

Program Description

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Rel. w/ APS Providers

4. Program Description

a) Problem And Need

When first identified, AIDS was most often seen in specific, isolated groups--homosexual men, Haitians, intravenous drug users and certain African peoples. Since 1981, the medical community has mobilized to discern the clinical and epidemiological characteristics of the disease across the spectrum of these seemingly unrelated groups. Methods of transmission have been identified. Effective tests have been developed for the detection of HIV antibodies. Specific guidelines for definition and diagnosis have been developed and continue to be refined. Some methods of treatment have been found which appear to slow the progress of the disease and improve the quality of life for individuals infected with HIV. Nevertheless, the prognosis after an AIDS diagnosis remains the same. AIDS is still an incurable disease with fatality increasing yearly to a current rate of nearly 60%. In spite of considerable progress in understanding the etiology of the disease and some efforts in preventive education, the incidence of the disease continues to climb at an alarming rate.

AIDS continues to infiltrate a wider range of populations and ethnic groups globally and in San Francisco. Black, Latino, Asian and Pacific Islander cases continue to increase both in numbers and, more importantly, in percent of total reported

cases. The Center for Disease Control reports that fully 38% of the total number of diagnosed cases of AIDS in adults or adolescents are found among Blacks and Hispanics. In 1981, only 4 non-white cases were reported in San Francisco. In shocking contrast, by October of 1987, 199 non-white cases were reported for the year to date. In addition to reflecting the substantial increase in number of cases for all ethnic groups, these figures, when compared to the county's total, represent an increased percentage of from 14.2% in 1981 to 20% in 1987. Clearly AIDS is having a greater impact on non-white ethnic groups and projections indicate that this trend will continue as more individuals already infected with HIV begin to express the disease visibly.

Projections for 1987 predict that 207 new cases of AIDS will be diagnosed among Blacks, 219 among Latinos and 46 among Asians/Pacific Islanders. These projections represent nearly an eight-fold increase in non-white cases since 1984.

Recent evidence from studies at San Francisco General Hospital demonstrate that the prevalence of infection among intravenous drug users (IVDUs) is also rising. IVDUs accounted for .7% of the total county cases in 1983 and 1.5% in 1987. Seroprevalence studies at the Methadone Maintenance Clinics throughout the city have shown an increase from 10% to 15% in the year between 1985 and 1986. Evidence has been presented suggesting that of the estimated 12,000 Intravenous Drug Users (IVDUs) in San Francisco, fully 45% are people of color.

These alarming statistics make clear the need to address the increasing incidence of AIDS among ethnic minorities and IV drug users. Some service providers estimate the number of HIV infected individuals among ethnic minorities and IV drug users to be much higher than the official numbers cited above. The reason for the discrepancy is most often attributed to the barriers that exist which make it difficult or impossible for members of the ethnic minority and IV drug user population to obtain necessary health services.

The project proposed herein will address both the barriers that exist and the manner in which ethnic minorities and IV drug users are dealt with within the health services system. By identifying what those barriers are as the result of a planned questionnaire survey, AHP will be able to recommend ways in which barriers to services can be reduced and/or eliminated. By conducting training workshops for health care providers who serve ethnic minorities and IV drug users the project will heighten awareness among health care providers regarding cross-cultural differences that exist between them and the clients they serve and/or the potential clients who are seeking/needing services. This heightened awareness combined with the knowledge gained through participation in the trainings will enable health care workers to more sensitively and more rationally handle the subject populations.

Materials specifically targeted at these groups must be made available. Health care providers and psycho-social counselors

must be made aware of the special needs of these groups and of effective ways to provide quality guidance and care.

b) Staffing

Project Director (Inkind 10%) Renetia Martin, LCSW

The Project Director is responsible for managing the overall project. She will administer the project, providing overall guidance for planning and direction; supervise the Project coordinator and Assistant Director; direct and approve the design, development and implementation of the guidelines; approve evaluation tools, training materials; write and submit reports to the City; approve selection of any subcontractors, if applicable. She will have final authority and responsibility for all fiscal and budgetary matters and approve all information materials disseminated in regards to the project.

Ms. Martin holds a Masters of Social Work degree and is a licensed clinical social worker in the State of California. she is currently Deputy Director of the AIDS Health Project at the University of California San Francisco. In this position she is responsible for all aspects of administration as well as program planing. She provides clinical supervision to professional staff who train health care providers and who provide direct services to people with HIV infection. she also is the Third World Educational Coordinator for AHP through National Institutes of Mental Health funding. In this capacity, she coordinates various aspects of outreach activities to the Black, Hispanic, American Indian and Asian communities in San Francisco and convenes a Third World Committee to assess the special educational and

mental health needs of these groups brought about by the AIDS epidemic.. She is responsible for developing culturally relevant and sensitive educational materials and designing and supervising the implementation of Third World Outreach components of University based training programs. Ms. Martin has 14 years of clinical experience in private practice, and consults regarding organizational development and management training. She served as Executive Director of the Southeast San Francisco Area Health Education Center and as Administrator in the Department of Psychiatry, Infant/parent Program at UCSF/San Francisco Hospital.

Assistant Project Director (20%) Judy Macks, LCSW

The Assistant Project Director will assist the Project Director in her duties as requested and will act as Project Director in her absence. The Assistant Project Director will participate in the project planning and design, development of guidelines and workshop evaluation tools; assist in development of training materials and resource lists; participate in training workshops and the demonstration project as requested. The Assistant Project director is supervised by the Project Director.

Ms. Macks received her MSW in 1981 and is a Licensed Clinical Social Worker. Her professional experience with the AIDS Health Project as the Mental Health Training Coordinator has involved development of AIDS related training modules and materials, assessment of educational needs, the direct training of over 5,000 mental health and health care professionals

regarding the psychosocial and neuropsychiatric complications of AIDS, and the implications of AIDS for women and children. Ms. Macks was actively involved in the statewide AIDS Mental Health Training Project as faculty at six conferences throughout California, participant in the production of the videotape The Other Crisis: AIDS and Mental Health, and contributor to a training manual for mental health professionals. She has had direct clinical experience working with PWA's and has developed a psychosocial model in the medical setting. In addition, Ms. Macks has published several articles on the psychosocial aspect of AIDS.

