance of the situation. It is the duty of the site supervisor to make that notification.

a. Indeterminates: After giving the client the result and discussing the situation the client will be offered the opportunity to be re-drawn. If the client agrees the counselor will personally escort the client to the Appointment Clerks and secure a return appointment, and then the client will be escorted to the RN on site, and they will ask the nurse to draw the clients blood and to record the clients current results number on the new lab slip. It is not necessary to tell the nurse the client's result. The lab only need the old number on the slip, no other data need be recorded.

In case that the counselor is unable to escort the client to the Appointment Clerks or nurse the clerk will be delegated to escort the client. In all cases the client should be personally escorted through the blood drawing procedure.

b. Lost or Missing Blood Sample: In this situation the client will need to be seen by a counselor or the site supervisor to receive an explanation of the situation. The client will be offered a re-draw and, if they accept, they should be escorted to the Appointment Clerks and nurse. No notations or other special treatment is necessary on the lab slip.

## 100. OCCUPATIONAL EXPOSURE TO BLOOD/BODY SUBSTANCE (NEEDLESTICK) 7/25/90

Arrangement has been made for ATS nursing staff to have access to the SFGH Needlestick Hotline in the event of an occupational accident involving blood or body substance. The number of the hotline is 469-4411. The answering service at SFGH currently screens calls for the hotline permitting calls only from SFGH to be connected for assistance. To avoid confusion, ATS nursing staff should identify themselves as "employees of Dr. Dilley." The answering service will then follow normal procedures and connect the caller to the on-call clinician.

## RECORD KEEPING AND DATA ENTRY

### 100.26 Records Kept



100.26.1 Lab Slips

- a. Lab slips are sent by the DPH Microbiology lab to the ATS at Health Center #1.
- b. All slips are filed in numerical order and kept in a secure location. It is the responsibility of the phone clerks to file the slips.

100.26.2 Phone Logs

- a. Phone logs are kept on file for no more than 1 year.

100.26.3 Appointment Logs

- a. These are kept only as referents to future appointments. They are discarded as they become current.

100.26.4 Counselor Schedules

- a. These are kept on file and archived at the end of the calendar year.

100.26.5 Translator Request

- a. These are kept on file indefinitely in case of payment disputes.

100.26.6 Blood Draw Log

- a. This form is used to compile the AHP ATS Weekly Client Tally sheet and is kept on file for one calendar year and archived after.
- b. The data consists of number of clients scheduled for Health Ed., the number of shows, the number of no shows and the number leaving.

100.26.7 Health Education Appointment Schedule

- a. These are the computer print-outs of the 2 letter 2 number code clients give to secure Health Education appointments. They are kept for 1 calendar year then discarded.

100.26.8 Results Printout

- a. These are the computer printouts of client results. They are discarded immediately after use and picked up by the SF DPH AIDS Office when necessary and taken away to be shredded.
- b. The Results Clerk is responsible for storing the printouts in a secure location awaiting pick-up.

100.26.9 Client Demographic Forms

- a. These forms are stored in a secure location after they are entered on the computer. They are picked up and shredded along with the results.

100.27      Data Entry

100.27.1    Demographic Forms

- a. These forms are entered into the Wang VS system by the clerks. Ordinarily they enter this data during lulls in phone appointments.

100.27.2    Counselor Entry

- a. The Results Clerk is responsible for entering the 7 digit client code of all clients who come to the ATS along with the name of the counselor that they saw.

100.27.3    ATS Weekly Client Tally Sheet

- a. The Phone clerk provides the Results Clerk with the weekly blood draw data, this is transcribed onto the Tally Sheet. The results clerk then tallies up the number of clients scheduled, and the number of no shows and makes a weekly tally of results clients.
- b. This is then entered into the AHP computer by the ATS coordinator or their designee. This form is kept indefinitely.

SPECIAL SITUATIONS

100.28      HIV-2 Testing

100.28.1    Procedure

- a. Client request. Clients who specifically request an HIV-2 test should be referred to the ATS counseling supervisor, who will determine, after interviewing the client, if such a test is appropriate, and explain that a 4 week wait may be necessary for results.
- b. Time between exposure and test. Clients will also be reminded that 6 months must elapse from the last potential exposure in order for the HIV-2 test to be considered conclusive. (Note that this is consistent with existing protocol for HIV-1 testing).
- c. Return appointments. With the Counseling Supervisor's approval, the client will get a return appointment for either 2 or 4 weeks. It will be explained to the client that the blood will be routinely tested for HIV-1 and HIV-2, and that if the HIV-2 is negative the results will be back on 2 weeks. If the initial HIV-2 test is positive there will be an additional 2 week wait for confirming tests.
- d. Lab slip. When the client's blood is drawn the request for HIV-2 will be written on the lab slip.



e. Laboratory procedure. The blood will be routinely tested for HIV-1. If the HIV-1 test is positive no further testing will be done. If the HIV-1 tests are negative the sample will be forwarded to the State Lab for HIV-2 IFA testing. If the HIV-2 IFA is negative no further testing will be done. If the HIV-2 test is positive the State Lab will perform HIV-2 EIA and Western Blot confirming tests.

f. Follow-Up. Regardless of the result of the HIV-2 Antibody test, clients should be referred to the UCSF Tropical/Infectious Disease unit for evaluation.

