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December 6, 1989

Thelma Frazier, Chief
California Dept. of Health Svcs.
Office of AIDS
830 "S" Street
Sacramento, CA 95814

OFFICE OF RESEARCH AFFAIRS
DIVISION OF CONTRACTS AND GRANTS
SAN FRANCISCO, CALIFORNIA 94143-0962
(415) 476-2977

ATTN: AIDS Community Education and Prevention Project Proposals

Dear Sir or Madam:

The University of California is presenting for your review a request for support of the following project:

PROJECT TITLE TRAINING THE TRAINERS

PRINCIPAL INVESTIGATOR James W. Dilley, M.D.

TYPE OF PROPOSAL #90-004 AIDS Community Education and Prevention Projects

- ☒ New
☐ Renewal of No. _____
☐ Continuation of No. _____
☐ Supplement to No. _____
☐ Revision of No. _____

- ☐ Grant
☒ Contract
☐ Fellowship
☐ Subcontract
☐ Cooperative Agreement

AMOUNT REQUESTED

First Budget Period \$199,130 (Includes Indirect Cost)
Total Period \$634,392

INDIRECT COST RATE 10% % Personnel

PROJECT PERIOD

First Budget Period 7/1/90 - 6/30/91
Total Period 7/1/90 - 6/30/93

Your favorable consideration will be appreciated. If you have questions about this proposal please contact Amy J. Ash.

Sincerely,

Lorraine M. Petrakis
Director

cc: Principal Investigator

Please note: The University's Travel Regulations shall apply.

(FOR STATE USE ONLY)
Date Application ReceivedFUNDING APPLICATION
COVER SHEET

State assigned I.D. No. _____

REVIEW ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION

A. APPLICATION INFORMATION

1. OFFICIAL AGENCY NAME AND ADDRESS (as it is to appear on agreement):

Agency Name

The Regents of the University of California

Organizational Unit

Langley Porter Psychiatric Institute

Address

3333 California St., Suite 11

County

San Francisco

Zip Code

Telephone

94143-0962 (415) 476-2977

2. AMOUNT REQUESTED FOR FY 01

\$ 199,130

4. ANTICIPATED AMOUNT REQUESTED FOR:

FY 02 \$ 209,085

FY 03 \$ 226,177

(FOR STATE USE ONLY)

\$

\$

\$

\$

\$

3. PROPOSED FUNDING PERIOD (if different from state FY):

Project Duration: _____ months

FROM: _____ TO: _____
Month/Day/Year Month/Day/Year

5. TITLE AND BRIEF DESCRIPTION OF PROPOSED PROJECT: TRAINING THE TRAINERS

We propose conducting training sessions for AIDS education specialists - counselors, social service workers, psychologists and other mental health providers - through two programs: AIDS Mental Health (AMH) and Group Interaction Strategies of Training (GIST). Targeted populations are from four different high-risk groups residing in rural and underserved areas throughout the state. Los Angeles and San Francisco are excluded. Once trained, these professionals will conduct their own training, focusing on HIV prevention and HIV intervention.

6. ESTIMATED NUMBER OF PERSONS TO BENEFIT FROM PROJECT

3,200

7. AREA OF PROJECT IMPACT (Names of cities, counties, etc., to be involved/affected)

State of California, excluding Los Angeles and San Francisco

8. TYPE OF APPLICANT

Enter appropriate letter:

e

a. County

e. Higher Education Institution

b. City

f. Indian Tribe

c. School District

g. Other (Specify): _____

d. Community Action Agency

9. THE APPLICANT CERTIFIES THAT: To the best of my knowledge and belief, data in this application are true and correct. The document has been duly authorized by the governing body of the applying agency. I understand that the State may use and reproduce the materials submitted by this agency and that this is a public document and open to public inspection.

Signature: _____

Date: _____

Type name and title: Lorraine M. Petrakis, Dir., Office of

DO NOT WRITE IN SPACE BELOW—FOR STATE USE ONLY

Research Affairs

ACTION TAKEN		ACTION DATE	START DATE	REMARKS ADDED	END DATE	REVIEW INFORMATION
☐ Approved—funded	☐ Rejected	____/____/____	____/____/____	☐ Yes ☐ No	____/____/____	
☐ Approved—unfunded	☐ Withdrawn					

TABLE OF CONTENTS

	Page
Funding Proposal Cover Sheet	
Table of Contents	
I. Executive Summary.....	1
II. Specification of Target Populations at Risk for HIV and Description of Needs.....	4
III. Project Description.....	26
IV. Scope of Work.....	62
V. Multiyear Program Summary.....	131
VI. Applicant Capability.....	135
VII. Budget Request.....	144
A. Funds Requested from Office of AIDS	
B. Total Project Budget	
VIII. Appendices.....	146
A. Authorization to Bind Corporation	
B. Proof of Non-Profit Status: State Franchise Tax Board of IRS Approval	
C. AIDS Health Project Information Sheet	
D. Current Incoming funds by Source	
E. Anticipated Incoming Funds by Source	
F. Statement of Compliance - Nondiscrimination	
G. Affirmative Action Information Sheet	
H. Letters of Support	
I. Resumes of Key Staff	

Executive Summary

Executive Summary

Project Summary

The AIDS Health Project proposes to conduct a comprehensive Train-the Trainer project for AIDS education specialists, counselors, and social service providers who serve people living in rural California who are: men having sex with men; IVDU and substance abusers in treatment or recovery programs; women sexual partners of either men having sex with men and/or IVDU and substance abusers; and, homeless or out of school youth. The two training programs in the project are AIDS and Mental Health (AMH) and Group Intervention Strategies and Training (GIST), and participants from these two trainings will each have two commitments beyond requirements for completing the initial AMH or GIST training: 1) to implement either one-to-one, dyad or family HIV prevention education strategies (AMH) or group HIV prevention education strategies (GIST) to 10 target group members; and 2) to implement a report and training to at least 10 colleagues on the interventions they utilized with target groups (AMH or GIST) and/or HIV information provided to them as trainers (AMH only).

A. Education/Prevention Strategies

100 men having sex with men living in rural California.

One-to-one, dyad or family HIV prevention education sessions providing knowledge, support for attitude change, skill development and support for behavior change.

100 men having sex with men. living in rural California.

One or more group HIV prevention education sessions providing knowledge, support for attitude change, skill development and support for behavior change.

100 IVDU and substance abusers in treatment or recovery programs in rural California.

One or more group HIV prevention education sessions providing knowledge, support for attitude change, skill development and support for behavior change.

50 IVDU and substance abusers in treatment or recovery programs in rural California.

One-to-one, dyad or family HIV prevention education sessions providing knowledge, support for attitude change, skill development and support for behavior change.

50 women sexual partners of men who have sex with men and/or IVDU and substance abusers in rural California.

One or more group HIV prevention education sessions providing knowledge, support for attitude change, skill development and support for behavior change.

50 women sexual partners of men who have sex with men and/or IVDU and substance abusers

One-to-one, dyad or family HIV prevention education sessions providing knowledge, support for attitude change, skill

50 homeless or out-of-school youth in rural California.

development and support for behavior change.
One or more group HIV prevention education sessions providing knowledge, support for attitude change, skill development and support for behavior change.

25 homeless or out-of-school youth in rural California.

One-to-one, dyad or family HIV prevention ed sessions providing knowledge, support for attitude change, skill development. and support for behavior change.

Consultants

A total of \$2500 has been allocated in order to provide American Sign Language Interpretation in one AMH and one GIST training. The hearing impaired community is at risk for HIV infection and is seldom targeted or is excluded from training opportunities when signing is not available (See Appendix H).

In a three day training, for example, two signers must attend at the same time, trading off every fifteen minutes. This labor intensive service is critical to providing access to the hearing impaired provider. The trainings do not lend themselves to taping for future translation; they are highly experiential and require the full participation of attendees.

Geographic Description

Geographic Region: Rural (and underserved) California

Counties: various (currently under consideration: Kern, Stanislaus, San Joaquin, Ventura)

B. Target Group Distribution of funds by year.

Target Group	no. target. yr.1/total	%people of color	funding allocations (\$)/target group		
			FY 90-91	91-92	92-93
Men w/men	200/775*	29	75856	79656	86160
IVDU/sub	150/570*	29	56892	59736	64620
women	100/390*	29	37928	39824	43080
youth	75/290*	29	28446	29868	32310

*Represents minimum number to be reached by end of year three

C. Target Group Distribution for FY 1990-91: People of Color

	Group Percentages										TOT MIN
	HISP	BL	NA	ASIAN IND	FILI	JA	CHIN	SE ASIAN	KOR	PAC ISL	
men w/ men	15	5	2	1.0	1.0	1.0	1.0	1.0	1.0	1.0	29
IVDU/sub	"	"	"	"	"	"	"	"	"	"	"
women	"	"	"	"	"	"	"	"	"	"	"
youth	"	"	"	"	"	"	"	"	"	"	"

D. Ethnic Distribution of Agency's Organization

Group Percentages						
HISP	BLK	NA	ASIAN	PAC	ISL	CAUC
13.	10.5	0	1.0		5.0	70.5

**Specification of Target Populations at Risk for HIV:
Description of Needs**

I. SPECIFICATION OF TARGET POPULATIONS AT RISK FOR HIV AND DESCRIPTION OF NEEDS

A. Specification and Description of Target Populations

Broadly, the high risk populations we intend to serve in rural California Counties include:

- Men having sex with men.
- Intravenous drug users and substance abusers (IVDUs).
- Women who have sex with either of the above populations.
- Homeless and out-of-school youth (ages 13-22).

We propose to provide services in rural areas of California, and at present are considering four counties specifically: Kern, San Joaquin, Stanislaus and Ventura. Based on our research with providers in those counties, as well as our own agency's experience, we describe each of our identified populations more specifically:

Men who have sex with men: In the four counties we are considering, men who have sex with men comprise 5-15% of the total population; range from working class status to affluent; are racially diverse, including Anglo-Caucasians, Latinos, Blacks and Southeast Asians and Native Americans; and have educational levels ranging from non-graduates of high school to post-graduate degrees; and range in age from early twenties through their sixties and beyond. These men lead a largely closeted lifestyle in these communities and generally express denial of risk for HIV infection. Some members of this population, however, do engage in unsafe sexual practices and/or unsafe needle hygiene. There is significant use of substances among many individuals in this group (including alcohol, cocaine and heroin most commonly).

IVDUs and substance abusers: The number of IVDUs and substance abusers in the rural counties we would like to serve are disproportionately high in regard to the overall population and comprise about 10% of AIDS cases in these areas. Socioeconomically, they range from poor (the majority) to affluent (the minority). Some are homeless. In two of the counties there are approximately an equal number of Caucasian-Anglos, Latinos and Blacks, but in the other two counties Latinos make up the majority of needle users. They range in age from early twenties to their sixties and beyond, with an average of 30 years. The main risk factors for HIV infection in this group include poor needle hygiene and the sharing of works; socializing exclusively with other needle users in a climate which does not support behavior change; unprotected sexual contacts; and the use of alcohol or drugs before sexual encounters which further encourages unsafe behaviors.

Women who have sex with either of the above populations: Women at risk through sexual contact with IVDUs and substance abusers or men having sex with men have largely been neglected in the four counties we are studying. From the data we have collected, there are high numbers of partners of IVDUs and lower numbers of women partners of men who have sex with men. Many of the women in the latter case are married to or partnered with men who have sex with men, frequently or occasionally. The women may not be aware of their husband's or partner's other sexual activities. Women at risk for HIV infection in these counties span all ages; range in socioeconomic status from poor to middle and upper class; are Caucasian-Anglo, Latino, Black and Southeast Asian; and educationally range from not having finished high school to having completed advanced degrees. Their common highest risk is having unprotected sexual contact with men who use IV drugs or men who have sex with men.

Homeless and out-of-school youth: For purposes of this project, we are defining youth as persons between 13-22 years of age. The number of homeless and out-of-school youth in the four rural counties we are considering, ranges from two to three thousand. This is a financially destitute and racially diverse (Caucasian-Anglo, Latino, Black, Southeast Asian) population. Most of these youth have not completed high school. They are male more often than female; often suffer from chronic health problems, many of which could be cured or improved through treatment; and may be malnourished. They often engage in illegal , such as theft, prostitution and drug-dealing. They are at risk for HIV infection through unsafe sexual contact with multiple partners and sharing of needles and paraphernalia in IV drug use. Additionally, many of these youth have compromised mental health, drink and use drugs addictively, and spend their time socializing with a community which does not support or endorse risk reduction behaviors.

Rationale for focusing on these specific target groups:

Men who have sex with men: In our four selected counties, men who have sex with men are largely a very closeted group of people. They tend to frequent public parks for sexual activity, go to the one or two gay bars in the area, or travel to the bigger cities (Sacramento, San Francisco, Los Angeles) for socializing, recreation and to make sexual contacts. Many of these men who have sex with men are also married to women. Their clandestine lifestyle lends itself to a denial of the risks for HIV infection and the belief that HIV infection is mainly a problem in bigger cities. Men in this population who have become ill with HIV-related symptoms often seek health care in urban areas. Because of this, potential providers of HIV education locally (counselors, social workers, health educators, physicians, nurses, etc.) may not have seen evidence of the spread of HIV, and have yet to be convinced this is a problem.. Thus far, HIV education has not been adequately provided to this population in their home counties.

Through our AMH and GIST programs, local providers who may have already established a relationship of trust with this population will be supported in providing essential HIV prevention information to them. Additionally, by helping to build a network of informed and concerned providers, we will have an impact on other providers who are less informed and/or less convinced that a need for education exists.

IVDUs and substance abusers: There is a significant need for education and outreach to the IVDU and substance abuser population in the four counties. The educational needs of this group are twofold: (1) the need for information on drug and alcohol use and abuse, and of resources to help cope with and treat addictions; and (2) the need for specific information on HIV risk and risk reduction. The issue of drug and alcohol information generally is being addressed in these counties, more substantially in some areas than in others, through methadone maintenance programs, drug treatment centers, alcohol recovery programs and inpatient detox and treatment programs. HIV-related education has not been a strong part of these programs thus far. Through our Train-the-Trainer program, providers in these settings will be presented with information substantiating the need for HIV education in their programs, and supported in offering appropriate HIV risk reduction information to IVDUs and substance abusers in treatment and recovery programs. These individuals are very vulnerable to drug 'slips' and the concomitant disinhibition, guilt and shame which lends itself to self-destructive behavior including engaging in HIV risk behaviors.