Project Coordinator (100%) To Be Hired

The Project Coordinator will be responsible for overseeing the daily operations of the project and supervising, directing and guiding project staff and consultants; direct the development of guidelines; supervise and direct Trainers; establish and maintain ongoing communication with community groups, agencies and institutions providing services to HIV infected minority individuals; publicize the existence, purpose and schedule of training workshops; arrange for the demonstration project; compile and analyze information and evaluation data on training workshops and the demonstration project; direct the development of the questionnaire; oversee the administration of the questionnaire; collect, compile and assist in the analysis of questionnaire results; provide all necessary information to

Project Director for filing final written report to the City; receive requests for and arrange technical assistance and consulting services to AIDS service providers; establish and maintain linkages with current AIDS training groups so that the cross-cultural training workshops can be incorporated into existing provider trainings. The Project Coordinator is supervised by the Project Director.

Conference Project Assistant (100%)

The Conference Project Assistant is responsible for the efficient and timely completion of project clerical duties, record-keeping, written and telephone communications; assists project staff with materials development and production; receives, records and responds to or correctly refers requests for workshop information and technical assistance and consulting services.

Trainers (5 on a consultant basis)

Five Trainers will participate in guideline design and development, materials selection, and resource list compilation; conduct workshops each of which will consist of seven (7) contact hours; develop evaluation tools; administer evaluation tools and report evaluation results; revise and modify guidelines after each training workshop according to evaluation results as appropriate; advise and consult with Project Director and Project Coordinator as requested; provide technical assistance and

consulting services to requesting groups, agencies and institutions; assist in the development of the questionnaire as requested.

Special Consultant (Inkind Service) Joanna Renaldi,

As Coordinator of the AHP AIDS and Substance Abuse Program, Ms. Renaldi's experience and expertise will greatly contribute to the effective development of guidelines, the evaluation tool and the questionnaire. She will also assist by providing consultation throughout the project regarding IV drug users and will assist in developing the final report to be submitted to the City.

Design Team Member (In-kind services 1%), James Dilley, M.D.

Dr. Dilley is Director of the AIDS Health Project, University of California, San Francisco. He possesses a wealth of experience and knowledge regarding psychiatric and psychosocial care of people with HIV infection. As Assistant Clinical Professor of Psychiatry at the University of California, San Francisco, he began work as the psychiatric consultant to the Kaposi Sarcoma/AIDS Clinic and inpatient ward, where he evaluated and treated people with AIDS and provided staff support and consultation and supervised psychiatric residents. He will be an essential contributor to the design of the guidelines, the evaluation tool and the development of the questionnaire.

c/d) Program Plan/Relationships with AIDS Service Organizations

To meet the needs outlined in the Problem and Needs Statement the AIDS Health Project will design, develop, deliver and evaluate a group of four workshops of seven contact hours each. These workshops will be delivered to direct and indirect health care providers in the City and County of San Francisco between April 1, 1988 and September 1, 1988.

Upon signing the contract, work will begin immediately among the AHP project staff and design team to design cross-cultural AIDS guidelines for dealing with the ethnic differences of various groups who are presenting with HIV infection and in need of health, social and mental health services. AHP has obtained commitments from experts in the training field with broad experience in conducting trainings that center around understanding cultural, social and ethnic differences, to participate in designing and delivering the training workshops. The design team will include, but not be limited to the Project Director, James Dilley, M.D., Director of the AIDS Health Project, the Assistant Project Director, the Project Coordinator, the Special consultant, five Trainers, subject specialists, psychologists, social workers and members of community groups, agencies and institutions providing services to HIV infected minorities. All members of the design team and the project staff will be experienced in working with ethnic minorities and will represent ethnic minorities.

Great care and emphasis will be placed upon assuring that the guidelines are not only sensitive to the needs, concerns and issues of all people, regardless of ethnicity or cultural background or language barriers, but are readily adaptable to providers of services for adolescents and young children as well as adults, for women as well as men, for IV drug users, the homeless, bisexual and heterosexual individuals. This is not a simple task and needs to be approached not only with a breadth of experience in this field, but with a sensitive and unique vision regarding not just ethnic and racial differences, but "human" differences in general. Experience has shown us that by taking this approach, the approach of "differences", more people are able to relate to the subject at hand and fewer people are offended and put on the defensive from the outset.

One of the most important outcomes of any training such as this is that participants begin to understand that each of us has his/her own set of "lenses" through which we see the world. These lenses are determined in part by our race, our sex, our class and our sexual orientation. Because we live in a society which treats us differently depending upon our race, sex, language difference, etc., our experience in this world is different depending upon who we are. For example, a white male's experience in a job is rarely, if ever, the same as that of a black female's experience. And yet, because these experiences so shape our view of reality, it is critical that we be clear about how our lenses affect the way we view the world and that we learn

to truly listen to others about their reality, their experience. We can never have the same reality as someone else, but we can have a shared reality.

It is also important that people understand the nature of "institutionalized" racism, sexism, heterosexism and homophobia, i.e., the ways in which racism, sexism, heterosexism and homophobia are built into our institutions. We must begin by understanding and admitting that we don't always see these prejudices and that virtually no one feels responsibility for their being there or for changing them.

One of the key components of AHP's proposed training workshops is examining both the personal attitudes and the institutional structures that keep those prejudices and attitudes in place. A proven effective process for dealing with this problem is to explore ways in which each of us erects barriers through the attitudes we hold about certain groups of people or certain behaviors. That is, we must look at our own stereotypes and then examine the ways in which the organizations in which we work perpetuate biases institutionally.

The workshops will point out that even more insidious than homophobia is an attitude which can best be termed "heterosexism". We define heterosexism as the personally held and institutionally supported belief that heterosexuality is the only accepted and acceptable social orientation. It is the assumption that all people are heterosexual and the privileges

that are accorded to heterosexuals purely on the basis of their sexual orientation can justifiably be denied to nonheterosexuals.

The workshops will address cultural and social differences in detail. There are some things all people do -- eat, talk, work, have sex -- but we do them differently depending upon our cultural heritage and social background. The trainings will address the lessons that people learn early on that come out of our culture concerning sex, education, behavior, work, etc. It will be pointed out and discussed how these things are so integral to the way we live that we assume everyone does things the same way we do. Ways in which to identify, define, acknowledge, honor and affirm cross-cultural differences rather than pretend they do not exist will be stressed and explored. The cornerstone of a project such as this must be the heightened awareness and clear consciousness about ourselves as individuals and the ways in which our institutions operate.