100.29 Indeterminate Result

100.29.1 Procedure

a. In the event that the results are indeterminate, the counselor will suggest to the client that a re-draw is indicated. If the client agrees, the counselor or clerk will direct the client to the nurse and ask for the client's previous lab slip number to be added to the new lab slip.

b. The clerk will notify the on site supervisor when the client is to return. The on site supervisor will attempt to re-schedule the client with the counselor who provided the indeterminate result.

**200 MINORITY OUTREACH**

**POLICY**

**200.1**

**300 PREVENTION**

**POLICY**

**300.1      Initial Client Contact**

300.1.1      Client calls centralized phone number for appointment for health consultation/Intake.

300.1.2      Initial information regarding program is given. Client is redirected to ASAP or PWA Program if applicable.

300.1.3      Client is given appointment time/place/name of staff for health consultation/screening.

300.1.4      An intake Appointment Form is filled out and placed in counselors mailbox. It is assumed that counselor will be at his/her site during designated intake hours.

300.1.5      Client is referred to other resources if they are not appropriate or do not desire services offered by the Project (e.g., to AIDS Hotline for general AIDS information or HC #1 for medical screening.)

**300.2      Health Consultation/Intake**

300.2.1      Client fills out Confidential Information Sheet first.

300.2.2      Client's Consent for Services is obtained at beginning of session.

300.2.3      Client is assessed regarding his/her current situation, problem areas, medical/mental status, medical/psychiatric history, and current and past use of substances.

300.2.4      Clinical decisions are made and discussed with client.



300.2.5 Service recommendations/referral:

- a. If client meets admission criteria and is interested in AHP group, he/she is assisted in selecting appropriate group among those offered.
- b. As necessary, client is referred to other community resources.

300.2.6 Crisis counseling. If client presents to health consultation in crisis, crisis oriented counseling/referral will supersede above procedures.

Up to two additional crisis sessions can be conducted when necessary in order to provide a safe effective transition to appropriate referral.

300.3 Admission Criteria

300.3.1 Assignment of services is based on the initial assessment of the client's needs and is matched with specific goals and objectives of groups/services being offered.

300.3.2 Substance Abuse Assessment:

- a. Much data must be collected during the intake session and there is not adequate time to include a full assessment of a client's substance abuse history. Clinicians should always pursue a partial assessment of the client's substance abuse use status. In reviewing the Client Information Sheet, regardless of what the client has checked under the questions, "Do you consider your alcohol use a problem?" and "Do you consider your drug use a problem?", clients should be queried as to current levels of substance abuse.
- b. Clients with clear and significant alcohol or drug dependencies are not appropriate for closed groups. These clients may be referred on to ASAP for full assessment. They may also attend AHP drop-in group if appropriate.
- c. In many instances, it may be difficult to assess a client's substance abuse status and appropriateness for the group. In these cases, the clinician should acknowledge his/her concerns to the client and refer him/her on to ASAP for full assessment. ASAP will make a recommendation regarding whether or not client should be enrolled in AHP group.
- d. The Intake and group experience may be considered opportunities to help clients evaluate their substance abuse issues. The AIDS Health Project is a "Health Promotion Effort."

300.3.3 Exclusion of Services

- a. Clients who are assessed likely to be disruptive to group format will be excluded from groups.

- b. Clients who are assessed to be unable to tolerate a group experience will be excluded from groups.
- c. Clients who have significant characterological disorders will not be appropriate for groups.
- d. Clients who are assessed to be in need of individual therapy and would not benefit from AHP group experience.

#### 300.3.4 Fee Agreement

- a. If client is going to be waitlisted for a group, he/she is presented a Fee Agreement Form that explains the fee structure.

#### 300.4 Disposition

- 300.4.1 Recommendations regarding Project services and/or referral are documented in client record.

300.4.2 Client's name is placed on a computerized waiting list indicating the type of group, earliest date available and times available for participation, staff person who conducted the health consultation/intake and code indicating special conditions. All client information sheets for those clients waiting to be in groups in the Worried Well/ARC/HIV program are centralized in the AIDS Health Project Administrative Office. During none working hours, they are to be kept in a locked file cabinet in a locked office. This policy shall also apply to all client information sheets of those clients no longer waiting for groups (closed files).