Homeless and out-of-school youth: The homeless and out-of-school youth in the four counties are overlooked by traditional and already-existing HIV educational efforts. They are not reached by school-based prevention program or by campaigns for the gay male community. They may not be reached by general media campaigns relying on television and print media. Meanwhile, their risks may be considerable. They may have

sex for money, for food, for shelter or for drugs. Drug use, including IVDU and the sharing of needles, is common among this group. Currently, the Red Cross is providing outreach to homeless adults and youth in these areas. Our program would greatly expand and enhance the number of skilled and knowledgeable educators having direct contact with this population.

B. Assessment of Risk Behavior and Documentation of Need

There are *specific* behaviors in each of our identified target populations which put individuals in those populations at risk for HIV transmission. Through our program, we would hope to reduce or eliminate risk behaviors among individuals in these populations. The specific behaviors include:

Men who have sex with men:

- Unprotected anal or oral intercourse with multiple partners, HIV-positive partners, or partners of unknown serostatus.
- IV drug use and the sharing of needles.
- Use of drugs or alcohol before sexual activity which impair and compromise judgement and ability to follow through on risk reduction practices.
- Lack of adequate information about HIV transmission and prevention.
- Denial about personal risk status.
- Lack of motivation to practice risk reduction behaviors.

IVDUs and substance abusers:

- Poor needle hygiene and sharing of works.
- Unprotected anal, vaginal or oral intercourse with multiple partners, HIV-positive partners, or partners of unknown serostatus.

- Compromised ability to maintain risk reduction practices due to withdrawal anxiety and altered states of consciousness (while under the influence of substances).
- Use of drugs or alcohol before sexual activity which impair and compromise judgement and ability to follow through on risk reduction practices.
- Lack of adequate information about HIV transmission and prevention.
- Denial about personal risk status.
- Lack of motivation to practice risk reduction behaviors.

Women who have sex with either of the above populations:

- Unprotected anal, vaginal or oral intercourse with multiple partners; HIV-positive partners; or partners of unknown serostatus, especially those at high risk themselves to be HIV infected.
- Co-dependency traits which make the initiation and implementation of risk reduction behaviors with a sexual partner difficult.
- Lack of adequate information about HIV transmission and prevention.
- Lack of information about personal risk status (a woman not knowing, for example, that her husband has sex with men).
- Denial about personal risk status.
- Lack of motivation to practice risk reduction behaviors.

Homeless and out-of-school youth:

- Unprotected anal, vaginal or oral intercourse with multiple partners; HIV-positive partners; or partners of unknown serostatus, especially those at high risk themselves to be HIV infected.
- Poor needle hygiene and sharing of works in IVDU.
- Use of alcohol or other drugs before sexual activity which impair and compromise judgement and ability to follow through on risk reduction practices.

- Lack of adequate information about HIV transmission and prevention.
- Denial about personal risk status.
- Lack of motivation to practice risk reduction behaviors.

There are specific epidemiologic indicators in each of the four counties suggesting that HIV infection is well-established in the community. Because of the activities described above, and relying on the precedent of areas which currently have a higher incidence of HIV, we can expect the risk of HIV to continue increasing among each of our target groups. Current statistical data in each of the counties supporting these conclusions follows (data is from the State Office of AIDS Surveillance Branch):

Kern County

AIDS cases:

77 cases
45 reported deaths

56 White
8 Black
12 Hispanic
1 Other

72 males
5 females

Risks (percentages):

45 gay or bisexual men
11 IVDU
4 gay or bisexual IVDUs
2 hemophilia
1 heterosexual contact
5 transfusion
9 unknown risks

San Joaquin County

AIDS Cases:

102 cases
55 deaths

75 White
6 Black
15 Hispanic
5 Asian
7 other

94 male
6 female
2 pediatric

Risks (percentages):

60 gay/bisexual
6 IVDU
6 gay/bisexual & ivdu
7 hemophilia
7 heterosexual contact
7 transfusion
3 unknown

Ventura County

AIDS Cases:

102 cases
60 deaths

80 White
2 Black
19 Hispanic
1 other

96 male
6 female

Risks (percentages):

72 gay/bisexual
5 ivdu
8 gay/bisexual & ivdu
4 hemophilia
3 heterosexual contact
8 transfusion
2 unknown

Stanislaus:

AIDS Cases:

66 cases
35 deaths

52 White
4 Black
7 Hispanic
3 Asian

59 male
6 female
1 pediatric

Risk (percentages):

38 gay/bisexual
4 ivdu
9 gay/bisexual & ivdu
2 hemophilia
10 transfusion
2 unknown

C. Statement of educational needs for each target group, and identification of barriers in the community that need to be addressed to accomplish change in high risk behaviors.

Educational needs for men having sex with men living in rural areas of California include:

- (knowledge)*** • Demonstrable knowledge competency in HIV transmission prevention.
- (attitude)*** • Commitment to safer sex and avoidance of relapse into unsafe practices.
- (attitude).*** • Indication of increased comfort with safer sex negotiation.
- (behavior)*** • Demonstrable competency at negotiating safer sex.

Educational needs for intravenous drug users (IVDU) and substance abusers

include:

- (knowledge) • Demonstrable knowledge competency in HIV transmission prevention.
- (knowledge). • Understanding of the connection between intravenous drug use, substance- induced disinhibition and HIV transmission risk.
- (attitude) • Commitment to HIV risk reduction behaviors.
- (attitude). • Decreased denial concerning their own risk for HIV infection.
- (behavior) • Demonstrable skill in proper needle use and safer sex practices.

Educational needs for women sexual partners of men having sex with men or IVDU and substance abusers, and who live in rural areas of California:

- (knowledge) • Knowledge competency in HIV transmission.
- (attitude) • Understanding of the relationship between co-dependency and their risk for HIV transmission.
- (behavior) • Demonstrable skill in limit setting and negotiating behavior changes with their partners.
- (attitude) • Statement of intent to practice safer sex.

Educational needs of homeless or out of school youth living in rural areas of California:

- (knowledge) • Knowledge proficiency in HIV transmission prevention.
- (attitude) • Understanding of their own potential risk for HIV infection.
- (attitude) • Commitment to safer sex.
- (behavior) • Provide peer support and education .

Barriers:

Barriers in the community: Inevitably, barriers will exist in our target communities that need to be addressed to accomplish educational objectives for each of our target populations. This proposed project addresses one major barrier especially: Considerable expertise in prevention has already been acquired in high-incidence, urban areas of California. Much of this expertise will be relevant in the lower incidence areas, but it will only be effective if it is evaluated and adapted by local providers to make it germane to the local community. Thus far, there has been little programmatic support for the exchange of ideas and experiences between urban and rural areas. Political conflicts and differences have interfered with such exchanges on occasion. And, unfortunately, issues of territoriality and "ownership" have created further obstacles to a free and open exchange of ideas and experience.

Through our project, we will be able to provide already-developed and proven models of prevention and intervention in easy-to-use and easy-to-adapt formats. There will be no cost for these materials. Participants in our program will receive guidelines to assist in the process of adapting the materials to make them more relevant for the local community. This will save rural communities with limited resources considerable time, money and effort in the development of such materials, and begin prevention efforts months or even years before they might otherwise be implemented.

We will encourage full and active participation of a wide variety of providers and community leaders in several ways, including as members our Advisory Group, as presenters in our trainings, and as participants in our trainings. We will also carry out site visits to personally establish professional relationships with community leaders in each county, and participate in focus groups locally to further highlight target group needs. This

active participation of the local community in planning and carrying out the trainings will help address historical issues of distrust or territoriality that have existed previously between programs in urban vs. programs in rural areas. A true collaborative effort will be called for in implementing the trainings.

Barriers in each target group: Each target group also presents barriers to successful HIV education programs. We provide an inventory of these barriers below:

Men who have sex with men::

- Isolation in rural communities, lack of a cohesive community.
- Closeted nature of sexual orientation in many individuals means they are less likely to self-identify as at-risk or in need of education.
- Denial of personal risk.
- Belief that "AIDS is a city problem" or an "anglo-gay problem" and not a concern in rural communities.
- Lack of accurate information about severity of risk.

IVDUs and substance abusers in treatment or recovery programs:

- Lack of information about HIV transmission risks.
- Denial of personal risk.
- Membership in a social community that does not reinforce the importance of HIV prevention; ritualization of needle sharing in IVDU community.
- Distrust of "authorities," or of providers who have not been helpful in the past.
- Difficulty planning for long-range concerns (long-range health risks, for example) when more immediate concerns exist (food, shelter, drugs, staying 'clean and sober').
- Lack of interest in making changes in behaviors that are gratifying.

- Individuals newly in recovery or treatment may feel unable to cope with the complexities of HIV risks in addition to the issues of new sobriety.

Women who have sex with either of the above populations:

- Lack of knowledge about HIV transmission and prevention.
- Lack of awareness of personal risks.
- Denial of own risk.
- Co-dependency issues which make it difficult for an individual to acknowledge or address prevention issues if she perceives this to be in conflict with her partner's wishes.
- Fear of partner becoming violent if she explores HIV information or tries to implement prevention practices.

Homeless or out-of-school youth:

- Lack of information about HIV transmission and prevention.
- Denial of own risks.
- Difficulty planning for long-range concerns (long-range health risks, for example) when more immediate concerns exist (food, shelter, drugs).
- Feelings of invulnerability and invincibility which lead some youth to believe they are immune to HIV or other illnesses.
- Transience -- individuals may not stay in one place long enough to be reached by providers.

By involving local providers who have proven experience and commitment with these target groups, and by emphasizing different modes of interventions (individual, dyad, family, group), we have an excellent opportunity to address many of these barriers successfully in our project.

D. Inventory of existing community HIV education services, target populations served, description of services provided, and documentation of non-duplication.

Stanislaus County

Identification of target populations served: In Stanislaus County the HIV epidemic is being addressed in varying degrees in the following populations: youth, men having sex with men, women who are at risk, intravenous drug users (IVDU) and substance abusers.

Description of educational services provided: In Stanislaus County the four main organizations who provide AIDS education are the Stanislaus Community AIDS Project, the Department of Mental Health, the North San Joaquin Valley Health Development Council Worksite AIDS Prevention and the AIDS Education Council.

The Stanislaus Community AIDS Project provides AIDS education in schools, a hotline, general AIDS education, "Hand to Hand"- a peer support network, support groups, sponsors the AIDS Education Counsel and does pre- and post test counseling and education through their Alternative Test Sites.

The Department of Mental Health provides safer sex education to populations at risk and AIDS education to alcohol recovery programs, local colleges, the Foster Parents Program, community programs and the area's women's prison.

The North San Joaquin Valley Health Development Council Worksite AIDS Prevention organization provides outreach education to businesses in nine counties. Their

education program consists of prevention awareness and infection education. They reach approximately 6,000 employees a year and target small companies such as the Stockton Lumber Yard.

The AIDS Education Council is sponsored by the Stanislaus Community AIDS Project and is the organizing coalition of AIDS service providers in the county.

Gaps in service in Stanislaus County: The most apparent educational needs in Stanislaus County arise around educating people of color about their risk for HIV infection. These populations include primarily the Latino, Black and Indochinese communities. There is also a need for short term and crisis counseling training, full time IVDU outreach workers, education in drug treatment centers, direct services such as "buddy programs", prevention/ education, support groups and secondary care facilities for the HIV positive homeless.

Documentation of non-duplication of services: In Stanislaus county there is a need for more trainings at the counselor, social service provider and AIDS educator levels, including outreach workers who can address the cultural needs of the different populations of color in the county. At present no formal trainings exist for these providers. Within this context of training needs, service providers will benefit from trainings which teach them to train people in their own organizations about intervention models, psychosocial aspects of AIDS prevention education, cultural sensitivity as it applies to HIV prevention education, and the relationship between psychosocial support and sustained HIV risk-reduction behaviors.

San Joaquin County

Identification of target populations served: In San Joaquin County the communities which are receiving AIDS education include adolescents, prenatal women and women who seek out family planning counseling, gay and bisexual men, heterosexuals at risk, IVDUs and substance abusers.

Description of educational services provided: In San Joaquin County there are six organizations that provide AIDS prevention education. The prominent ones are the San Joaquin AIDS Foundation and the AIDS Prevention Project at the Department of Public Health. The others are Planned Parenthood, the Agricultural Workers Health Clinic, the Methadone Maintenance Clinic and the County AIDS Advisory Group.

The San Joaquin AIDS Foundation seeks to educate gay and bisexual men, heterosexuals at risk (which include men having sex with men, who do not identify as gay or bisexual) and people in their work place settings. They accomplish this through inservices and trainings, street outreach and outreach to gay bars and through private "house party" forums.

The AIDS Prevention Project provides one-on-one education through case management, testing and street outreach. They also educate the Latino population through street outreach and the incarcerated through jail programs.

The San Joaquin county Planned Parenthood office also provides one-on-one AIDS education to adolescents, women who come in for family planning or contraception counseling, and pregnant women.

The Agricultural Workers Health Clinics provide AIDS education to farm workers through their outreach services.

The Methadone Maintenance Clinic also provides some AIDS education to the drug using population that it serves through one-on-one counseling and outreach.

The County AIDS Advisory Group is the networking body of AIDS service providers for the county.

Gaps in service in San Joaquin County: The populations that are currently underserved are IVDUs, substance abusers and their partners, "recreational" intravenous drug users (those who do not consider themselves IVDUs), Latino, Black and East Asian communities, gay or bisexual men and men who have sex with men and do not consider themselves gay or bisexual. In addition, the surrounding counties of Amador, Mariposa, Tuolumne, Calaveras and Alpine do not have AIDS-specific agencies themselves but are receiving skeletal support from the San Joaquin AIDS Foundation.

Documentation of non-duplication of services: In San Joaquin County there is a need for trainings that will train AIDS service providers who will then train their colleagues. The AIDS service providers throughout the county are isolated from each other, provide mainly one-on-one direct services and are narrowly focused in their AIDS education.

The one-to-one, AIDS prevention/education is the form which is used most frequently. At present, trainings which target provider-trainers and teach them intervention models working with dyads, families or groups are non-existent. Intervention models would be especially useful in the target groups we are focusing on due to the large numbers

of IVDUs, substance abusers, men who have sex with men, homeless and out of school youth and women at risk in this county.

Kern County

Identification of target populations served: In Kern County the populations which are receiving AIDS education include IVDUs and substance abusers and their partners, communities of color (Black, Latino), and men who have sex with men.

Description of educational services provided: In Kern County there are no organizations that are exclusively AIDS related. There are, however, four organizations which provide AIDS prevention education and three groups which provide auxiliary AIDS services. The organizations that provide prevention education are the Kern County Health Department, Kern County Economic Opportunity Corporation, Community Health Centers of Kern County and the American Red Cross. The supplementary AIDS groups include the Kern County AIDS Team, Kern County AIDS Task Force and the Community AIDS Advisory Board.