AHP proposes to train people of similar work settings and professional experiences in each of the four training workshops in order to create a learning environment where the professional experiences of each of the participants reinforces the general goal and particular objectives of the training. The first workshop will be directed primarily at Program Administrators. By starting the project with a training workshop for program administrators of service providers AHP hopes to interest and enlist the cooperation of key individuals in these groups, agencies and institutions. Participants will be encouraged to

support attendance of future workshops among the staffs of their particular groups, agencies and institutions.

The second workshop will be directed to staff and members of AIDS Service Agencies; the third directed to Direct Health Care Providers; and the fourth workshop to Mental Health and Substance Abuse Care Providers.

The workshops will be built around a set of stated participant learning objectives. These include a clear and concise statement of the objective of each session of the workshop, as appropriate, and of the workshop as a whole. If deemed appropriate audiovisual and participant print software will be employed. Individual participation will include discussion, question and answer and written responses to an evaluation tool.

In keeping with the Request For Proposal and AHP standards for all training endeavors, an evaluation tool will be designed, developed and implemented in order to evaluate workshop effectiveness, provide a means of feedback for trainers and allow AHP to modify and adapt the guidelines on an ongoing basis. Each workshop will be evaluated and changes incorporated as appropriate.

Very often training programs such as this, which must be delivered to groups outside their work setting within a limited budget and time frame, make their points, but the points are not carried through once participants return to their work setting. In order to address this constraint, AHP will make available to

any requesting group, agency or institution on-site as well as off-site technical assistance and consulting services following the training workshops. By offering on-site technical assistance and consulting services, trainers can help participants address specific issues in their own particular working environment. Through off-site technical assistance and consulting services, the Trainers can handle small groups from a specific work environment and/or address specific situations providers are finding problematic. Trainers will be able to assist providers in handling individual situations and institutional barriers to services in the environment and at the time they actually exist.

Community groups, agencies and institutions will be informed of this service through the outreach effort and reminded of it at the training workshops. They will be told how to go about arranging technical assistance and consulting services and the Project Coordinator and Conference Project Assistant will help them schedule consultation services at their convenience.

A distinct and discrete effort will be made during the outreach effort to establish and maintain linkages with AIDS training groups so that the cross-cultural training workshops can be incorporated into their existing provider trainings. As part of the technical assistance and consulting services, AHP will meet with AIDS trainers from these organizations and develop strategies for interfacing cross-cultural trainings with current trainings these groups are delivering. As part of this effort, AHP is proposing, above and beyond the four training workshops,

to conduct a demonstration project with one of the current AIDS providers that conducts AIDS trainings.

This demonstration project may include delivering a special workshop devoted solely or primarily to the staff of that organization. Following that workshop several technical assistance sessions as appropriate and necessary will take place among project trainers and agency staff, enabling a thorough and scrutable utilization of awarenesses and knowledges gained through the training workshop to be applied in the workplace, resulting in more effective care for HIV infected minority individuals.

At the outset of the project AHP will initiate an extensive outreach effort to community groups, agencies and institutions, informing them of the workshops, their purpose and the times and places of their delivery. This outreach will be carried out through written correspondence, personal contacts and announcements published in appropriate newsletters and media where the target group is most likely to come into contact with it. AHP is in a unique position to maintain essential linkages to groups, agencies and institutions serving minority communities, since working relationships with most of these entities already exists. The following is a partial listing of groups, agencies and institutions with which AHP has an ongoing working relationship already established:

S.F. Foundation

Hotline Training and psycho-social issues.

Westside Community Mental Health Center

Consultation and referral services for their AIDS/ARC project.

Multi-Cultural Prevention Resource Center

Providing consultation and collaboration on drug education, prevention and training; educational material for antibody test site program related to third world issues.

Bayview Hunters Point

Exchange of information and referral source through their Executive Director and Program Director of the MAPA program.

Asian Task Force on AIDS

Two AHP staff members are assigned to participate.

Black Coalition on AIDS

Renetia Martin, as Deputy Director, is member of the task force and its steering committee.

The Gay Native American Coalition

Affiliated through MPRC. Sala Udin will serve as member of the design team.

Latino AIDS project

Assistance in designing and implementing their project and ongoing consultation.

Institut Familiar de la Raza

Inservice and professional support.

Mission Crisis Mental Health Clinic

Consultation and collaboration for their group support service through Joseph Gonzalez.

Kaiser S.F. Nurses Education Dept.

Inservices, ongoing.

St. Mary's Hospital

Consultation, collaboration, support group services (trained their residents to facilitate support groups).

Operation Concern

Direct use of AHP Group Support model and clinical program management of their AIDS services.

Lyon/Martin Clinic

Women's services clinic provides primary care to underserved and under-insured women of color and white women in S.F. AHP has a social worker based there who provides

psycho-social support through individual assessments, crisis intervention and group support services.

S.F. General Hospital.

Provide psychiatric consultation to their in-patient AIDS psychiatric ward as well as their in-patient ward with AIDS clients, Ward 92 (drug and substance abuse program) and Ward 86 (direct psycho-social support for PWAs)

Pacific Medical Center

Consultations and trainings for staff.

These existing relationships coupled with ongoing professional relationships with virtually every AIDS service provider in the City and County of San Francisco assures an effective and extensive outreach effort to those providers serving HIV infected ethnic minorities.

Finally, in keeping with the Request For Proposal, AHP will develop and administer to a minimum of fifty (50) HIV infected minority individuals a questionnaire, the results of which will reveal actual and perceived barriers of access to AIDS services for ethnic minority groups with HIV infection. This questionnaire will be developed by the design team, all of whom have worked with and/or are members themselves of ethnic minorities and/or work closely with ethnic minorities who are or at high risk of becoming HIV infected. The questionnaire will be

administered through AHP staff and current AHP projects at Ward 86 and Ward 92 at San Francisco General Hospital, the Department of Social Services of the San Francisco AIDS Foundation, Westside Community Mental Health Center and other public health facilities and, if permitted, at antibody test sites.