300.4.3 Disposition meeting is held on the second and fourth week of the month to discuss waitlist status, schedule of new groups, discuss clients with special needs, and specific clinical issues. Any questions about clients should be brought to disposition before waitlisting or discussed one-to-one with appropriate counselor, then documented on secondary intake form as "discussed in disposition (date)" or "discussed individually (date)".

300.4.4 Clients who were "not ready" for group at initial intake and later are reassessed and moved to the waitlist should have this reassessment documented on secondary intake form.

300.4.5 Clients who have completed one group and wish further participation in Project groups can be placed on a repeaters list. Repeaters are given a second priority to clients not previously served.

#### 300.5 Problem Resolution/Grievance Procedure

- 300.5.1 Problems relating to admission procedures are dealt with primarily by staff member who has initial contact.



300.5.2 If problem cannot be resolved in this way, the Coordinator of the Worried Well/ARC/HIV Program will be consulted.

300.5.3 If problem cannot be resolved in this way, the Deputy Director will be consulted.

### 300.6 Client Confidentiality

300.6.1 All staff and volunteers will understand and adhere to rules regarding confidentiality as outlined by the Welfare and Institution Code and Title 9, California Administrative Code. All AIDS Health Project staff and volunteers will read and sign the Oath of Confidentiality.

300.6.2 HIV antibody status should not be explicitly recorded in any client's chart. This policy exists for practical as well as legal reasons.

300.6.3 Any intake clinician with questions about what data should be recorded, and in what manner, should speak with the WW/ARC/HIV Program Coordinator to clarify clinical issues and language choices.

### 300.7 Quality Assurance

#### 300.7.1 Continuity of Care

a. During the Disposition Meeting, specific problems related to clients are discussed, specific problems related to the delivery system are discussed and policy changes are made.

b. Periodic case record review is conducted to assure accurate documentation and to determine the length of time required to serve clients.

#### 300.7.2 Staff Supervision

a. The Project Deputy Director directly supervises staff members of the Worried well/ARC/HIV program regarding problems relating to providing services to this population.

b. Coordinator of the Worried Well/ARC/HIV program is available for clinical supervision when specific clinical problems arise in Intake or group sessions.

### 300.8 Protocol For Submission Of Client Forms

#### 300.8.1 Confidential Client Information Sheet

Description:

Two-part self-report form with basic assessment and demographic information.

Explaining form to client:

Information is confidential. Anything client prefers not to answer may be left blank. Further questions regarding info sheet may be asked during intake.

Procedure:

- a. First part, with name, to AHP locked files; used by group facilitators.
- b. Second part, without name, entered into computer records for demographic purposes.
- c. AHP retains files for two years after last contact with client. They will be destroyed after that time.

Exceptions:

- a. Client refuses to fill out form. Note this on a blank form in client's file.
- b. Nature of information on CIF is not relevant to client's presenting concern, (i.e., heterosexual couple presenting with concerns over Dx of a close friend, mother of a diagnosed child, etc.). Intake worker will determine such cases at his/her clinical discretion.

300.8.2 Consent for Services

Description:

One-page consent form giving client's permission to be seen for intake and to receive follow-up contact from AHP if applicable.

Explaining form to client:

Standard consent form. "conditions of services" means: (1) You are here voluntarily; (2) intake session is provided free of charge; (3) information in session is confidential. This means all info stays within the Project and is not shared with anyone outside the Project, except when we perceive client to be grave threat to self or others, or if client reports an instance of child physical or sexual abuse, in which case we would need to inform appropriate people.

Procedure:

- a. If client is not being wait-listed for a group and does not want further follow-up from Project, item 2 "Consent to be Contacted" may be crossed out and voided.
- b. Client signs on "Client signature" line. Client may sign with first name only or alias if he/she is using one.
- c. Clinician signs on "Witness Signature" line, and fills in "Title" line and date.



d. Form is attached to client file.

Exceptions:

All clients should be asked to complete Consent Form. This form may be left blank only if client refuses to sign it. In such a case, note this on a blank form attached to client file.

### 300.8.3 Fee Agreement

Description: AHP Fee agreement form.

Explaining to client:

- a. Explain fee structure (\$60/30) to client. Agree on fee amount. If client cannot afford lower fee, fee may be waived. Clients enrolling in groups for people with medical conditions, ARC, PWA, and PWARC couples should sign this form with fee waiver noted.
- b. Clinician writes in client's name at top of form and checks appropriate fee.
- c. Client reviews form, asks questions, signs form.
- d. Clinician witnesses form

Procedure:

Fee agreement is attached to client info sheet.