The Kern County Health Department provides AIDS education to medical professionals and education to IVDUs, substance abusers, people of color, women at risk and homeless and out of school youth through street outreach efforts.

The Kern County Economic Opportunity Corporation provides AIDS education/prevention to IVDUs, their partners, people of color and lower income people through their street outreach program.

The Community Health Centers of Kern County also provides AIDS education through street outreach as well as through the use of home and bar presentations.

The American Red Cross focuses their AIDS education curriculum on prostitutes and their partners who have been referred through the court system.

The Kern County AIDS Team is a small group of people who provide a buddy system of peer support to people with HIV infection, ARC or AIDS.

The Kern County AIDS Task Force is the county's coalition of AIDS service providers which meets periodically to discuss the AIDS related situation in Kern County.

The Community AIDS Advisory Board is a small group of business leaders who conduct fundraising efforts for the AIDS services in the area.

Gaps in Service in Kern County: In Kern county the need for AIDS services is extensive due to the fact that a single-purpose AIDS organization does not exist. The gaps in services exist for drug addicts and their partners, Spanish speaking populations, alcoholics, homeless and out of school youth, women at risk and men who have sex with men.

Documentation of non-duplication of services: In Kern County there is a need for AIDS education and prevention in the Spanish speaking communities, among organizations that service gay and bisexual men, and in drug treatment centers. There are two main alcohol and drug organizations but neither one provides AIDS education to their clients. There is limited street outreach to the IVDU and substance abusing populations and their partners. All of the organizations in this county are lacking in quality training experience

and could reach the populations at risk for HIV more effectively if a Train the Trainer model as we propose took place.

Ventura County

Identification of target populations served: In Ventura County, the HIV prevention education efforts are targeting the following populations: gay men; individuals on methadone maintenance; women of childbearing age; incarcerated youth; general population; Latinas and their families; migrant workers.

Description of educational services: The primary HIV education/service agencies in Ventura County include: AIDS Care; Red Cross; Department of Social Services; AIDS Task Force; Department of Public Health.

AIDS Care is a non-profit agency providing services to people with HIV disease, through housing services, a buddy system and support groups. They also have a hotline for the general public to obtain HIV information.

The Red Cross in Ventura County provides street outreach, networking with drug and alcohol providers, and has a speakers bureau which primarily reaches schools, businesses, church groups, and civic groups.

The Ventura County Public Social Services Agency provides some HIV related trainings to the hundreds of employees in their county-wide agency.

Gaps in service in Ventura County: While there are actually quite a few agencies providing some AIDS related outreach, education and services, there seems to be a general

sense that there is not a strong united effort or force, nor efforts which can begin to meet the needs of the diverse communities in the county.

One agency, for example, provides outreach to street I.V.D.U.s, but is trying to reach 9,000 with only one outreach worker. We have identified two drug treatment programs which provide some HIV education to clients, and have a clear need for the training and consultation proposed in our program. In fact, a number we have had contact with who are beginning to provide some outreach and/or education to various populations, lack the training necessary to reach the numbers of people they need to reach, with the most effective interventions possible.

Documentation of non-duplication of services: AIDS Prevention Education targeting men having sex with men is lacking; the key agency providing services to the gay and bisexual community is a multi-service agency with limited resources and, quite clearly, would not be perceived as a resource for non-gay identified men having sex with men.

While incarcerated youth and youth in school are receiving some attention, out-of-school and homeless youth, per se, are not targeted locally. Ventura County Mental Health Services provides some counseling for HIV at risk or infected individuals, but most providers at this agency are without substantial training related to supporting behavior change to reduce HIV risk, or maintaining related behavior change.

Project Description

Project Description

A. Introduction

The AMH/GIST Train the Trainer program described in this proposal is an innovative three-year project designed to reach four high-risk populations in rural and underserved areas of California with effective HIV prevention interventions. In order to maximize our ability to provide prevention education, facilitate attitude change, increase skills in effecting behavior change, and support the maintenance of already-established prevention behaviors, we propose to train locally based providers to carry out prevention interventions. We will provide intervention models for local providers to use and we will oversee, through on-going follow-up and consultation, the implementation of the prevention activities. Additionally, those providers who carry out interventions with clients under our project will meet with colleagues in their communities and provide trainings for them about this experience. In communities where the project is implemented, this will allow us to share expertise acquired in higher incidence regions, adapt that expertise in appropriate ways to better reach local populations, and encourage service providers to reach a large number of people with sophisticated intervention techniques. Train-the-trainers makes it possible for all of these tasks to be accomplished in a cost-effective fashion.

Strategies

There are two different strategies which will be implemented to achieve our goals. The first strategy (GIST) involves the training of local providers in *group* prevention interventions and supervising them in implementation of these interventions. Upon completion of the group intervention, the provider will give a report on their activity to a group of colleagues and discuss the implementation of the model. It is required that participants in GIST have basic HIV knowledge. The second strategy (AMH) is to train local providers in *individual, dyad or family* prevention interventions and, again, have

those providers report on these activities to a group of colleagues. In addition, we will focus on basic information as we will be soliciting trainees less experienced with AIDS. In sessions with colleagues, providers will also offer suggestions for ways each of their colleagues can continue to reinforce the message of prevention with their own clients. As part of the second strategy, participants will also provide a training to colleagues on basic HIV prevention/education, psychosocial factors in maintaining behavior change or other material covered in the AMH training.

Goals

There are four goals in this project. In each goal, the identified target population will acquire the necessary knowledge, attitudes and skills to (a) support HIV-related risk reduction behaviors, or (b) avoid relapsing into unsafe behaviors if they have already made risk reduction changes. This will result in the reduction of HIV transmission.

Populations

The four target populations are:

- Men having sex with men.
- Intravenous drug users (IVDU) and other substance abusers in recovery or treatment programs.
- Women who have sex with either of the above populations.
- Homeless or out-of-school youth.

We will specifically reach these target populations in rural or underserved regions of the State.

The AIDS Health Project has established a track record of success in the Train-the-Trainer arena through our 1988-89 and 1989-90 AIDS Education and Prevention Projects ("AIDS and Mental Health: Train-the-Trainers"). In these programs, we also focused on rural and underserved areas of California where HIV incidence was low but expected to rise, and where local providers had had little opportunity to develop expertise and experience in the HIV arena. We were able to identify providers in local communities who wanted to increase their knowledge and expertise about HIV and mental health; who, in part because of their participation in our program, were able to be identified as HIV experts in their communities; and who, in many cases, are now taking leadership roles in promoting and providing HIV prevention services.

In the proposed project, we will build upon the successful work of the past two years, inviting participants from 1988-89 and 1989-90 "AIDS and Mental Health: Train-the-Trainers" who specifically serve our target populations to participate in the two-day GIST prevention intervention trainings. We would expect that some individuals who completed the Basic and/or Advanced "Train-the-Trainers: AIDS and Mental Health" trainings would be interested in continuing to develop their expertise in the HIV field, particularly in this new project which emphasizes direct client service.

The following issues will be addressed in this two-day training:

- The need for AIDS education and prevention with our identified target populations.
- Strategies for education and prevention with those populations.
- Skills based activities exploring intervention strategies for individual or dyad HIV education and prevention.

- Logistical concerns in setting up and carrying out AIDS education and prevention activities.
- Policy development as it relates locally to HIV education and prevention efforts.
- Other issues relevant to carrying out these interventions.

To continue to expose providers to basic AIDS prevention education information, the psychosocial aspects of HIV, cultural sensitivity as it relates to working with people at risk for HIV disease and basic training skills, we propose to continue the AIDS and Mental Health (AMH) Program of our 1988-89 and 1989-90 AIDS Education and Prevention and Education Project, adapting it by adding components on providing specific intervention strategies for one-to-one, dyad and family HIV prevention education strategies, and requiring trainees to train not only colleagues, but to implement these specific intervention strategies with our target groups, as well.

Specific approaches for such education and prevention will be developed and produced, and provided in ready-to-use formats for the training participants. We will teach participants how to utilize these ready-to-use formats, and also discuss how to modify and adapt them to fit the specific needs of particular client populations.

Participants in both AMH and GIST will sign a contract in which they make the commitment to carry out HIV prevention education activities which target a minimum of 10 people from one of the four established target groups.

In Year One we anticipate training 45-60 providers in AMH and 30-40 providers in GIST. Those providers in turn will go on to reach from 750-1,000 target group members by June, 1991, as well as 750-1000 of their colleagues. By the end of Year Three a total of

2250-3000 clients will be reached directly with AIDS prevention and education interventions.

Providers trained directly by AIDS Health Project will break out as follows by year:

Year 1: AMH 45-60, GIST 30-40

Year 2: AMH 30-40, GIST 45-60

Year 3: AMH 30-40, GIST 45-60

Target population reached:

Year 1: 750-1000

Year 2: 750-1,000

Year 3: 750-1,000

In the first year of the project (90-91), we will provide three 3-day trainings ("AIDS and Mental Health"), three half-day trainings (follow-up trainings for "AIDS and Mental Health"), and two 2-day trainings ("Group Intervention Strategies and Training"); for a total of 14.5 training days.

In the second year (91-92), we will provide two 3-day trainings ("AIDS and Mental Health"), two half-day trainings (follow-up trainings for "AIDS and Mental Health"), and three 2-day trainings ("Group Intervention Strategies and Training"); for a total of 13 training days.

In the third year (92-93), we will provide the same number and types of trainings as in year 2; for a total of 13 training days.

B. Rationale for Train the Trainer programs

Current epidemiologic findings show disturbing trends in the spread of HIV. Many people who are at high risk continue to be unaware of their risks, or unwilling or unable to make changes in risk behavior. Others who have made some changes have relapsed into unsafe behaviors.

Meanwhile, expertise gained in high incidence areas has not been easily communicated to rural or low incidence areas of the State. In each region, prevention educators struggle to avoid "reinventing the wheel" in their educational strategies, yet they may be hard-pressed to find the resources they need to develop approaches appropriate in their area and with their particular populations. Prevention strategies in higher incidence areas have some relevance in rural or lower incidence areas and, with adaptation, create a good foundation upon which to build locally specific and relevant interventions.

The AMH and GIST Strategies will address these frustrating circumstances by creating a network throughout the State by which providers can receive information about educational strategies used elsewhere; be given specific materials supporting the implementation of similar strategies in their region; and work with these materials to adapt and revise them as necessary to make them relevant with their client populations. This will widen the reach of AIDS education and prevention programs and increase the sophistication of programs that will be offered in the regions served by this project.

Target group #1: Men having sex with men, living in rural areas of California

HIV educational needs: Our first target population, men having sex with men, is often considered to be an already well-educated group. In actuality, while gay-identified men in urban areas of the State (especially San Francisco and Los Angeles) are reasonably well informed about HIV, men who have sex with men but do not necessarily identify as

gay have not been as easily reached. There is little research data on this population in rural areas. In general, we find even greater isolation, more fear of being identified as homosexual, and higher generalized anxiety than in urban settings. Men at considerable risk do not have access to targeted prevention education in many rural settings because some communities are less supportive of gay-oriented prevention programs, and some men identify as heterosexual and fail to see their risk. Further, information alone has never been enough to accomplish significant changes in behavior. Strategies which emphasize the practice of skills needed to change behaviors are an essential element of a successful HIV prevention program.

This population needs clear, unambiguous information about HIV transmission and prevention. They also need help increasing their own commitment to protect themselves and others from the sexual transmission of HIV. They need to acquire greater comfort negotiating safer sex, and to practice and improve skills in this area.

AHP experiences: The AIDS Health Project has worked with a wide variety of men having sex with men, including those who are gay-identified and those who are not. The Project has developed a range of interventions to provide HIV education and risk-reduction skills building to these individuals, including community meetings, individual sessions with trained counselors, drop-in groups, leaderless peer groups, and structured time-limited groups led by trained facilitators. We have reached over 5,000 individuals utilizing these different interventions.

Target group #2: Intravenous Drug Users (IVDU), living in rural areas of California

HIV educational needs: IVDU and substance abusers, in cities and rural areas, have clearly identified areas of risk. Chief among these is the sharing of needles with other users. Additionally, there is significant risk of sexual transmission of HIV.

Other substance users/abusers (non-IVDU), including alcoholics, have special risks related to HIV which are often overlooked by the community at large and providers alike. Specifically, the use of any mind-altering chemical may cause disinhibition and loss of commitment to follow transmission prevention guidelines (safer sex, needle hygiene); persons who are mildly inebriated by alcohol or other drugs may be oriented enough to engage in risk activities (sex or needle use), but impaired enough in fine motor coordination or judgement to interfere with the practice of transmission prevention behaviors (so that condoms are not used, or needles are not cleaned); and, finally, persons who identify as "drinkers" or "dopers", but not as IV drug users, may make that distinction not because they never shoot drugs, but because they do so infrequently and do not own their own works ("I only shoot up every couple of months or so, so I'm not a junkie. I don't even own my own works.") The risk that these individuals might share needles and put themselves and others at risk is quite high.

In rural areas, IVDUs may be less visible than in urban areas, but the dynamics of addiction and the issues of risks for all substance users and abusers are similar in both urban and rural settings.

This population needs basic information about HIV transmission and prevention. It should be presented in a concrete and easy-to-understand format, with little reliance on written resources. These individuals also need clear information about sexual risk reduction and needle hygiene, access to tools of prevention (condoms, bleach, clean needles), and access to recovery programs. They need assistance understanding the connection between their own substance use and their risk of acquiring HIV, as well as the possibility that they might pass the virus along to others sexually or through needle sharing should they become infected. The primary defense mechanism of substance abusers is

denial, and denial can be especially dangerous for people who are engaging in HIV risk behaviors. HIV prevention information needs to be repeated in different contexts to begin to confront the IVDU community's denial about risks. Their denial about the dangers of substance use and HIV will need to be addressed in a direct, supportive way. Even for substance users who have recently entered recovery programs this information is important. The drop-out rate from such programs is significant, and many new to recovery today will, unfortunately, be out using again within six months. Both individual and group educational interventions can be used to address these issues.

AHP experiences: In late 1984, the AIDS Health Project established the AIDS and Substance Abuse Program (ASAP). Through this program, trainings have been offered to providers in AIDS services about issues of substance abuse, and to substance abuse providers about issues related to HIV. A menu of direct intervention strategies for substance abusers with or without HIV has been developed, including individual consultations, hospital visits to inpatients, and drop-in groups. Much of the experience and expertise of the ASAP unit has been written up in AIDS and Substance Abuse, a training manual, and the unit is well-recognized for its innovative strategies with IVDU and substance abusers in a county hospital setting.