AHP has been providing educational services to health professionals since the Project's inception in 1984. Information about the complex psychosocial and medical aspects of HIV infection is disseminated through educational workshops, inservice trainings for staff working in community mental health, social service and other health care settings, professional conferences, public forums and individual consultations. Through these various settings, the AHP staff have trained over ten thousand mental health and health care providers in three years of training experience.

By utilizing its already experienced staff, hiring experts in the field whose work AHP is familiar with and respectful of, and by keeping the size of the staff to a minimum, AHP will be able to manage this project in a personalized, systematic and efficient manner.

AHP's experience in program administration and training program delivery assures effective management of the project. The Project Director will oversee program management and will have final approval of all materials, strategies, guidelines, operations and client interfacing. The Project Director will participate in the design of the guidelines and will be available

at all times for providing assistance, giving guidance and answering questions for project staff. Answering directly to the Project Director will be the Assistant Director, the Special Consultant and the Project Coordinator. The Assistant Director, with extensive experience in developing delivering training programs, will assist in the design, development, evaluation and delivery of the workshops as requested. The Special Consultant, working on an inkind basis, will contribute expertise in the area of working with IV drug users in both guideline development and administration of the questionnaire to HIV infected minority individuals.

The Project Coordinator is directly responsible for all aspects of administration of the project as well as for program planning. The Project Coordinator will supervise the project staff, establish and maintain linkages with community groups, agencies and institutions providing services to HIV infected minorities, keep regular and clear communication with the Project Director and all other project staff, including consultants and subcontractors. The Project Coordinator will assure timely delivery of workshops, proper and extensive publicity for the workshops and adequate provision of information to all area AIDS service providers regarding workshops, technical assistance and consulting services. The Project Coordinator will participate in and oversee the development and administration of the questionnaire for HIV infected minority individuals.

Answering directly to the Project Coordinator will be five (5) Trainers. These trainers will provide the substantive portion of the work involved in developing the guidelines and the evaluation tool. They will deliver and assist in the evaluation of training workshops, modify workshops as necessary according to evaluation results, work closely with the Project Coordinator and Project Director and carry out the demonstration project and technical assistance and consulting services to requesting AIDS service providers.

A key individual in the operation of the project will be the Conference Project Assistant. This position, while being responsible for a great deal of clerical work, is not a secretarial position. This position is responsible for carrying out much of the daily contact with AIDS service providers, representatives of community groups, agencies and institutions participating in the workshops and seeking technical assistance and consulting services. Therefore, the person holding this position must be a responsible and articulate individual with keen interpersonal skills able to deal with people at all organizational and administrative levels. This position is responsible for the maintenance of schedules, production of workshop materials, the questionnaire, and the accurate and timely production of all reports.

Although it is not called for in the Request For Proposal, AHP will compile and file with the City a written report, summarizing and analyzing the activities and effectiveness of the

project, including all pertinent statistics and data regarding workshops, the demonstration project, requests and responses to providers for technical assistance and consulting services, and, of course, the results of the questionnaire administered to a minimum of fifty HIV infected minority individuals.

Trainers will record the number of participants attending each workshop and report on a monthly basis. (See appendix.)

A detailed Scope of Work follows.

SCOPE OF WORK

GOAL: To improve relationships between AIDS health care providers and minority clients in order to achieve optimal health care and better access to AIDS services.

Objective 1

A minimum of two hundred (200) health care providers will achieve a proficiency level of 90% as measured by a post training questionnaire regarding cross cultural issues as they relate to ethnic minorities with HIV infection through four training workshops and a demonstration project by September 30, 1988.

Task 1

AHP convenes a working design team consisting of the Project Director (PD), Assistant Director (AD), Project Coordinator (PC), Special Consultant (SC), five Trainers, the Director of the AIDS Health Project, representatives from AIDS service providers, subject specialists, service agency staff and administrators, psychologists and social workers experienced in working with and representing ethnic minorities, and develops guidelines for conducting four seven-hour training workshops.

TIMELINE: 2/26/88 through 3/4/88:

Task 2

The Design team defines topics to be covered in training workshops, including, but not limited to

Sexuality, including bisexuality: what it is, how to talk about it.

Cultural, economic and social differences among ethnic minorities.

Heterosexism and homophobia.

Interactions between white people and people of color.

How people of color interact among themselves.

Language barriers and their consequences.

Using "common" language to communicate.

Sensitivity to families with internal differences

IV drug use among ethnic minorities

Problems of recent immigrants versus resident aliens.

Death and dying.

TIMELINE: 2/26/88 through 3/4/88

Task 3

The Design team reviews existing training materials for applicability, appropriateness and sensitivity of content regarding cross-cultural issues as they relate to AIDS and ethnic minorities. Materials are selected and/or modified to meet the needs of the training objectives.

TIMELINE: 2/26/88 through 3/4/88

Task 4

The Design team identifies target groups, agencies and institutions for outreach and participation in the training workshops.

TIMELINE: 2/26/88 through 3/4/88

Task 5

Trainers, assisted by the Conference Project Assistant (CPA), use the topics and materials selected by the Design team to develop final package of cross-cultural AIDS guidelines for the training workshops, including a syllabus and agenda.

TIMELINE: 3/7/88 to 3/14/88

Task 6

Trainers develop, as desired, group exercises, discussion topics and pedagogical scenarios for training workshops.

TIMELINE: 3/7/88 to 3/14/88

Task 7

Trainers, supported by the Conference Project Assistant, draft and submit guidelines to Project Coordinator and Project Director for approval.

TIMELINE: 3/15/88

Task 8

Project Director and Project Coordinator review guidelines and recommend changes as appropriate.

TIMELINE: 3/16/88

Task 9

Trainers, supported by the Conference Project Assistant, incorporate suggested changes into guidelines and resubmit to Project Director and Project Coordinator for final approval.

TIMELINE: 3/17/88

Task 10

Project Coordinator and Project Director give final approval to guidelines.

TIMELINE: 3/18/88*

Task 11

Trainers, with input from the Project Director, Project Coordinator, Assistant Director and Special Consultant, and supported by the Conference Project Assistant, develop an evaluation tool for measuring the effectiveness of the training workshops.

TIMELINE: 3/21/88 through 3/25/88

Task 12

The Project Coordinator and Project Director review the evaluation tool and recommend changes..