Exceptions:

If no group referral is being made, client does not need to sign this form.

### 300.8.4 Secondary Intake Form

Description:

Clinical assessment form, filled out by clinician after intake.

Procedure:

- a. Notes should be entered for each heading. If there is not applicable info, enter "N/A." For #3, "relevant Psychiatric history," enter either "+" or "-" for each symptom listed, explaining all (+) entries.
- b. "Impressions" should explain/reinforce your assessment as to whether client is appropriate for group.

- c. "Disposition" should note any AHP group client is waitlisted for, or any follow up plans.

Follow-up contacts with significant clinical relevance should be noted on this form, or on a separate attached sheet.

Exclusions:

All first-time intakes should be documented with this form. Clients returning for intakes after a significant period (over 6 months) should be re-assessed with this form.

300.8.5 Waitlist For Groups

Description:

Form given to support staff with client information for group waitlist.

Procedure:

- a. Enter clients waiting for WW/ARC/HIV groups. Do not enter clients who are not waitlisted for group.
- b. Fill out form as indicated. Write legibly.
- c. Enter "N" for new or "E" for existing client in appropriate column.
- d. Enter first (1) and, if applicable, second (2) choice of group for client.
- e. Enter time client is available for group. Do not waitlist people for WW group (Stress, Sex, Transitions) unless they are available M-TH evenings. (These groups are not offered days or weekends.)
- f. If there are important clinical concerns or questions about any client, he or she should not be entered on this form until the case is discussed in disposition. After such time, client can be entered on form with note under "special attention" column. Notes on disposition discussion should be attached to client file, and group facilitator should read such notes carefully before start of group. Alternatively, if intake clinician can speak to appropriate group facilitator about client outside of disposition and both clinicians are satisfied with this consult, client may then be entered on this form, again noting "special attention."

Exclusions:

Only clients being waitlisted for WW/ARC/HIV groups should be entered on this form.

300.8.6 Client Tracking Form

Description:



AHP tracking form that lists group members, type of group, facilitator, start date of group, end date of group and sign-up for other groups.

Procedure:

This form is intended as an update form for clients who have been on our waitlist and who are now starting a group or ending one. Disposition is as follows:

- a. Group facilitator notes those group members who show up at first session.
- b. At last session, facilitator notes those members who have completed group and notes which groups members would like to be called for in the future.
- c. Form is returned to Administrative Office to be used in waitlist update.

300.8.7      Evaluation

#### **400 VTP**

##### **POLICY**

400.1

#### **500 POSITIVES BEING POSITIVE**

##### **POLICY**

500.1

#### **600 PSYCHIATRIC CONSULTATION**

##### **POLICY**

600.1

**700 CASE MANAGEMENT/PSYCHIARIC LIAISON**

**POLICY**

700.1

**800 AIDS AND SUBSTANCE ABUSE**

**POLICY**

800.1

**900 TRAINING UNIT**

**POLICY**

900.1

**1000 COUNSELING AND TESTING**

**POLICY**

1000.1



1100      MARKETING

POLICY

1100.1

1200      DEVELOPMENT

POLICY

1200.1

## AHP GUIDELINES AND PROCEDURES

### FISCAL SERVICES

#### EXPENDITURES (9/3/84, Revised 10/14/91)

1. All AHP expenses and revenues are to be monitored and accounted for through two mechanisms:
  - a. University of California accounting ledgers
  - b. City of San Francisco, Dept of Public Health monthly reimbursement forms
  - c. Internal AHP accounting system
2. AHP's internal accounting policies and procedures shall be in accord with the accounting system mandated by UCSF.
3. Decisions regarding AHP expenditures shall be made by the Project Director in consultation with the Deputy Directors and Fiscal Services Manager.
4. Only the Project Director, Deputy Directors, and Fiscal Services Manager shall have signature authority for any purchases on behalf of AHP and its programs. Additionally, per UCSF policy, items such as travel vouchers and check reimbursement requests must have different "Prepared by" and Authorized by" signatories to ensure internal accountability.

### PERSONNEL

#### AHP Hiring Procedures (3/31/87)

Hiring supervisor creates

#### Change of Employee Address

Employee change of address should be made on the Employee Change of Address Form and be submitted to the AHP personnel section. Completing this form will ensure that AHP personnel files are kept up-to-date and accurate. A copy of this form will be sent to Employees Services so they can update their records as well.

Employees must indicate on the form if they have Surepay (direct deposit payroll) and the name of your health and dental carriers. Inadequate follow-through on the part of Employee Services has created problems with some staff not receiving their earnings statements promptly.

### WORK STUDY/VOLUNTEERS

### CONTRACT MONITORING



**CONSULTANTS**

**CLIENTS**

**PATIENTS**