Target group #3: Women who have sex with either of the above populations, who live in rural areas of California

HIV educational needs: Women who have sex with either of the above populations also run a direct risk of HIV infection through sexual transmission. In many cases, the women themselves are unaware of their sexual partner's risk. In others, the element of denial -- a common defensive mechanism among partners of IVDU -- may play a role in limiting the woman's commitment or ability to follow risk reduction guidelines. Additionally, women may be unable to discuss HIV risk issues with their sexual partners

because they lack the skills or knowledge to do so, the assertiveness to bring the issue up, or feel they would be endangered if they discussed these sensitive issues with a partner who has a history of violence or impulsivity. In cities, the comment heard repeatedly from HIV infected women or women at risk is that they feel completely isolated in their fears and concerns. In rural communities, the sense of isolation and stigma is even greater. There is more fear of being seen participating in educational activities ("My town is so small that if someone saw me going to the AIDS organization they would all guess what's going on.")

This population needs basic information about HIV transmission and prevention, help understanding what their own risks for HIV infection might be, skills-based training in setting limits and negotiating safer sex with partners, and help increasing their commitment to protecting themselves from HIV.

AHP experiences: The AIDS Health Project has a Women's Program which has worked directly with women who are HIV infected and those who consider themselves to be at risk. We have provided HIV antibody testing and counseling to many women through the San Francisco Alternative Test Site program. Through the ASAP program, many women partners of IVDU have been counseled and educated regarding HIV transmission risk and prevention. These women have come from both the greater San Francisco region and surrounding rural areas. Many women in rural communities prefer to come to a large city for HIV-related services as a way to protect their privacy. We have developed a series of interventions which include individual consultations, drop-in groups, peer based leaderless support groups, and structured time-limited groups led by a trained facilitator. The Project holds considerable expertise on the issues which affect women at risk, including those who are aware of and acknowledge their risks and those who do not consider themselves at risk.

Target group #4: Homeless and out-of-school youth, in rural areas of California

HIV educational needs: Homeless and out-of-school youth have high rates of sexual activity (verified by high rates of sexually transmitted disease and unwanted pregnancies in these populations), and higher rates of substance abuse and IV drug use than youth in school and in homes. Additionally, in the homeless youth population one is more likely to find histories of sexual and physical abuse, suicide attempts and clinical depression. This is a group which is easily involved in illegal activities as a matter of survival, including prostitution and dealing in illegal substances. There are clear routes for HIV transmission in such activities.

These youth are also easily missed in education and prevention programs. Programs developed for teenagers in schools do not reach this population; programs developed for gay-identified men do not speak to the specific issues of gay-identified street youth, or male youth who have sex with men but do not identify as gay; major media campaigns may have little impact for youth who have limited access to television and limited interest in print media. The psychological issues of homeless and out-of-school youth may complicate prevention efforts. Of particular concern are feelings of hopelessness and despair, a limited ability to think about or plan for the future; feelings of invulnerability; lack of compliance in health care activities or in pursuing medical follow-up for diagnosed conditions; and difficulty involving this population in organized educational activities.

This population also needs clear, explicit and direct information about HIV risks and transmission, presented with a strong emphasis on interactive and active learning and little emphasis on print materials. They need help addressing their own sense of invulnerability, to recognize their potential risk for HIV infection. As with our other populations, youth will benefit from assistance in building their own commitment to protect

themselves. Peer education shows some of the most promising impact thus far in AIDS education for youth, and peer-based intervention strategies will be especially useful with this group. In rural areas, homeless and out-of-school youth may be present in less concentrated numbers and therefore be less visible than in the urban setting. Special efforts at outreach will be called for in the rural communities.

AHP experiences: In 1984, the AIDS Health Project established the Youth & AIDS Prevention Program, specifically funded and designed to address AIDS education with this population. Work in this program included direct services to street youth and runaways, IVDUs, male and female juvenile prostitutes, incarcerated youth and youth in group homes. Valuable experience was gained in these efforts, and though the Project no longer has a direct service component specifically designed for youth, we have been and continue to be utilized as consultants to individuals and programs providing these services.

C. Statement and Description of Educational Objectives

By 6/30/91:

Target group #1: Men having sex with men living in rural areas of California

- (knowledge)* • 80 men having sex with men will demonstrate 80% knowledge competency in HIV transmission prevention.
- (attitude)* • 60 men having sex with men will demonstrate a commitment to safer sex and avoiding relapse into unsafe practices.
- (attitude)* • 60 men having sex with men will indicate increased comfort with safer sex negotiation.

- (behavior) • 40 men having sex with men will demonstrate competency at
- (skill) negotiating safer sex.

Target group #2: Intravenous drug users (IVDU) and substance abusers in treatment recovery programs, living in rural areas of California

- (knowledge) • 80 IVDU and substance abusers will demonstrate a 75% knowledge competency in HIV transmission prevention.
- (attitude) • 40 IVDU and substance abusers will demonstrate an understanding of the connection between IVDU and other substance use and HIV transmission.
- (attitude) • 60 IVDU and other substance abusers will demonstrate decreased denial concerning their own risk for HIV infection.
- (behavior) • 60 IVDU and substance abusers will demonstrate skill in proper needle
- (skill) use and safer sex practices.

Target group #3: Women who have sex with either of the above target groups and who live in rural areas of California

- (knowledge) • 80 women who have sex with either of the above populations and who live in rural California will demonstrate an 80% knowledge competency in HIV transmission prevention.
- (attitude) • 60 women will demonstrate an understanding of the relationship between codependancy and their risk for HIV transmission.
- (behavior) • 40 women will demonstrate skill in limit setting and negotiating

(skill) behavior change with partners.

(attitude) • 60 women will state their intent to practice safer sex.

Target group #4: Homeless and out-of-school youth living in rural areas of California

(knowledge) • 25 homeless or out-of-school youth living in rural California will demonstrate an 80% knowledge proficiency in HIV transmission prevention.

(attitude) • 25 homeless or out-of-school youth will demonstrate an understanding of their own potential risk for HIV infection.

(attitude) • 20 homeless or out-of-school youth will demonstrate a commitment to safer sex.

(behavior) • 10 homeless or out-of-school youth will provide peer support and
(skill) education concerning HIV transmission and prevention.

D. Description of Educational Strategies and Methodologies

Needs assessment: In June, 1989, we completed a survey of programs funded through the AIDS Education and Prevention unit of the State Office of AIDS. Using that needs assessment group as a starting point, we will contact agencies in regional communities who have been identified as providers of health care, educational or counseling services to members of our target populations. We will reach agencies by

telephone, mail, and in selected cases by site visit. Through this contact, we will determine the specific needs of members of those populations, and of intervention styles that have been successful in other educational efforts in the past. In addition, we will assess the needs of the staff via a vis training on specific intervention modules and HIV information in general.

Curriculum development: Selected curricula used currently or historically by AHP in our direct service provision will be evaluated by the project's Advisory Group. Based on review and recommendation of this group, materials will be adapted as necessary for use in trainings of local providers.

Curricula or service models developed by AHP include the following. These are materials that have a proven track record with our agency, and on which we hold copyright or which we have the right to adapt and duplicate as needed for the proposed project.

Target group #1: Men having sex with men

- a. "Integrated health and health awareness" -- 6-8 week structured group addressing general issues of health concepts with specific examples from the HIV epidemic.
- b. "Stress management" -- 6-8 week structured group, or half-day or whole-day workshops, addressing stress management skills in the context of the HIV epidemic.
- c. "Hot and healthy sex" -- 6-8 week structured group, or half-day or whole-day workshops, building commitment to practice safer sex, and addressing feelings of loss people naturally feel about changing sexual behaviors.
- d. "Transitions" -- 6-8 week structured group, or half-day or whole-day workshops, helping participants come to terms with all the changes people have

experienced as a result of the epidemic, and developing a more positive outlook toward these changes and toward the future.

- e. Drop in groups -- provided for people with severe ARC, mild ARC, and HIV+ individuals, offer general emotional support and reinforce prevention messages.
- f. "Positives being positive" -- ongoing leaderless peer groups providing ongoing support, social network support, reinforcing prevention messages.
- g. "Negatives being positive" -- similar structure to "Positives being positive," but for persons testing HIV-negative.
- h. "Living with HIV" -- series of monthly community forums addressing issues of concern to persons with HIV disease, emphasizing messages of self care and prevention.
- i. Individual interview schedule -- intake format, addressing clients' general concerns about HIV and providing specific educational and prevention information and referral to appropriate support resources.

Target group #2: Intravenous drug users and substance abusers

- a. Individual interview schedule -- intake format, addressing client's general concerns about HIV, addressing specifically issues of risk related to substance use/abuse. Prevention information is reviewed and referral to appropriate support services is made.
- b. "Drop-in group" -- a group for anyone with substance use issues, including persons in recovery and those actively using. Focus of the group is HIV concerns. In this activity, clients are accepted where they are concerning substance abuse and there is no heavy message to get into a recovery program. This group has reached many active users who would not come to a group where they were told to clean up their drug use. HIV Prevention messages emphasized.

- c. "Stress management group" -- a stress management group for IVDU with HIV concerns.

Target group #3: Women who have sex with either of the above populations

- a. "Women at Risk" -- 4 week group, or half-day workshop, evaluating personal HIV risks and discussing and practicing risk-reduction skills and techniques.
- b. "Women's Group" -- 6 week group for women who are HIV positive, providing general support, networking, and social context in which to support prevention.
- c. "Positives Being Positive" -- same format as described above, specifically for women.
- d. "Living With HIV" -- community forum series described above also attracts women with HIV and women who are sexual partners of persons with HIV or those at risk.
- e. "Women's Holiday Party" -- annual community event drawing together women at risk, women with HIV, their families and children, along with women service providers in the AIDS network.
- f. Individual interview schedule -- intake format, addressing individual concerns about HIV risk and providing prevention information.

Target group #4: Homeless or out-of-school youth

- a. "Getting Real About AIDS" -- one or two hour workshop model, addressing basic questions and answers about AIDS. Emphasis on prevention.
- b. "Staying Alive" -- one or two hour workshop model, addressing survival skills (condom use, needle hygiene, personal commitment to self protection, practicing skills).

Modifications of curricula selected for the proposed project will occur in three stages:

1. Recommendations will be given by Advisory Group on the curricula generally which would be good one to use in our project, along with specific suggestions for adaptations that will make it more appropriate for providers in rural communities.
2. Based on these recommendations, selected curricula will be adapted and revised, and put into a clear format that fits the structure of the training program.
3. Focus groups will be held in locales in which we will conduct trainings. Part of the mission of these groups will be to comment on training curricula as developed at that point, and recommendations will be solicited for modification.
4. Individual training participants in the provider trainings will be given guidelines on modifying and adapting the curricula, and will practice doing so in an activity during the training.

Educational Strategies, Methodologies, Interventions: The summary of materials available for our use in this project, above, explains in part the methodologies which may be included in this training program, based on the recommendations of our Advisory Group. Actual learning activities utilized in these group sessions include the following:

Knowledge:

- Sharing of information about HIV prevention.
- Demonstration role plays.
- Group discussions.
- Observing videos.

- Completing worksheets (used only with groups where individuals can read and write fairly well).

Attitudes:

- Demonstration role plays.
- Group discussions.
- Observing videos.
- Completing worksheets.
- Improvisational drama.
- Esteem-building activities.
- Personal risk assessments.

Skills:

- Sharing of information about HIV prevention.
- Observing videos.
- Demonstration role plays.
- Group discussions.
- Skills practice for changing behavior.
- Stress management techniques.
- Esteem-building activities.
- Skills practice for negotiating safer sex (including group discussions and role plays).
- Skills practice for negotiating safer use of drug paraphernalia.

Behaviors:

- Reinforcement of new skills through repeated practice in multiple session groups.
- Follow-up of homework activities that address changing behaviors.
- Use of "buddy system" in groups to check in with one another and reinforce changes and efforts to change.

- Signing written contracts outlining an individual's personal commitment to behavior change.

Additionally, because this is a Train-the-Trainer program and we will be working with providers, our trainings will address methods for follow-up evaluation of interventions (evaluating knowledge, skills, attitudes, behaviors), and methods for adapting, implementing and evaluating intervention models.

These strategies rely heavily on cognitive-behavioral models, which have proven successful with a variety of populations. The cognitive-behavioral approach is effective with many different individuals, and is one of the few techniques that has shown success with concrete thinkers (as many IVDU and substance abusers and most youth are), and where issues of denial are very high (again, true with IVDU, youth, co-dependent women, and with many of the highest risk men having sex with men).

With these strategies, clients themselves are able to set realistic goals and practice the necessary steps to achieve them. There is a strong emphasis on building in success during the course of the intervention (over a four-week or eight-week group, for example), so that when the intervention is completed the clients leave with a sense of mastery and empowerment. The group interventions also create a peer community within the group which supports appropriate behavior change, a powerful motivator for change in and of itself.

Why Train the Trainers and why two different trainings?

In order to reach as many members of the target groups as possible, we propose to train educators, counselors and social service providers, who live and work in the communities we seek to impact. Such training will have an ongoing effect, supporting prevention services long after the AMH or GIST training is completed.

The AIDS and Mental Health Program (AMH) gives AHP the opportunity to extend the knowledge pool of prevention education and service providers in a given rural area. Many providers are currently underinformed or misinformed about the basics of HIV transmission, the nature of HIV disease, the psychosocial impact of HIV disease and the significance of cultural sensitivity as it relates to HIV prevention education. In isolation from others involved specifically in AIDS related work, or working as the lone provider in a region removed from ongoing support and consultation regarding HIV issues, some prevention education providers fight an uphill battle in securing the necessary support to improve knowledge and skills in their HIV related efforts. In addition to providing accurate and up-to-date information, AMH offers an opportunity for participants to learn or hone training skills, and enables them to share the information with colleagues. This will help raise awareness about HIV issues making a difference in how HIV affected individuals are perceived and worked with in various rural settings. It is also an opportunity for local providers to break out of isolation by identifying and networking with colleagues who are also participating in the training.

Where AMH provides basic level information and interventions for individual, dyad or family prevention education, we are able to provide the more advanced focus and training on conducting group interventions through a separate training, which we refer to as Group Intervention Strategy and Training (GIST). Different clients within different target

groups may be channeled more easily to one modality, such as individual intervention, rather than family, or group rather than individual. A variety of circumstances, including socioeconomic, age, gender, culture, or length of recovery (from chemical dependency) may affect which intervention will be best at a given time for a given person. Rural providers of HIV prevention education will be better prepared to evaluate and implement appropriate intervention strategies.