TIMELINE: 3/28/88

Task 13

Trainers, supported by the Conference Project Assistant, incorporate recommended changes into the evaluation tool and resubmit to Project Coordinator and Project Director for final approval.

TIMELINE: 3/29/88

Task 14

The Project Coordinator and Project Director approve the evaluation tool.

TIMELINE: 3/30/88*

Task 15

Trainers, assisted by outside consultants, guest speakers and the Assistant Director and Special Consultant, as appropriate, deliver **Training Workshop #1 for Program Administrators.**

TIMELINE: 4/8/88 (To be confirmed)

Task 16

The Project Coordinator, Project Director and Trainers review the

evaluation results of the training workshop and identify areas needing modification.

TIMELINE: 4/11/88 through 4/15/88

Task 17

Trainers, supported by the Conference Project Assistant, incorporate the modifications into the guidelines and submit to the Project Coordinator and Project Director for approval.

TIMELINE: 4/18/88 through 4/22/88

Task 18

The Project Coordinator and Project Director approve the revised guidelines.

TIMELINE: 4/27/88

Task 19

Trainers, assisted by outside consultants, guest speakers and the Assistant Director and Special Consultant, as appropriate, deliver **Training Workshop #2 for AIDS Service Agency Staff.**

TIMELINE: 5/6/88 (to be confirmed)

Task 20

The Project Coordinator, Project Director and Trainers review the evaluation results of the training workshop and identify areas needing modification.

TIMELINE: 5/9/88 through 5/13/88

Task 21

Trainers, supported by the Conference Project Assistant, incorporate the modifications into the guidelines and submit to the Project Coordinator and Project Director for approval.

TIMELINE: 5/16/88 through 5/20/88

Task 22

The Project Coordinator and Project Director approve the revised guidelines.

TIMELINE: 5/25/88

Task 23

Trainers, assisted by outside consultants, guest speakers and the Assistant Director and Special Consultant, as appropriate, deliver **Training Workshop #3 for Direct Health Care Providers.**

TIMELINE: 6/3/88 (To be confirmed)

Task 24

The Project Coordinator, Project Director and Trainers review the evaluation results of the training workshop and identify areas needing modification.

TIMELINE: 6/6/88 through 6/10/88

Task 25

Trainers, supported by the Conference Project Assistant,

incorporate the modifications into the guidelines and submit to the Project Coordinator and Project Director for approval.

TIMELINE: 6/13/88 through 6/17/88

Task 26

The Project Coordinator and Project Director approve the revised guidelines.

TIMELINE: 6/22/88

Task 27

Trainers, assisted by outside consultants, guest speakers and the Assistant Director and Special Consultant, as appropriate, deliver Training Workshop #4 for Mental Health and Substance Abuse Care Providers.

TIMELINE: 7/8/88 (To be confirmed)

Task 28

The Project Coordinator, Project Director and Trainers review the evaluation results of the training workshop and identify areas needing modification.

TIMELINE: 7/11/88 through 7/15/88

Task 29

Trainers, supported by the Conference Project Assistant, incorporate the modifications into the guidelines and submit to

the Project Coordinator and Project Director for approval.

TIMELINE: 7/18/88 through 7/27/88

Task 30

The Project Coordinator and Project Director approve the revised guidelines.

TIMELINE: 7/27/88

Task 31

Trainers provide consulting services and technical assistance to those groups, agencies and institutions requesting assistance by June 15, 1988.

TIMELINE: 4/22/88 to 8/31/88

Task 32

Trainers deliver a demonstration project training workshop to an AIDS provider that conducts AIDS trainings.

TIMELINE: 9/9/88

Task 33

Trainers provide consulting services and technical assistance to the AIDS provider where the demonstration project is being conducted.

TIMELINE: 9/12/88 through 9/21/88

Task 34

Trainers, supported by the Conference Project Assistant, compile and submit to the Project Coordinator results of the evaluations for all workshops and the demonstration project.

TIMELINE: 4/11/88 to 9/26/88

EVALUATION CRITERIA

1.1

The project design team and trainers design and develop the cross-cultural AIDS guidelines that addresses ethnic/minority differences by March 20, 1988.

1.2

A minimum of two hundred (200) health care providers achieve a proficiency level of 90% as measured by a post-training questionnaire regarding cross cultural issues as they relate to ethnic minorities with HIV infection through four training workshops and a demonstration project by September 30, 1988.

Objective 2

AHP will develop a) outreach to a minimum of twenty-five (25) community groups, agencies and institutions to publicize the existence and purpose of the cross-cultural training workshops, and b) necessary linkages to deliver the workshops to these groups by April 1, 1988.

Task 1

The Project Coordinator, assisted by the Project Director, Assistant Director and Special Consultant, identify community groups, agencies and institutions that provide care for HIV infected minority individuals.

TIMELINE: 2/12/88

Task 2

The Project Coordinator, supported by the Conference Project Assistant, secures sites and schedules times for conducting training workshops.

TIMELINE: Ongoing from 2/15/88

Task 3

The Project Coordinator, supported by the Conference Project Assistant, contacts administrators of identified community groups, agencies and institutions, notifying them of the existence and purpose of the training workshops and announcing the time and place of **Workshop #1 for Program Administrators**.

TIMELINE: 3/14/88

Task 4

The Conference Project Assistant receives responses from community groups, agencies and institutions, notifying AHP of their intent to participate in the training workshop.

TIMELINE: 3/18/88 to 4/1/88

Task 5

The Conference Project Assistant reproduces workshop materials for distribution to workshop participants.

TIMELINE: Ongoing from 3/21/88

Task 6

The Project Coordinator invites current AIDS training groups to participate in training workshops and to meet with project staff to discuss means by which the training workshops can be incorporated into existing provider trainings.

TIMELINE: 3/1/88 through 4/15/88

Task 7

The Project Coordinator, supported by the Conference Project Assistant, contacts administrators of community groups, agencies and institutions, notifying them of the existence and purpose of the training workshops and announcing the time and place of **Workshop #2 for AIDS Service Agency Staff.**

TIMELINE: 4/8/88

Task 8

The Conference Project Assistant receives responses from community groups, agencies and institutions, notifying AHP of their intent to participate in the training workshop.

TIMELINE: 4/8/88 to 5/2/88

Task 9

The Conference Project Assistant reproduces workshop materials, as necessary, for distribution to workshop participants.