Through GIST we propose to train providers already knowledgeable about basic HIV information, in the implementation of group prevention models. The skills of facilitation and knowledge of group process necessary to conducting a successful group intervention are worthy of very specific training time. Building upon the work of AMH conducted both during and prior to this funding cycle, we anticipate GIST participants coming in with a higher level of HIV sophistication than AMH participants. We also see the need for very rigorous follow-up and ongoing consultation to GIST participants with an aim toward the successful completion of their GIST commitments.

3. Consumer Participation

In this project, selected participants from our previous AIDS Education and Prevention programs will be invited to join our Advisory Group, along with other leaders in their communities' AIDS education, health education, or health/mental health provider networks. All past participants of our AMH trainings will also be encouraged to enroll in the GIST programs, and to recommend the AMH and GIST trainings to other appropriate candidates. Through the needs assessment, described above, site visits to the communities which will host the trainings and focus groups, additional individuals and agencies likely to be interested in the program will be identified. These strategies will maximize the

participation and support of the organizations and individuals within these communities which have the best possible information about the target populations locally.

4. Logistics

The Advisory Groups in our past AIDS Education and Prevention projects have played a valuable and significant role in selecting locations for trainings, identifying local presenters in each community who would play a role in the trainings, identifying specific locations at which trainings might be held, promoting the trainings locally, and referring interested and appropriate individuals to participate in the trainings. Additionally, they had major influence on the tenor and tone of the trainings, materials utilized, and topics covered. This collaboration led to the development of a high-quality, locally relevant training program. We would duplicate this sort of collaboration and involvement in the proposed project.

Focus groups will assist in filling out the local picture and relevant content in training, as well as support a cooperative endeavor between AHP and local agencies at work on a daily basis in these areas. As presently conceived, contingent on further review by our Advisory Group, we would plan to select 7 different communities in which to provide AMH trainings and 8 communities for GIST trainings over the three-year period of the project. Participants in these trainings would include mental health and social service providers, AIDS educators, health educators, community workers, community health representatives and others who have direct service contact with members of our target populations.

In Year One of the this program we will provide GIST in two communities in or near locales where we have conducted AMH Train-the-Trainer programs over the past two years. GIST would be a natural next step for our work in these areas and participants from

former AMH trainings would be encouraged to participate in focus group, advisory group and as GIST trainees. Also in Year One, we will conduct 3 AMH trainings in three new areas where strong interest has been expressed in the trainings.

5. Promotion, Media and Educational Materials

With the assistance of our Advisory Group, and utilizing already-existing relationships with providers throughout the State, we will reach participants through two or more of the following methods:

- Mailings announcing and describing trainings.
- Direct telephone contact with agencies likely to have interest in sending participants to the trainings.
- Interface with local Advisory Group members to develop list of appropriate candidates for trainings.
- PSA's at local radio stations generated by local Advisory Group members.

Educational materials will also be provided to participants in the trainings. These materials will consist of a training manual which includes worksheets and checklists actually used during the training; background readings of relevant articles and materials; support materials for carrying out their secondary trainings (evaluation materials, roster lists, pre- and post-tests, personal risk assessment forms, etc.); and complete prevention intervention modules for their use with their target populations. These materials will be reviewed by members of the Advisory Group. All materials produced by the AIDS Health Project also go through an internal process of review for scientific accuracy.

Additionally, locally-available resources (pamphlets, brochures, etc.) will be recommended by Advisory Group members and described and distributed in the trainings. Training participants will also be informed of the materials available through catalog

distributors such as the California AIDS Clearinghouse and the San Francisco AIDS Foundation.

E. Community Organization Strategies

Through the active participation of Advisory Group members, site visits by AHP personnel which describe and personalize the training project during its development phase, and involvement of local leaders as training participants and presenters, we will maximize the involvement of local community groups and leaders. We will help develop community resources in the prevention effort by providing training participants with modules to use in their own prevention education efforts, based on the significant experience of the AIDS Health Project in this area, and adapted as necessary to be more relevant locally. By bringing together a group of local providers committed to HIV prevention education as training participants, we will facilitate collaboration and networking among this group.

These training strategies, which build upon our work over the last two years addressing the concerns of providers in the "AIDS and Mental Health" project, will focus specifically on the need for AIDS prevention intervention in a variety of settings. We will support individual, dyad, family, and group interventions. This will help create a "resonance" in the community supporting providers who address AIDS prevention through one or more of their points of access to clients.

F. Outreach Strategies

We will conduct outreach for focus group participants, advisory group participants and trainees by utilizing: (1) existing contacts with community-based organizations; (2) county health departments; (3) substance abuse service providers; (4) youth service providers; (5) community groups; (6) experts in the fields relevant to AIDS prevention education and/or with expertise specific to our target populations and/or groups; (7) others

who serve our target groups; and (8) referrals from former trainees in our past two years' AMH programs. These local agencies and providers will be able to fill in a broader context for the trainings, addressing such issues, for example, as how AIDS is perceived, best ways to reach members of target groups.

Target groups will be accessed largely through existing agency services. Various agencies providing services to (1) men having sex with men, (2) ivdu and substance abusers, (3) women sexual partners of the above and (4) homeless or out-of-school youth, will be represented in the local focus groups, the statewide advisory committee and ultimately the trainings themselves. Participants in our trainings will have their existing client pool as a core from which to draw, in order to meet their intervention obligation. They will provide their training or model report to their colleagues and peers, utilizing their own agency staff as the core group audience for their presentation.

G. Policy Strategies

Focus groups will be held in each rural area where trainings will take place. They will be conducted cooperatively with local AIDS agencies where they exist, and where they do not exist we will work with agencies currently providing services to our target groups.

It is our intent to work with the focus group to more specifically identify local perceptions, needs, and directions. This process will suggest appropriate ways to adapt curricula and will help generate community level support for participation in the provider trainings. This, in turn, will provide the support for the completion of the interventions and trainings to colleagues and to the target groups.

From a policy standpoint, the focus group will assess existing services for the target groups vis a vis AIDS prevention education as well as services for HIV affected target group members. We know that the diverse organizations we will be drawing upon in each community are often limited in resources to engage in this kind of broader policy planning. As an outcome of the focus group process, we hope to see (1) a strengthening of existing networks, (2) the beginning of new coalitions and (3) the establishment of support for the efforts of those agencies and individuals prepared to move forward to develop and implement AIDS prevention education.

Although not the charge of our statewide advisory group, it is a natural outcome that participants will network and discuss program development and policy planning, make new connections and build alliances. This outcome is also desirable, as participants experience the continuing commitment of colleagues and sister-agencies moving in a proactive effort in the development of prevention strategies.

H. Evaluation

In recognition of the varying levels of English language literacy among our target population, and with the understanding that people respond to different learning modalities (written, verbal, interactive, kinesthetic), and in order to ensure that we measure what we intend to measure, we must make use of a variety of tools in evaluating target group intervention success. Pre- post-tests (either written or verbally administered with written documentation), interviews, observations, attitude scales, contracts, role plays, dramatic (skit) scene development, and self-report will all be utilized as evaluation tools for target group trainings.

In order to measure the efficacy of behavior change strategies and the success of individuals in developing skills, changing attitudes, retaining knowledge and maintaining behavior change it will be necessary to conduct follow-up interviews with target group participants. To this end, we will work with GIST and AMH trainees to implement follow-up tools appropriate to their populations, taking into account such considerations as:

- Will there be in-person access to clients in three months time?
- Will it be necessary with the selected target population to have a more aggressive follow-up with phone contact initiated by the provider?
- Will a written survey distributed at the completion of intervention session(s), to be mailed back in three months time, be likely to succeed?
- What will we call "success" in terms of return rate of surveys or for followup appointments;
- What will we call "success" in terms of maintenance of behavior change?

Trainees in AMH and GIST will be given pre- and post tests, conduct teaching activities in our training and, for the trainings and interventions they conduct, will have the aforementioned documentation to submit to us. They will also have a self-evaluation to submit to us at the completion of their interventions.

To measure our own AMH and GIST trainings, we will have daily, overall, and trainer evaluation forms which participants complete. This level of detail will assist in any further refinement of training curricula and the training process itself. It is also important to model for AMH and GIST participants the kind of self-evaluation necessary to improve training and intervention programs in which they will be involved.

Focus group and statewide advisory group participants will each have a written evaluation to complete at the conclusion of the training program in a particular area and the end of the fiscal year, respectively. In addition, follow-up data from target group interventions will be made available in report form to focus group participants or their representatives to assist them in future policy and program development.

I. Staffing

Under the fiscal and programmatic management of the Director and Deputy Director of the AIDS Health Project, the Coordinator of Training Unit will be the Project Director under this grant.

The Director and Deputy Director will be responsible for the completion of all aspects of programmatic and fiscal obligations as provided for in our contractual agreement with the State of California Department of Health, Office of AIDS, and, with the assistance of the accounting staff, will monitor expenditures.

The Coordinator of Training will provide ongoing support and supervision to the Assistant Coordinator and to the Training Team as a whole, to facilitate the smooth integration and completion of administrative support services necessary to a program of this scope. This position will be served by someone with extensive training experience with a successful track record in implementing Train the Trainer HIV-related trainings, staff supervision, planning and program development.

The Assistant Coordinator of Training is responsible for the concept development, planning, implementation and evaluation of AMH and GIST on a day-to-day basis.

Trainers, under the day-to-day supervision of the Assistant Coordinator of Training and reportable to the Coordinator of Training, will execute trainings, follow-ups and provide ongoing consultation to AMH and GIST participants in the weeks and months following their training, for the purpose of supporting them in the successful completion of their intervention and training commitments. To that end, trainers must be experienced in clinical work as well as training, with demonstrated skill in both education and group facilitation.

(See attached job descriptions) (See appendices for key project proposal resumes)

J. *Subcontractors/ Consultants*

It is our experience that an interest exists in the deaf and hearing impaired provider community which regularly goes unmet when it comes to HIV training. In our last year of AMH trainings, we had one training which was signed. We believe that we can provide signing in one AMH and one GIST this year and that the hearing impaired community would be solicited for participation and would participate. The training does not lend itself

to video taping for future signing or viewing; it is experiential in nature and participants should be present in the training to benefit from it.

Job Descriptions

Coordinator of Training

Under the supervision of the Deputy Director, the incumbent: will be associated with the AIDS Health Project and under general supervision, will perform the following duties:

- I. Coordinate and manage training and consultation services provided by the State Funded Training Unit; provide training and consultation services for health professionals throughout the state; provide program development and design for overall training program and specific training models.
- II. Provide supervision of training design, implementation and evaluation for staff. Participate in AIDS Health Project management team; attend staff meetings and training sessions, maintain records, provide productivity reports and report to the Deputy Director.
- III. Evaluate training program and assess on-going training needs of professionals in collaboration with the State Office of AIDS.

Assistant Coordinator

Under the supervision of the Program Coordinator, act as Assistant Coordinator of the extramurally funded program that will conduct 12-15 training conferences for health care and human service workers throughout the state on psychosocial and physiological issues and AIDS.

The duties of the position will include:

Assist the Program Coordinator as needed in planning and implementation of training events.

Develop appropriate resource materials for use in training: review, select and organize materials, prepare training manuals (pre-training reading packets and materials for training); review and assess videos and other AV resources; obtain permission to reprint copyrighted materials and keep files on material updated and catalogued.

In collaboration with the Coordinator, prepare scheduling training staff, consultants and actual trainings.

Assist in monitoring performance of training staff.

Along with or in the absence of the Coordinator, meet regularly with providers to evaluate effectiveness of trainings and plan additional training strategies and components.

Assist in monitoring contract compliance, budget and overall performance.

Attend general staff meetings of the AIDS Health Project, inservices and other meetings as directed.

Serve as secondary liaison between AIDS Health Project and State Office of AIDS and their designees to coordinate logistics of trainings.

Assist in tasks related to development of the Advisory Board and their role and responsibilities in the development of the training modules; serve as secondary liaison to Advisory Board members.

Monitor reporting of travel and lodging arrangements for trainers, consultants and training participants where appropriate.

Training Assistants

Under the supervision of the Program Coordinator, or his or her designee, the Training Assistant will:

Attend staff meetings, inservices and training sessions as directed. Attend other meetings relevant to the program or in support of the agency upon request.

Assist in assessment of educational needs and interests of mental health and health professionals, related to the program's goals.

Assist in development of educational materials, program design and monitoring of evaluation criteria for overall program success.

Provide 2-3 day trainings for mental health professionals and other health care providers.

Collect data relevant to the program's goals and objectives and prepare reports or materials as needed.

Provide productivity reports.

Work cooperatively with co-facilitators, consultants, representatives of the State Office of AIDS, and local experts in preparing and carrying forth trainings.

Administrative Assistant I

Under the supervision of the Office Manager of the AIDS Health Project, and in cooperation with the Program Coordinator, the incumbent will provide administrative support to the Coordinator of the program that will conduct training conferences for health care and human service workers throughout the state on mental health issues and AIDS. The duties of the position will include:

Word processing of training/conference materials, correspondence, progress reports, and evaluation materials and tools. The incumbent will be expected to handle all aspects of the written materials, from rough draft through final copy, including (1) determining appropriate formats to meet the intended uses of the materials, (2) assuring consistent use of identical/similar formats, and (3) developing and maintaining the materials in an organized way through all stages.

Develop and maintain a database of program participants, speakers, and consultant utilizing computer software packages. This will require the incumbent to familiarize himself with the software's capabilities and to adapt it to meet the project's needs. Arrange mass-mailings, and coordinate their output. Utilize a computer system from the funding agency to send periodic reports and project data.

Coordinate meeting and conference arrangements, including travel and reimbursements. This includes all clerical aspects of soliciting and confirming attendance of 1,500 people, plus speakers and trainers. This also includes making all arrangements for the meeting place, refreshments, and other services.

Assist in tracking of expenses and the fiscal reporting requirements, under supervision.

Scope of Work

**UCSF AIDS HEALTH PROJECT
AIDS EDUCATION AND PREVENTION PROGRAM
PROPOSAL FOR 1990-91**

*** FIRST YEAR PLAN ***

TRAIN THE TRAINERS

***AIDS AND MENTAL
HEALTH
(AMH)**

45-60 PROVIDERS

**GROUP INTERVENTIONS
STRATEGIES AND TRAINING
(GIST)**

30-40 PROVIDERS

**TARGET GROUP INTERVENTIONS
(LIVING IN RURAL OR UNDERSERVED
AREAS OF CALIFORNIA)**

**750-1000 INDIVIDUALS FROM AMONG
THE FOUR TARGET GROUPS:**

MEN HAVING SEX WITH MEN

I.V.D.U. AND SUBSTANCE ABUSERS

**WOMEN SEXUAL PARTNERS OF MEN
HAVING SEX WITH MEN AND/OR I.V.D.U.
AND SUBSTANCE ABUSERS**

HOMELESS OR OUT-OF-SCHOOL YOUTH

TRAININGS TO COLLEAGUES

**450-600 COLLEAGUES
OF AMH PARTICIPANTS**

**300-400 COLLEAGUES
OF GIST PARTICIPANTS**

**UCSF AIDS HEALTH PROJECT
AIDS EDUCATION AND PREVENTION PROGRAM
PROPOSAL FOR 1990-93**

*** 3 YEAR PLAN ***

TRAIN THE TRAINERS

***AIDS AND MENTAL
HEALTH
(AMH)**

105-140 PROVIDERS

**GROUP INTERVENTIONS
STRATEGIES AND TRAINING
(GIST)**

120-160 PROVIDERS

**TARGET GROUP INTERVENTIONS
(LIVING IN RURAL OR UNDERSERVED AREAS
OF CALIFORNIA)**

**2250-3000 INDIVIDUALS FROM AMONG
THE FOUR TARGET GROUPS**

MEN HAVING SEX WITH MEN

I.V.D.U. AND SUBSTANCE ABUSERS

**WOMEN SEXUAL PARTNERS OF MEN
HAVING SEX WITH MEN AND/OR I.V.D.U.
AND SUBSTANCE ABUSERS**

HOMELESS OR OUT-OF-SCHOOL YOUTH

TRAININGS TO COLLEAGUES

**1050-1400 COLLEAGUES
OF AMH PARTICIPANTS**

**1200-1600 COLLEAGUES
OF GIST PARTICIPANTS**

Scope of Work

Goal #1: Men having sex with men who live in rural areas of California will acquire the necessary knowledge, attitudes and skills to support HIV-related risk reduction behaviors, which will result in the reduction of HIV transmission.

Goal #1

Target Group # of Participants O-1 S-1	Measurable Outcome Criteria for Success	Evaluation Methodology
By 6/30/91, 100 men having sex with men living in rural areas of California will each participate in a minimum of one 2-hour HIV education/prevention session.	a. 80 men having sex with men will demonstrate an 80% knowledge competency in HIV transmission prevention. b. 60 men having sex with men will demonstrate a commitment to safer sex and avoiding relapse into unsafe practices. c. 60 men having sex with men will indicate increased comfort with safer sex negotiation. d. 40 men having sex with men will demonstrate competency at negotiating safer sex.	a. Measured by *written test or *oral test with written documentation by test administrator. b. Measured by *written commitment and follow-up survey. c. Measured by *attitude assessment prior to session and *follow-up survey. d. Measured by *role play at conclusion of session.

Goal #1

Strategy

0-1

S-1

Plan of Operation

Timeline

**Group Intervention
Strategies and Training
(GIST)**

In order to maximize utilization and implementation of curricula developed, we will train helping/education professionals who are working in rural areas and who currently provide services to men having sex with men, to conduct group education/prevention sessions based upon intervention models the AIDS Health Project will have developed. We will train a minimum total of 7-10 participants who serve men having sex with men, in a total of two different areas of rural California, in two-day training programs. In turn, these trainees will each:

- 1) conduct an HIV prevention education group workshop or series for men having sex with men; and
- 2) at the conclusion of the workshop or series, present a report on the model used and its outcomes to 10 colleagues each.

Goal #1

Strategy
0-1
S-1

Plan of Operation

Timeline

Needs Assessment

Utilizing survey completed in June 1989 as a springboard, we will contact by mail and by phone local agencies identified as providing health care, educational or counseling services to men who have sex with men. We will also conduct site visits to identified rural communities.

8/90

Consumer Participation

In conjunction with local agencies we will convene a statewide advisory group made up of AIDS educators and experts and representatives of this target group. Participants in previous years' Train the Trainers Programs as well as representatives of target group are included in the advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach. (In addition, see Needs Assessment section.) We will also hold locally based focus groups prior to conducting training in a particular area, to get consumer input and support.

9/90

Goal #1

Strategy

O-1

S-1

Plan of Operation

Timeline

Logistics

Plans for locations, as well as demographics and HIV incidence in various locations, will be determined by survey outcome, by recommendations of advisory group and by recommendations of local needs assessment group.

10/90

Goal #1

Strategy

O-1

S-1

Plan of Operation

Timeline

Curriculum and
Methodology

The curricula will be developed in consultation with advisory groups, consultants and participants and will include:

- intervention model for HIV education/prevention with men having sex with men
- HIV transmission prevention
- personal risk assessment
- demonstration role plays
- group discussion
- skill building for successful behavior change
- stress reduction
- esteem building strategies
- skill building for safer sex negotiation
- methods for follow-up evaluation (knowledge, skills, attitudes, behavior change)
- methods for adapting, implementing and evaluating intervention models

11/90

Promotion

Advisory group assistance, along with outreach to past Train the Trainers participants (1988-89; 1989-90) and their agencies, will provide the basis for promotion. A mailing will be sent out to identified agencies. Local agencies will assist in outreach by phone, mail and referral

12/90

Goal #1

Strategy
O-1
S-1

Plan of Operation

Timeline

Access Points

Trainees from our 1988-89 and 1989-90 Train the Trainers Program, along with newly identified educators and providers already HIV knowledgeable who provide counseling, education or health care services to men having sex with men, will be solicited by mail and phone. Sources for these participants will include those identified through advisory group, service provider directories and recommendations of local AIDS education programs.

12/90

Locations identified and arrangements completed provide access to target populations which include:
-STD clinics
-outpatient health care facilities
-outpatient mental health settings
-community based organizations

Implementation of GIST

Two 2-day GIST trainings will be implemented

2/91

Goal #1

Strategy
O-1
S-2

Plan of Operation

Timeline

Implementation of Target
Group Interventions:
Group Format

Access Points

Participants in GIST will have already existing client pool from target groups through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Promotion

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Curriculum and
Methodology

GIST participants will implement curriculum developed by AIDS Health Project and for which they received training in GIST program. They will evaluate knowledge, attitude, skills and behavior by utilizing instruments developed by or adapted from AIDS Health Project materials.

Goal #1

Strategy
O-1
S-2

Plan of Operation

Timeline

Consumer
Participation

See S-1, consumer participation, focus and advisory groups.

Needs Assessment

See S-1 Needs Assessment

Implementation of
Interventions

Each GIST participant will conduct workshop or series group interventions, as determined in consultation with AIDS Health Project staff, based upon AIDS Health Project materials, to 10 participants.

6/91

Goal #1

Strategy
O-1
S-3

Plan of Operation

Timeline

Training by GIST
Participants to Colleagues

Logistics

Each GIST participant will have a 1-2 hour training with 10 colleagues, date established at his/her agency.

5/91

Implementation

At conclusion of S-2, GIST participant will conduct 1-2 hour training to 10 colleagues.

Curriculum and Methodology

1) Report on group intervention model utilized in S-2; and
2) Evaluation of model and its applicability

6/91

All documentation for GIST program completed and submitted to the AIDS Health Project.

6/30/91

Goal #1

Target Group
of Participants

Measurable Outcome
Criteria for Success

Evaluation Methodology

0-2

By 6/30/91 100 men having sex with men living in rural California will each participate in a minimum of one 1-hour individual, dyad or family HIV education/prevention session.

a. 80 men having sex with men will demonstrate an 80% knowledge competency in HIV transmission prevention.

b. 60 men having sex with men will demonstrate a commitment to safer sex practices and avoiding relapse to unsafe sex practices.

c. 60 men having sex with men will indicate increased comfort with safer sex negotiation.

d. 40 men having sex with men will demonstrate competency at negotiating safer sex.

a. Measured by *written test or *oral test with written documentation completed by individual administering test.

b. Measured by *written commitment and follow-up survey.

c. Measured by *attitude assessment prior to session and *follow-up survey.

d. Measured by *role play at conclusion of session.

Goal #1

Strategy
O-2
S-1

Plan of Operation

Timeline

**AIDS and Mental
Health (AMH)**

Implementation of Train the Trainer Program will be initiated to provide necessary knowledge, skills, and attitudes for 1) one-to-one, dyad or family HIV education/ prevention interventions, and 2) to train colleagues about HIV information, and education/prevention for clients and patients.

Needs Assessment

Needs Assessment completed June 1989 will serve as springboard for follow up telephone interviews to determine three different rural locations for this Train the Trainers Program.

8/90

Consumer Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Logistics

With the help of advisory group members, specific locales, sites, dates, for trainings are determined.

10/90

Goal #1

Strategy
O-2
S-1

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas. Curriculum will be revised as an outcome of advisory group meeting feedback.

11/90

Curriculum includes:

- HIV transmission information
- general psychosocial information
- information specific to neurologic and neuropsychiatric complications of HIV
- prevention education strategies for one-to-one, dyad and family interventions
- cultural sensitivity exercises
- locally relevant data
- role play
- teaching activities

Promotion

With the assistance of advisory group and existing relationships with potential trainees/agencies state-wide, mailings will take place to develop a trainee pool.

12/90

Goal#1

Strategy

O-2

S-1

Plan of Operation

Timeline

Access Points

Through current AIDS Health Project contacts by direct mail and by phone, as well as recommendations from advisory group and survey respondents, trainees will be identified from:

- social service agencies
- alcohol/drug programs
- youth shelters
- health care facilities
- detention center staff
- hospitals
- clinics
- community groups

12/90

Implementation

Three 3-day Train-the-Trainer programs will be implemented, each with half day follow-up trainings, and will include a minimum total of 10 AIDS educators, social service and health care providers who work with men having sex with men.

3/91

Goal #1

Strategy
O-2
S-2

Plan of Operation

Timeline

Implementation of one-to-one dyad or family HIV prevention education strategies

Access Points

Participants in AMH will have already existing client pool from target populations through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon AMH participant agency affiliation.

Promotion

With the assistance of advisory group and existing relationships with potential trainees/agencies state-wide, mailings will take place to develop a trainee pool.

12/90

Consumer Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Goal#1

Strategy

O-2

S-2

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas. Curriculum will be revised as an outcome of advisory group meeting feedback.

11/90

Curriculum includes:

- HIV transmission information
- general psychosocial information
- information specific to neurologic and neuropsychiatric complications of HIV
- prevention education strategies for one-to-one, dyad and family interventions
- cultural sensitivity exercises
- locally relevant data
- role play
- teaching activities

All components of AMH completed and documentation submitted to AIDS Health Project.

6/30/91

Goal #1

Strategy
O-2
S-3

Plan of Operation

Timeline

AMH Participants Training
to Colleagues

Logistics

Each AMH participant will
conduct 1-2 hour training at
his/her agency or
sponsoring agency.

Implementation

At conclusion of O-2, S-2,
AMH participant will
provide 1-2 hour training
based on material covered in
AMH training.

Curriculum and
Methodology

This training may include
basic information covered in
AMH and will also describe
interventions taught in
AMH.

6/91

At conclusion of O-2, S-3,
all documentation will be
completed and submitted to
the AIDS Health Project.

6/30/91

Goal #2: Intravenous drug users (IVDU) and substance abusers will acquire the necessary knowledge, attitudes and skills to support HIV-related risk reduction behaviors, which will result in the reduction of HIV transmission.

Goal #2

Target Group # of Participants	Measurable Outcome Criteria for Success	Evaluation Methodology
O-1 S-1		
By 6/30/91, 100 intravenous drug (IVDU) and substance abusers in recovery or treatment programs in rural California will each participate in a minimum of one 2-hour group HIV education/prevention session.	a. 80 IVDUs and substance abusers will demonstrate a 75% knowledge competency in HIV transmission prevention. b. 40 IVDU and substance abusers will demonstrate an understanding of the connection between intravenous drug use, substance-induced disinhibition and HIV transmission risk. c. 40 IVDU and substance abusers will demonstrate a commitment to HIV risk reduction behaviors. d. 60 IVDU and substance abusers will demonstrate decreased denial concerning their own risk for HIV infection. e. 60 IVDUs will demonstrate skill in proper needle use and safer sex practices.	a. Measured by *written test or *oral test with written documentation by test administrator. b. Measured by pre and post session(s) administration of Likert scale. c. Measured by *signed "contract" d. Measured by pre and post session(s) administration of the Likert scale e. Measured by *role play and/or demonstration in session(s).

Goal #2

Strategy

O-1

S-1

Plan of Operation

Timeline

**Group Intervention
Strategies and Training
(GIST)**

In order to maximize utilization and implementation of curricula developed, we will train locally based helping/education professionals who currently provide services to IVDUs and substance abusers to conduct group education/prevention sessions based upon intervention models the AIDS Health Project will have developed. We will train a minimum total of 7 participants who serve IVDUs and substance abusers. In turn, these trainees will each 1)conduct an HIV prevention education group workshop or series for 10 IVDU and substance abusers and 2) at the conclusion of the workshop or series, present a report on the model used and its outcomes to 10 colleagues each.

Goal #2

Strategy

O-1

S-1

Plan of Operation

Timeline

Needs Assessment

Utilizing survey completed in June 1989 as a springboard, we will contact by mail and by phone local agencies identified as providing health care, educational or counseling services to IVDU and substance abusers.

8/90

Consumer Participation

In conjunction with local agencies, we will convene a statewide advisory group made up of AIDS experts, educators and with representation from the community of IVDU and substance abusers in recovery and treatment programs.

9/90

Participants in previous years' Train the Trainers Programs as well as representatives of target groups are included in the advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach. (In addition, see Needs Assessment section.)

We will also hold locally based groups prior to conducting training in a particular area, to get consumer input and support.

Goal #2

Strategy

O-1

S-1

Plan of Operation

Timeline

Logistics

Plans for locations, as well as demographics and HIV incidence in various locations, will be determined in part by survey outcome, by recommendations of advisory group and by recommendations of local needs assessment group.

10/90

Goal #2

Strategy

O-1

S-1

Plan of Operation

Timeline

Curriculum and
Methodology

The curricula will be developed in consultation with advisory groups, consultants and participants and will include:

11/90

*intervention model for HIV education/prevention groups with rural IVDUs and substance abusers
Included will be:
-HIV transmission prevention
-personal risk assessment
-demonstration role plays
-group discussion
-skill building for successful behavior change
-stress reduction
-esteem building strategies
-skill building for safer sex negotiation
-safer use of substances and paraphernalia

*methods for follow-up evaluation (knowledge, skills, attitudes, behavior change)

*methods for adapting, implementing and evaluating intervention models

Goal #2

Strategy

O-1

S-1

Plan of Operation

Timeline

Access Points

Trainees from our 1988-89 and 1989-90 Train the Trainers Program, along with newly identified educators and providers already HIV knowledgeable will provide counseling, education or health care services to IVDU and substance abusers who will be solicited by mail and phone. Sources for these participants will include those identified through advisor groups, service provider directories and recommendations of local AIDS education programs.