TIMELINE: On-going

Task 10

The Project Coordinator and Trainers meet with current AIDS training groups to discuss and develop plans for incorporating the training workshops into their existing trainings.

TIMELINE: 4/29/88 through 5/4/88

Task 11

The Project Coordinator, supported by the Conference Project Assistant, contacts administrators of community groups, agencies and institutions, notifying them of the existence and purpose of the training workshops and announcing the time and place of **Workshop for Direct Health Care Providers.**

TIMELINE: 5/6/88

Task 12

The Conference Project Assistant receives responses from community groups, agencies and institutions, notifying AHP of their intent to participate in the training workshop.

TIMELINE: 5/9/88 to 5/27/88

Task 13

The Conference Project Assistant reproduces workshop materials, as necessary, for distribution to workshop participants.

TIMELINE: On-going

Task 14

The Project Coordinator, supported by the Conference Project Assistant, contacts administrators of community groups, agencies and institutions, notifying them of the existence and purpose of the training workshops and announcing the time and place of **Workshop #4 for Mental Health and Substance Abuse Care Providers.**

TIMELINE: 6/3/88

Task 15

The Conference Project Assistant receives responses from community groups, agencies and institutions, notifying AHP of their intent to participate in the training workshop.

TIMELINE: 6/6/88 to 7/1/88

Task 16

The Conference Project Assistant reproduces workshop materials, as necessary, for distribution to workshop participants.

TIMELINE: On-going

Task 17

The Project Coordinator arranges with an AIDS provider that conducts AIDS trainings to deliver a demonstration project for that provider.

TIMELINE: 7/1/88 to 7/15/88

Task 18

The Conference Project Assistant reproduces workshop materials, as necessary, and related workshop material for distribution to workshop participants during the demonstration project.

TIMELINE: 7/15/88 to 9/8/88

EVALUATION CRITERIA

2.1

AHP develops a) outreach to a minimum of twenty-five (25) community groups, agencies and institutions and publicizes the existence and purpose of the cross-cultural training workshops, and b) establishes necessary linkages to deliver the workshops to these groups by April 1, 1988.

Objective 3

By September 15, 1988 AHP will provide technical assistance and/or consulting services to twenty-five (25) providers who request those services by June 15, 1988.

Task 1

The Project Coordinator, supported by the Conference Project Assistant, informs community groups, agencies and institutions that follow-up technical assistance and consulting services are available from the project.

TIMELINE: 3/14/88 to 6/15/88

Task 2

Trainers emphasize the availability of technical assistance and consulting services during the training workshops.

TIMELINE: 4/8/88, 5/6/88, 6/3/88, 7/8/88

Task 3

The Project Coordinator receives requests for on-site or off-site technical assistance from community groups, agencies and institutions who have completed the training workshop.

TIMELINE: 3/14/88 through 6/15/88

Task 4

The Project Coordinator, in collaboration with the Trainers and supported by the Conference Project Assistant, schedules technical assistance and consulting services for requesting groups, agencies and institutions, both on-site and off-site.

TIMELINE: 3/14/88 through 6/15/88

Task 5

Trainers visit community groups, agencies and institutions who have requested technical assistance and provide assistance and consulting services as appropriate.

TIMELINE: 4/25/88 through 8/31/88

Task 6

Trainers file a written report with the Project Coordinator and Project Director regarding the technical assistance and consulting services they have delivered during the life of the project.

TIMELINE: Ongoing from 4/25/88 to 9/26/88

EVALUATION CRITERIA

3.1

By September 15, 1988 AHP provides technical assistance and/or consulting services to twenty-five (25) providers who requested those services by June 15, 1988.

Objective 4

AHP will identify barriers of access to AIDS services for ethnic minority groups with HIV infection by surveying a minimum of fifty (50) HIV infected minority individuals by July 20, 1988.

Task 1

The Project Director, Assistant Director, Project Coordinator, Trainers and Special Consultant, in consultation with the members of the design team, draft an AIDS services questionnaire.

TIMELINE: 2/26/88 through 3/4/88

Task 2

The Assistant Director, Special Consultant and Project Coordinator complete a final version of the questionnaire and submit it to the Project Director.

TIMELINE: 5/16/88

Task 3

The Project Director approves the questionnaire and notes recommendations for changes.

TIMELINE: 5/23/88

Task 4

The Project Coordinator incorporates recommended changes and obtains Project Director approval of final questionnaire.

TIMELINE: 5/27/88*

Task 5

The Project Coordinator, assisted by the Assistant Project Director and the Special Consultant, assures the administration

of the questionnaire to a minimum of 50 HIV infected minorities.

TIMELINE: 6/1/88 to 8/1/88

Task 6

The questionnaire results are compiled by the Conference Project Assistant and analyzed by the Project Director, Project Coordinator and Trainers.

TIMELINE: 8/2/88 to 8/15/88

Task 7

The Project Director files a written report with the City stating the findings of the questionnaire, including recommendations for overcoming and/or eliminating barriers to AIDS services among ethnic minorities.

TIMELINE: 8/19/88*

EVALUATION CRITERIA

4.1

AHP develops a questionnaire to determine barriers to access to services by May 30, 1988.

4.2

AHP identifies barriers of access to AIDS services for ethnic minority groups with HIV infection as the result of a questionnaire survey which includes a minimum of fifty (50) HIV infected minority individuals and submits a report of the results

of that questionnaire survey along with recommendations for rectifying those barriers by August 19, 1988.

Objective 5

As a result of the efforts of the project management team and project staff, the project will operate in a timely, efficient and well coordinated manner and ongoing communication will occur among project management, staff, Trainers, consultants and service providers requesting technical assistance and/or consulting services.

Task 1

The Project Director hires and orients the Project Coordinator, Conference Project Assistant and five Trainers..

TIMELINE: 2/23/88

Task 2

The Project Director attends regular staff meetings which are held at least once a month.

TIMELINE: ONGOING

Task 3

The Project Coordinator chairs regular staff meetings which are held at least once a month.

TIMELINE: ONGOING

Task 4

The Project Director establishes and maintains regular contact with the design team.

TIMELINE: ONGOING

Task 5

The Project Coordinator establishes and maintains open lines of communication among all community groups, agencies and institutions who provide AIDS services to HIV infected minority individuals.