12/90

Locations identified and arrangements completed provide access to target populations which include:

- inpatients local treatment programs for IVDU and substance abusers
- outpatient treatment programs
- residential recovery programs

Goal#2

Strategy

O-1

S-2

Plan of Operation

Timeline

Implementation of Target
Group Interventions:
Group Format

Access Points

Participants in GIST will have already existing client pool from target groups through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Promotion

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Curriculum and
Methodology

GIST participants will implement curriculum developed by AIDS Health Project and for which they received training in GIST program. They will evaluate knowledge, attitude, skills and behavior by utilizing instruments developed by or adapted from AIDS Health Project materials.

Goal #2

Strategy
O-1
S-3

Plan of Operation

Timeline

Training by GIST
Participants to Colleagues

Logistics

Each GIST participant will have a 1-2 hour training with 10 colleagues, date established at his/her agency.

5/91

Implementation

At conclusion of S-2, GIST participant will conduct 1-2 hour training to 10 colleagues.

Curriculum and
Methodology

- 1) Report on group intervention model utilized in S-2; and
- 2) Evaluation of model and its applicability

6/91

All documentation for GIST program completed and submitted to the AIDS Health Project.

6/30/91

Goal #2

Strategy

O-1

S-2

Plan of Operation

Timeline

Consumer
Participation

See S-1, consumer participation, focus and advisory groups.

Needs Assessment

See S-1 Needs Assessment

Implementation of
Interventions

Each GIST participant will conduct workshop or series group interventions, as determined in consultation with AIDS Health Project materials, to 10 participants.

6/91

Goal #2

Strategy
O-2
S-1

Plan of Operation

Timeline

**AIDS and Mental
Health (AMH)**

Implementation of Train the Trainer Program will be initiated to provide necessary knowledge, skills, and attitudes, 1) to improve their ability to provide one-on-one, dyad or family HIV prevention education and 2) to improve their knowledge and skills for training colleagues about HIV issues.

Needs Assessment

Needs Assessment completed June 1989 will serve as springboard for follow up telephone interviews to determine 3 sites for this Train the Trainer program.

8/90

Consumer
Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Logistics

With the help of advisory group members, specific locales, sites, dates, for trainings are determined.

10/90

Goal #2

Strategy

O-2

S-1

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas. It will be revised as an outcome of advisory group meeting feedback.

11/90

Curriculum includes:

- HIV transmission information
- general psychosocial information
- information specific to neurologic and neuropsychiatric complications of HIV
- prevention education strategies
- cultural sensitivity exercises
- locally relevant data
- role play
- teaching activities

Promotion

With assistance of advisory group, coupled with existing relationships with potential trainees/agencies state-wide, mailings will take place to develop trainee pool.

12/90

Goal #2

Strategy
O-2
S-1

Plan of Operation

Timeline

Access Points

Through current AIDS
Health Project contacts by
direct mail and by phone, as
well as recommendations
from advisory group and
survey respondents,
trainees will be identified
from treatment and recovery
programs in rural areas, in:
-hospitals
-residential settings
-clinics
-community-based recovery
programs

12/90

Goal #2

Strategy
O-2
S-2

Plan of Operation

Timeline

Implementation of one-to-one dyad or family HIV prevention education strategies

Access Points

Participants in AMH will have already existing client pool from targeted populations through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon AMH participant agency affiliation.

Promotion

With the assistance of advisory group and existing relationships with potential trainees/agencies statewide, mailings will take place to develop a trainee pool.

12/90

Consumer Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Goal #1

Strategy
O-2
S_2

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas. Curriculum will be revised as an outcome of advisory group meeting feedback.

11/90

Curriculum includes:

- HIV transmission information
- general psychosocial information
- information specific to neurologic and neuropsychiatric complications of HIV
- prevention education strategies for one-to-one, dyad and family interventions
- cultural sensitivity exercises
- locally relevant data
- role play
- teaching activities

All components of AMH completed and documentation submitted to AIDS Health Project.

6/30/91

Goal #2

Strategy
O-2
S-3

Plan of Operation

Timeline

Logistics

Each AMH participant will conduct 1-2 hour training at his/her agency or sponsoring agency.

Implementation

At the conclusion of O-2, S-2, AMH participant will provide 1-2 hour training based on material covered in AMH training.

Curriculum and Methodology

This training may include basic information covered in AMH and will also describe interventions taught in AMH.

6/91

At conclusion of O-2, S-3, all documentation will be completed and submitted to the AIDS Health Project.

6/30/91

Goal #3: Women sexual partners of men having sex with men or IVDU and substance abusers, and who live in rural areas of California, will acquire the necessary knowledge, attitudes and skills to support HIV-related risk reduction behaviors, which will result in the reduction of HIV transmission.

Target Group # of Participants	Measurable Outcome Criteria for Success	Evaluation Methodology
O-1 S-1		
By 6/30/91, 50 women sexual partners of men having sex with men or IVDU and substance abusers, and who live in rural areas of California will each participate in a minimum of one 2-hour group education/prevention session.	a. 80 women will demonstrate an 80% knowledge competency in HIV transmission. b. 60 women will demonstrate an understanding of the relationship between codependency and their risk for HIV transmission. c. 40 women will demonstrate skill in limit setting and negotiating behavior change with their partners. d. 60 women will state their intent to practice safer sex.	a. Measured by *written test or *oral test with written documentation by test administrator. b. Measured by pre and post test session self assessment tool. c. Measured by *role play in sessions. d. Measured by *written commitment.

Goal #3

Strategy
O-1
S-1

Plan of Operation

Timeline

Needs Assessment

Utilizing survey completed in June 1989 as a springboard, we will contact by mail and by phone local agencies identified as providing health care, educational or counseling services to women sexual partners of men who have sex with men or IVDU and substance abusers.

8/90

Promotion

Advisory group assistance, along with outreach to Train the Trainers participants and their agencies, will provide the basis for promotion. A mailing will be sent out to identified agencies. Local agencies will assist in outreach by phone, mail and referral.

12/90

Goal #3

Strategy
O-1
S-1

Plan of Operation

Timeline

Consumer
Participation

In conjunction with local agencies, we will convene a statewide advisory group made up of AIDS experts, educators and with representatives from the community of women sexual partners of men who have sex with men or IVDU and substance abusers.

9/90

Participants in previous years' Train the Trainers Programs as well as representatives of target groups are included in the advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach. (In addition, see Needs Assessment section.)

We will also hold locally based focus groups prior to conducting training in a particular area, to get consumer input and support.

Logistics

Plans for locations, as well as demographics and HIV incidence in various locations, will be determined in part by survey outcome, by recommendations of advisory group and by recommendations of a local focus group.

10/90

Goal #3

Strategy

O-1

S-1

Plan of Operation

Timeline

Curriculum and
Methodology

The curricula will be developed in consultation with advisory groups, consultants and participants and will include:

11/90

*intervention model for HIV education/prevention with women sexual partners of men who have sex with men or IVDU and substance abusers

-HIV transmission prevention

-personal risk assessment

-demonstration role plays

-group discussion

-skill building for successful behavior change

-stress reduction

-esteem building strategies

-skill building for safer sex negotiation

-codependency education

*methods for follow-up evaluation (knowledge, skills, attitudes, behavior change)

*methods for adapting, implementing and evaluating intervention models.

Goal #3

Strategy

O-1

S-1

Plan of Operation

Timeline

Access Points

Trainees from our 1988-89 and 1989-90 Train the Trainer Program, along with newly identified educators and providers already HIV knowledgeable who provide counseling, education or health care services to women sexual partners of men who have sex with men or IVDU and substance abusers, will be solicited by mail and phone. Sources for these participants will include those identified through advisory group, service provider directories and recommendations of local AIDS education programs.

12/90

Locations identified and arrangements completed provide access to target populations which include:

- STD clinics
- outpatient health care facilities
- outpatient mental health settings
- community based organizations

Implementation of GIST

Implementation of group sessions will be initiated to provide necessary knowledge, facilitate attitude change and develop skills needed to support behavior change in women sexual partners of men who have sex with men or IVDU and substance abusers.

2/91

Goal #3

Strategy
O-1
S-2

Plan of Operation

Timeline

Implementation of Target
Group Interventions:
Group Format

Access Points

Participants in GIST will have already existing client pool from target groups through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Promotion

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Curriculum and Methodology

GIST participants will implement curriculum developed by AIDS Health Project and for which they received training in GIST program. They will evaluate knowledge, attitude, skills and behavior by utilizing instruments developed by or adapted from AIDS Health Project materials.

Goal #3

Strategy
O-1
S-2

Plan of Operation

Timeline

Consumer
Participation

See S-1, consumer participation, focus and advisory groups.

Needs Assessment

See S-1 Needs Assessment

Implementation of
Interventions

Each GIST participant will conduct workshop or series group interventions, as determined in consultation with AIDS Health Project staff, based upon AIDS Health Project materials, to 10 participants.

6/91

_____al #3

_____ategy

Plan of Operation

Timeline

_____plementation of Target
_____oup Interventions:
_____oup Format

Access Points

Participants in GIST will have already existing client pool from target groups through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Promotion

Determined in consultation with AIDS Health Project staff and dependent upon GIST participant agency affiliation.

Curriculum and
Methodology

GIST participants will implement curriculum developed by AIDS Health Project and for which they received training in GIST program. They will evaluate knowledge, attitude, skills and behavior by utilizing instruments developed by or adapted from AIDS Health Project materials.

Goal #3

Strategy
O-1
S-2

Plan of Operation

Timeline

Consumer
Participation

See S-1, consumer participation, focus and advisory groups.

Needs Assessment

See S-1 Needs Assessment

Implementation of
Interventions

Each GIST participant will conduct workshop or series group interventions, as determined in consultation with AIDS Health Project staff, based upon AIDS Health Project materials, to 10 participants.

6/91

Goal #3

Strategy
O-1
S-3

Plan of Operation

Timeline

**Training by GIST
Participants to
Colleagues**

Logistics

Each GIST participant will have a 1-2 hour training with 10 colleagues, date established at his/her agency.

5/91

Implementation

At conclusion of S-2, GIST participant will conduct 1-2 hour training to 10 colleagues.

Curriculum and
Methodology

- 1) Report on group intervention model utilized in S-2; and
- 2) Evaluation of model and its applicability

6/91

All documentation for GIST program completed and submitted to the AIDS Health Project.

6/30/91

Goal #3

Target Group
of Participants
0-2

Measurable Outcome
Criteria for Success

Evaluation Methodology

By 6/30/91 50 women sexual partners of men having sex with men living in rural California will each participate in a minimum of one 1-hour individual, dyad or family HIV education/prevention session.

- a. 40 women will demonstrate an 80% knowledge competency in HIV transmission prevention.
- b. 30 women will demonstrate a commitment to safer sex practices and avoiding relapse to unsafe sex practices.
- c. 20 women will indicate increased comfort with safer sex negotiation.
- d. 30 women will demonstrate competency at negotiating safer sex.

- a. Measured by *written test or *oral test with written documentation completed by individual administering test.
- b. Measured by *written commitment and follow-up survey.
- c. Measured by *attitude assessment prior to session and *follow-up survey.
- d. Measured by *role play at conclusion of session.

Goal #3

Strategy

O-2

S-1

**Train the Trainers:
AIDS and Mental
Health (AMH)**

Plan of Operation

Timeline

Implementation of group sessions will be initiated to provide necessary knowledge, skills and attitudes to

1) improve their knowledge and skills and ability to provide on-to-one, dyad or family HIV prevention education and

2) improve their knowledge, skills and ability to train their colleagues about HIV issues.

Needs Assessment

Needs assessment completed June 1989 will serve as springboard for follow up telephone interviews to determine three sites for this Train the Trainer Program.

8/90

Consumer
Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Logistics

With the help of advisory group members, specific locales, sites and dates for trainings are determined.

10/90

Goal #3

Strategy

O-2

S-1

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas. It will be revised as an outcome of advisory group meeting feedback.

11/90

Curriculum includes:
-HIV transmission information
-General psychosocial information
-Information specific to Neurologic and Neuropsychiatric complications of HIV
-Prevention education strategies
-Cultural sensitivity exercises
-Locally relevant data
-Role Play
-Teaching activities

Promotion

With assistance of advisory group, coupled with existing relationships with potential trainees/agencies state-wide, mailings will take place to develop trainee pool.

12/90

Goal #3

Strategy
O-2
S-1

Plan of Operation

Timeline

Access Points

Through current AIDS
Health Project contacts by
direct mail and by phone
solicitation trainees will be
identified from:
-social service agencies
-alcohol/ drug programs
-youth shelters
-health care facilities
-detention center staff
-hospitals
-clinics
-community groups

12/90

Goal #3

Strategy
O-2
S-2

Plan of Operation

Timeline

Implementation of one-to-one dyad or family HIV prevention education strategies

Access Points

Participants in AMH will have already existing client pool from target populations through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon AMH participant agency affiliation.

Promotion

With the assistance of advisory group and existing relationships with potential trainees/agencies state-wide, mailings will take place to develop a trainee pool.

12/90

Consumer Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Goal#3

Strategy
O-2
S-2

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas. Curriculum will be revised as an outcome of advisory group meeting feedback.

11/90

Curriculum includes:

- HIV transmission information
- general psychosocial information
- information specific to neurologic and neuropsychiatric complications of HIV
- prevention education strategies for one-to-one, dyad and family interventions
- cultural sensitivity exercises
- locally relevant data
- role play
- teaching activities

All components of AMH completed and documentation submitted to AIDS Health Project.

6/30/91

Goal #3

Strategy
O-2
S-3

Plan of Operation

Timeline

AMH Participants Training
to Colleagues

Logistics

Each AMH participant will conduct 1-2 hour training at his/her agency or sponsoring agency.

Implementation

At conclusion of O-2, S-2, AMH participant will provide 1-2 hour training based on material covered in AMH training.

Curriculum and
Methodology

This training may include basic information covered in AMH and will also describe interventions taught in AMH.

6/91

At conclusion of O-2, S-3, all documentation will be completed and submitted to the AIDS Health Project.

6/30/91

Three 3-day Train-the-Trainer programs will be implemented, each with half day follow-up trainings, and will include a minimum total of 10 AIDS educators, social service and health care providers who work with men having sex with men.

3/91

Goal #3

Strategy
O-2
S-3

Plan of Operation

Timeline

AMH Participants Training
to Colleagues

Logistics

Each AMH participant will conduct 1-2 hour training at his/her agency or sponsoring agency.