TIMELINE: ONGOING

Task 6

The Project Coordinator reviews and shares all pertinent project-related information with project staff.

TIMELINE: ONGOING

Task 7

The Project Coordinator responds to inquiries and requests from community groups, agencies and institutions in a timely and efficient manner.

TIMELINE: ONGOING

Task 8

The Project Coordinator assures that workshops and the demonstration project are appropriately scheduled and that the

Trainers are properly prepared and supported to carry out their responsibilities.

TIMELINE: ONGOING

Task 9

The Project Coordinator assures that the Project Director is kept informed of the progress, constraints and completion of all tasks related to the project.

TIMELINE: ONGOING

Task 10

Trainers attend regularly scheduled staff meetings when appropriate, as requested.

TIMELINE: ONGOING

Task 11

Trainers submit all workshop evaluation reports to the Project Coordinator in a timely and efficient manner.

TIMELINE: 4/11/88, 5/9/88, 6/6/88, 7/11/88

Task 12

Trainers submit reports regarding technical assistance and consulting services provided to requesting groups and during the demonstration project in a timely and efficient manner.

TIMELINE: ONGOING

Task 13

The Conference Project Assistant maintains records of workshop activities, technical assistance and consulting services requested and delivered and outside inquiries regarding the project.

TIMELINE: ONGOING

Task 14

The Conference Project Assistant supports project staff in producing reports, analyses and project materials in a timely and efficient manner.

TIMELINE: ONGOING

Task 15

The Assistant Director maintains regular and clear communication with the Project Director and Project Coordinator during the life of the project.

TIMELINE: ONGOING

Task 16

The Assistant Director participates in the design of the guidelines and the delivery of workshops and technical assistance and consulting services as requested.

TIMELINE: ONGOING

Task 17

The Special Consultant maintains regular and clear communication with the Project Director and Project Coordinator during the life of the project.

TIMELINE: ONGOING

Task 18

The Special Consultant participates in the design of the guidelines and the delivery of workshops and technical assistance and consulting services as requested.

TIMELINE: ONGOING

Task 19

The Project Coordinator supplies the Project Director with all information needed to complete and file a written project report with the City.

TIMELINE: 9/26/88

Task 20

The Project Director files a written project report with the City summarizing and evaluating the effectiveness of the project.

TIMELINE: 9/30/88

EVALUATION CRITERIA

5.1

The project management team documents that the project functions in a timely efficient and well coordinated manner and that ongoing communication occurs among project management, staff, trainers, consultants and AIDS service providers by meeting all deadlines set forth in the above objectives and by filing a final written report with the City, summarizing and analyzing the effectiveness of the project.

* Indicates a "deliverable" or benchmark activity as stated in the RFP.

SFAF - Tim W / Ernesto H. ✓
 Shanti - Jim G / Chris S. - PM
 MIRA
 Latino AIDS Proj
 Asian American AIDS TSK Force

Minion gift
 West
 Coach

- Franklin Hosp?
 ✓ PHE - Ro
 - George Becker
 ✓ SFAH - Paul V.
 ✓ Dept PH - Ken Dunningan

Grace Rio Peña - Kaiser ✓
 929-4000
 BAPHR - Pierre Luddington ✓
 CUS - Tim Yee ✓
 Wayne Clark.
 BAART - George T

How much time? St. Mary's AIDS Coordinator

Wkshps - 7 hrs. (contact).

Concept of understanding about being White & Heterosexism

• Death & Dying Issues

POC

J	2.8	x			
	2.8	x	0.8	=	10.0 Ind.
	3.3	x	0.8	=	2.6 JR.
	9.0	x	0.8	=	7.2 JM.
	35	x	0.8	=	28.0 RM.
	18	x	0.8	=	28.0 PD.
					AC Typist.
					63.8

5 fees?
 Printed results.

Wkshps
 5 x 7 hrs
 5 x 4 "

35
 20
 35
 50
 50
 125

7 x 25

34K
 20000

2750 / Trainer / Wkshp.

11,000

Renee Martin
1379 Masonic Ave.
SF 94117

— Raise ~~Grass~~; Ask Q's.

HAGARD

- NOT DONE.

- Q's re: selves.

- Always a PROCESS

25 Agencies

Wkshop 1 = 50-75 Proj. Administrators / Bd.
Members(?)

- technical assistance + consultation via flu e questionnaire.

Wkshop 2 AIDS SVC Agencies
AIDS Emergency Fund, Shanti, Open Hand,
Holy Redeemer, SFAF,

Wkshop 3 Health Care Prov's
SFGH, RAPHK, Davies, Kaiser,
Health Ctrs.

Wkshop 4 Mental H / SA Providers.
CMHS, BAART, CSAS,

⑤ demonstration =

RECEIVED
OCT 19 1987

REQUESTS FOR PROPOSALS (RFP) PACKAGE
FOR
Consultation and training for AIDS programs in San Francisco
regarding cross-cultural issues related
to serving ethnic minority populations.

RFP # 011-87

Contents Of This Package

	Page
I. Request For Proposal Response Form	1
II. Timeline	17
III. General Instructions	18

NOTE: The format to be followed in all responses to this RFP is detailed here.

Included in this section are the Selection Criteria.

Appendix A
Budget Requirements

Appendix B
DPH Standard Boilerplate including:
Exhibit B. Chapter 12 of the Administrative Code
Nondiscrimination in Contracts, Chapter 10 of the
Administrative Code South Africa Divestment Ordinance
and Exhibit C. DPH Insurance Requirements

9. DESCRIPTION OF NEED AND SITUATION:

The San Francisco Department of Public Health AIDS Office is seeking proposals to provide consultation and training to AIDS programs in San Francisco regarding cross-cultural issues as they relate to AIDS and ethnic minorities.

The purpose of this proposal for consultation and training is to ensure that a mechanism is available and accessible that will allow for culturally sensitive training (workshops) and consultation for providers who care for HIV infected minority individuals. These consultations and/or trainings (workshops) should enable a provider to be more logical and rational in providing care for the HIV infected minority individual. The trainings (workshops) should improve relationships between the provider and client, which could lead to optimal care and better access to AIDS services. This will require the development of cross-cultural AIDS guidelines for AIDS providers for high-risk groups (gay/bisexual, heterosexuals, intravenous drug users (IVDUs), adolescents, etc.). An evaluation tool to measure the effectiveness of the trainings (workshops) should be developed to ensure that the training was effective and to make any substantive changes suggested by the evaluation. Also, a questionnaire must be developed to determine barriers to access of services (health care, education, social service, housing, etc.) for ethnic minorities with a report to the AIDS Office.

Funding for this project is being provided by the Public Health Service/Health Resources and Services Administration through the San Francisco Department of Public Health. The contract for the overall project, including development of a cross-cultural AIDS guidelines, evaluation tools, linkage development with AIDS providers and delivering of cross-cultural trainings (workshops) cannot exceed \$100,000.00.

The term for these services will be from February 1, 1988 through September 30, 1988. Contractor must be able to continue to provide training services from October 1, 1988 through September 30, 1989 if funding is made available.

10. SERVICES SOLICITED:

The services solicited for this project are:

- A. To develop cross-cultural AIDS guidelines to deal with the ethnic differences of various groups as AIDS relates to ethnicity. These guidelines must be easily adapted to various types of providers (e.g., providers of adolescents, adults, females, children, IVDUs, etc.).
- B. To develop an evaluation tool to determine the effectiveness of the guidelines and make necessary changes based on the evaluations.
- C. To develop outreach to community groups, agencies, and institutions to make known the existence and purpose of the cross-cultural trainings (workshops) and develop necessary linkages to deliver the trainings (workshops) to these groups.
- D. Provide consultation and/or technical assistance to those groups, agencies, and institutions requesting such.

10. SERVICES SOLICITED: continued

- E. Develop linkages with current AIDS training groups so that the cross-cultural trainings (workshops) can be incorporated into existing provider trainings.
- F. * Identify barriers of access to AIDS services for ethnic minority groups with HIV infection.

Specifications

- A. The cross-cultural AIDS guidelines that describes ethnic/minority differences must be developed by March 20, 1988.
- B. The evaluation tool that will be used to determine the effectiveness of the trainings (workshops) must be developed by March 31, 1988.
- C. Outreach and development of linkages with a minimum of 25 current AIDS providers should be developed during the first three months of the project and be an ongoing function of the project.
- D. Four provider trainings (workshops) should be provided between March 31, 1988 and September 30, 1988. *set minimum # of people to be trained*
min. 3 workshops.
A minimum of one provider training (workshop) should be the result of a linkage developed with a current AIDS provider that conducts AIDS trainings. *P. H. H. H. H.*
- E. A questionnaire to determine barriers to access to services (health care, education, social services, housing, etc.) must be developed by May 30, 1988.

→ A minimum of 50 HIV infected minorities, including Persons with AIDS and Persons with AIDS Related Complex (PWAs/PWARCs), must be administered the questionnaire and an analysis of these findings must be given in with a final report due to the AIDS Office by August 20, 1988. This final report must include recommendations for rectifying these barriers to access of services (health care, education, social services, housing, etc.).

11. MINIMUM QUALIFICATIONS

Prospective providers must have extensive experience with and sensitivity of Black, Asian, and Latino and Native American communities. Sensitivity to gay/bisexual male issues and women's issues is also required. Degrees in psychology and health education required. Experience in dealing with intravenous drug users (IVDUs) required. Equivalent experience and/or education will be accepted. *→*

c) Program Plan

The purpose of this section is to help reviewers appreciate what will happen within the program and how program management will support that happening. Explain how you plan to perform each service. Be as specific as possible. When appropriate, identify program staff by title and give examples of interactions between staff and client, staff and staff, and staff and outside resources. Be sure to include client or service-related information. Detail internal programatic review and monitoring and client feedback procedures. *KK*

Continue with this narrative to illustrate your program's depth, sensitivity and versatility for meeting the demands of service delivery.

If developed, record-keeping forms mentioned in your responses should be included as Appendices. *these will be*

d) Relationships with AIDS service providers *RM KK*

Explain how the activities of this program will be coordinated with the services of other AIDS service providers. *incl. Black + Latam Asian T.F. Sold. Fee Not Person*

5) Budget *8/88*

Submit a detailed line-item budget for eight (8) months of operation (February 1, 1987-September 30, 1988). The maximum funding for this project is \$100,000.00. Sample budget format in Appendix A, pages 27-33. *RM DB + LK*

6) Legal Capability (Where applicable) *RD + RM*

- a. Articles of Incorporation - please submit a copy of your articles of incorporation, including all amendments.
- b. Listing of names and addresses of Board of Directors and Corporate Officers
- c. Facility Licensing - please submit a copy of all required State licenses.
- d. Submit a copy of Not-for-Profit [501 c (3)] certificataion letter.

7) Fiscal Viability

Payment to Contractor will be made in arrears on a monthly basis for services performed and billed by the contractor, provided that the Contractor is not in default under an provision of the contractual agreement.

M. CONTENT AND SEQUENCE OF PROPOSAL

The proposal must be submitted according to certain specifications and format as given below, both in regard to content and sequence. Failure to adhere to specifications and format may be cause for rejection of the proposal. All sections must be addressed. Do not address one section by referring to another section.

1) Cover Letter

A cover letter and introduction, a maximum of two pages, including name, address, and telephone number of person or persons who are authorized to represent and make an offer on behalf of the provider, should be supplied. (RM)

2) Executive Summary

An Executive Summary, a maximum of two pages, is to be included. KLC + RM

3) Request for Proposal Response Form (Pages 1-16 of this document) RD

Including:

- a) Completion of affidavit of compliance with Ordinance requiring Divestment of City Funds (pages 4 & 5) must be submitted with proposal, or write a letter indicating exempt status.
 - b) Department of Public Health Contract providers Ethnic Form (page 6)
 - c) Questionnaire on Recruitment, Hiring and Training Practices. A blank Questionnaire is attached for your completion if your proposal is over \$50,000. (pages 7-16)
- ed
JRM

4) Program Description KLC

a) Problem and need

Outline your view of the critical issues involved in providing services and summarize how the proposed program will meet the need.

b) Staffing KLC, RM

Identify the staff of the proposed program. List positions, give titles, brief descriptions of general duties, and academic and experiential qualifications. Supervision responsibilities should be indicated.