Implementation

At conclusion of O-2, S-2, AMH participant will provide 1-2 hour training based on material covered in AMH training.

Curriculum and
Methodology

This training may include basic information covered in AMH and will also describe interventions taught in AMH.

6/91

At conclusion of O-2, S-3, all documentation will be completed and submitted to the AIDS Health Project.

6/30/91

Goal 4: Homeless or out of school youth who live in rural areas of California will acquire the necessary knowledge, attitudes and skills to support HIV-related risk reduction behaviors, which will result in the reduction of HIV transmission.

Target Group # of Participants	Measurable Outcome Criteria for Success	Evaluation Methodology
0-1		
By 6/30/91 50 homeless or out of school youth living in rural areas of California will each attend a minimum of one 2-hour group HIV education/prevention session.	a. 25 homeless or out of school youth will demonstrate an 80% knowledge proficiency in HIV transmission prevention b. 25 homeless or out of school youth will demonstrate an understanding of their own potential risk for HIV infection c. 20 homeless or out of school youth will demonstrate a commitment to safer sex d. 20 homeless or out of school youth will provide peer support and education	a. Measured by *written test or *oral test with written documentation by test administrator b. Measured by *pre and post session attitudinal scale c. Measured by *signed contract and d. *participation in peer education theater piece

Goal #4

Strategy

O-1

S-1

Group Intervention
Strategies and Training

Plan of Operation

Timeline

In order to maximize utilization and implementation of curricula developed, we will train locally based helping/education professionals who currently provide services to homeless and out of school youth to conduct group education/prevention sessions based upon intervention models the AIDS Health Project will have developed. We will train 7-10 participants who serve Homeless or out of school youth, in a total of 2 different areas of rural California, in two day training programs. In turn, these trainees will each:

- 1) conduct an HIV prevention education group workshop or series for homeless or out of school youth; and
- 2) at the conclusion of the workshop or series, present a report on the model used and its outcome to 10 colleagues each.

Needs Assessment

Utilizing survey completed in June 1989 as a springboard, we will contact by mail and by phone local agencies identified as providing health care, educational or counseling services to homeless or out of school youth living in rural areas of California.

8/90

Goal #4

Strategy

O-1

S-1

Consumer
Participation

Plan of Operation

Timeline

9/90

In conjunction with local agencies, we will convene a statewide advisory group made up of experts, educators and with representatives from the community of homeless or out-of-school youth.

Participants in previous years' Train the Trainers Programs as well as representatives of target groups are included in the advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach. (In addition, see Needs Assessment section.)

We will also hold locally based focus groups prior to conducting training to obtain consumer input and support.

Logistics

Plans for locations,
as well as
demographics and
HIV incidence in
various locations,
will be determined
in part by survey
outcome, by
recommendations of
advisory group and
by recommendations
of local focus group.

10/90

Goal #4

Strategy
O-1
S-1

Plan of Operation

Timeline

Curriculum and
Methodology

The curricula will be developed in consultation with advisory groups, consultants and participants and will include:

11/90

*intervention model for HIV education/prevention with men having sex with men
-methods for follow-up evaluation (knowledge, skills, attitudes, behavior change)
-HIV transmission prevention
-personal risk assessment
-demonstration role plays
-group discussion
-"skits" for peer education
-skill building for safer sex negotiation
-stress reduction
-esteem building strategies
-information about substance use and HIV risk

*methods for adapting, implementing and evaluating intervention models.

Promotion

12/90

Advisory group assistance, along with outreach to past Train the Trainers participants (1988-89; 1989-90) and their agencies, will provide the basis for promotion. A mailing will be sent out to identified agencies. Local agencies will assist in outreach by phone, mail and referral.

Goal #4

Strategy

O-1

S-1

Plan of Operation

Timeline

Access Points

Trainees from our 1988-89 and 1989-90 Train the Trainers Program, along with newly identified educators and providers already HIV knowledgeable who provide counseling, education or health care services to homeless and out-of-school youth will be solicited by mail and phone. Sources for these participants will include those identified through advisory group, service provider directories and recommendations of local AIDS education programs.

12/90

Implementation of GIST

Two 2 day trainings will be implemented.

2/91

Goal #4

Strategy
O-1
S-2

Plan of Operation

Timeline

Consumer
Participation

See S-1, consumer participation, focus and advisory groups.

Needs Assessment

See S-1 Needs Assessment

Implementation of
Interventions

Each GIST participant will conduct workshop or series group interventions, as determined in consultation with AIDS Health Project staff, based upon AIDS Health Project materials, to 10 participants.

6/91

Goal #4

Strategy
O-1
S-3

Plan of Operation

Timeline

**Training by GIST
Participants to
Colleagues**

Logistics

Each GIST participant will have a 1-2 hour training with 10 colleagues, date established at his/her agency.

5/91

Implementation

At conclusion of S-2, GIST participant will conduct 1-2 hour training to 10 colleagues.

Curriculum and
Methodology

1) Report on group intervention model utilized in S-2; and
2) Evaluation of model and its applicability

6/91

All documentation for GIST program completed and submitted to the AIDS Health Project.

6/30/91

Goal #4

Target Group
of Participants

Measurable Outcome
Criteria for Success

Evaluation Methodology

0-2

By 6/30/91 25 homeless or out of school youth living in rural California will each attend a minimum of one 1-hour individual, dyad or family HIV education/prevention session.

- a. 20 homeless or out of school youth will demonstrate an 80% knowledge proficiency in HIV transmission prevention
- b. 20 homeless or out of school youth will demonstrate an understanding of their own potential risk for HIV infection
- c. 15 homeless or out of school youth will demonstrate a commitment to safer sex
- d. 10 homeless or out of school youth will provide peer support and education

- a. Measured by *written test or *oral test with written documentation by test administrator
- b. Measured by *pre and post session attitudinal scale
- c. Measured by *signed contract and
- d. *participation in peer education theater piece

Goal #4

Strategy

O-2

S-1

AIDS and Mental Health
(AMH)

Plan of Operation

Timeline

Implementation of Train the Trainer Program will be initiated to provide necessary knowledge, skills, and attitudes to
1) improve their ability to provide one-on-one, dyad or family HIV prevention education and
2) to improve their knowledge and skills for training colleagues about HIV issues.

Needs Assessment

Needs Assessment completed June 1989 will serve as springboard for follow up telephone interviews and further written assessment.

8/90

Consumer
Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Logistics

With the help of advisory group members, specific locales, sites, dates, for trainings are determined.

10/90

Goal #4

Strategy
O-2
S-1

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas.

11/90

Curriculum includes
-HIV transmission information
-General psychosocial information
-Information specific to Neurologic and Neuropsychiatric complications of HIV
-Prevention education strategies
-Cultural sensitivity exercises
-Locally relevant data
-Role Play
-Teaching activities

Promotion

With assistance of advisory group, coupled with existing relationships with potential trainees/agencies state-wide, mailings will take place to develop trainee pool.

12/90

Goal #4

Strategy
O-2
S-1

Plan of Operation

Timeline

Access Points

Through current
AIDS Health Project
contacts by direct
mail and by phone,
as well as
recomendations from
advisory group and
survey respondents,
solicitation trainees
will be identified
from:
-social service
agencies
-alcohol/drug
programs
-youth shelters
-health care
facilities
-detention center
staff
-hospitals
-clinics
-community groups
and other sources.

12/90

Goal #4

Strategy

O-2

S-2

Implementation of one-to-one dyad or family HIV prevention education strategies

Plan of Operation

Timeline

Access Points

Participants in AMH will have already existing client pool from target populations through agency affiliations.

Logistics

Determined in consultation with AIDS Health Project staff and dependent upon AMH participant agency affiliation.

Promotion

With the assistance of advisory group and existing relationships with potential trainees/agencies state-wide, mailings will take place to develop a trainee pool.

12/90

Consumer Participation

Participants in previous years' training as well as representatives of target groups are included in advisory group which meets and reviews all substantive issues relevant to training approach, materials, logistics, outreach.

9/90

Goal#4

Strategy
O-2
S-2

Plan of Operation

Timeline

Curriculum and
Methodology

Curriculum has been utilized for two successful years, and will be modified by selected advisory group consisting, in part, of experts in local areas. Curriculum will be revised as an outcome of advisory group meeting feedback.

11/90

Curriculum includes:

- HIV transmission information
- general psychosocial information
- information specific to neurologic and neuropsychiatric complications of HIV
- prevention education strategies for one-to-one, dyad and family interventions
- cultural sensitivity exercises
- locally relevant data
- role play
- teaching activities

All components of AMH completed and documentation submitted to AIDS Health Project.

6/30/91

Goal #4

Strategy
O-2
S-3

Plan of Operation

Timeline

AMH Participants Training
to Colleagues

Logistics

Each AMH participant will conduct 1-2 hour training at his/her agency or sponsoring agency.

Implementation

At conclusion of O-2, S-2, AMH participant will provide 1-2 hour training based on material covered in AMH training.

Curriculum and
Methodology

This training may include basic information covered in AMH and will also describe interventions taught in AMH.

6/91

At conclusion of O-2, S-3, all documentation will be completed and submitted to the AIDS Health Project.

6/30/91

Multiyear Program Summary

A. Description of target populations

In years two and three the target groups will remain the same but the specific rural communities we work with will change. We will introduce the AMH program in rural areas which express interest in our doing so, where demographics suggest a need and where similar services we will be providing a service otherwise unavailable or not sufficiently available to meet the need. This will be determined by phone and mail survey and which may be initiated, as currently happens, by organizations or individuals in rural communities who have heard about our program.

The GIST training locales and sites will be determined with attention to the aforementioned survey outcome and epidemiological data, as well as part of a process of building upon our previous AMH work. Therefore, areas in which we have previously done AMH trainings may be appropriate to outreach for this 'next phase' of skill development.

In both instances, we will utilize the same access, consumer participation, curriculum and curriculum adaptation process, methodology, logistics and promotion plans for program planning, implementation and evaluation.

B. Goals, objectives, and rationale

It is our belief that the need for these trainings will continue in the foreseeable future, and that our process of determining specific rural communities to target will insure that our work in any given area is germane to the needs of that area. In addition, our

process of evaluating program goals, objectives and methods further insures our responsiveness to any adjustments which may need to take place.

C. Educational strategies/methodologies and rationale

We will continue to modify, based upon sound research, expert feedback, changes in the epidemiology, prognosis, economics, and policies, as appropriate and with determination in consult with local focus and statewide advisory groups, the educational strategies/methodologies and rationale for goals, objectives, program implementation and evaluation.

D. Staffing

At this time we do not anticipate changes in the need for the particular positions as outlined for year one, with the possible exception of the percent time of the project coordinator's (AHP Assistant Coordinator of Training) involvement. Year one should represent the greatest demand on this position. We wish to reserve this position at 50% time, allowing for flexibility to meet the challenges which may arise.

E. Subcontractors and Consultants

We anticipate a continued need for American Sign Language interpretation through years 2 and 3. Our training does not lend itself to video tape; it is necessary to be there to participate. For hearing impaired providers participation will be impossible without signing.

F. Budget Request

Funding. All of the funds received by the AHP are for AIDS related activities. It is the only service the agency provides. The funds are used to support the programs outlined in the agency description.

The funding sources are a combination of state, federal and local monies passed through and organized by the San Francisco Department of Public Health Office of AIDS. There are some exceptions. During the current fiscal year 89/90 we have direct contracts with the State Office of AIDS to provide statewide training to Health and Human Service Workers and HIV Counselors. All staff are hired to carry out the activities in the programs we direct. The percentage of time they work for this agency is entirely devoted to specific AIDS related activities. Additional information is available if required.

Anticipated Income. This agency is totally dependent on contract and grant related income. Each year all contracts and grants must be re-submitted for funding and program approval. It is not possible to predict the income for the new year. It is anticipated that the ad valorem fund from the city and federal monies for the ATS Program will continue at some minimal amount.

The agency will continue to seek funding for all of its programs through further grants from the private and public sectors.

Applicant Capability

V. APPLICANT CAPABILITY

A. Organizational Goal and Relationship to Community

General History.

The AIDS Health Project (AHP) is a multi-faceted prevention program of training and clinical services under the auspices of the University of California, San Francisco and is now in its sixth 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 of San Francisco, the Project offers an array of high-quality, innovative services to the range of individuals affected by the AIDS epidemic. The primary goals of the Project can be summarized as follows:

1. to provide health promotion and AIDS prevention services to individuals at risk for AIDS;
2. to provide short-term mental health and substance abuse 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, helping them provide ongoing, quality care to the populations mentioned above.

Our services are arranged into a number of separate programs:

- Prevention Education Program
- Support Services for Persons with Living with AIDS (PLWA)
- Home-Based Psychiatric Consultation Services
- Training Unit - ATS and Train the Trainer State-Funded Programs;
Education and Training for Mental Health Providers; AIDS Educator
Trainings
- Reporting Test Results at the AIDS Antibody Alternative Test Sites (ATS)
- Volunteer Therapist Program
- AIDS and Substance Abuse Program (ASAP) - Services and Training

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 group's 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 and the clinical disorder of AIDS at the other. Our individual programs reflect different levels of prevention. For example, the Prevention Education Program offers primary prevention services to healthy individuals at risk for HIV infection (HIV-positive groups) or related symptoms (ARC groups) who have not developed full blown AIDS. The AIDS Antibody Test Program provides both primary and secondary prevention - clients may test negative (primary) or positive (secondary). The program seeks to maximize the likelihood of clients

staying uninfected if negative, or physically healthy if positive. The AIDS and Substance Abuse Program (ASAP) incorporates all three levels of prevention through its various activities. Finally, the Support Services for Persons with AIDS provides tertiary prevention, seeking to help their clients prevent psychological decompensation, seek relief of current psychological distress and, perhaps, delay disease progression.

The Project, as a primary prevention effort, involved the teaching of psychological principles in approaching behavioral change. Through AMH and GIST project elements we will: 1) provide necessary knowledge, facilitate appropriate attitudes and develop skills of service providers who serve the four target groups; 2) provide consultation and support AMH and GIST participants in providing one-to-one, dyad, family and group HIV prevention education strategies directly to target group members; and 3) provide ongoing consultation and support to AMH and GIST participants in sharing their new knowledge and skills with colleagues, to further impact the quality of compassionate care and HIV prevention education being provided in rural or underserved communities in California.

It is our belief that 1) specific behavioral changes (reduction or elimination of high-risk behaviors) are needed to avoid risk of HIV 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 or *maintain* behavior changes; 3) a behavioral change program must include the attainment of new social skills and abilities; 4) psychosocial support and strategies must be made available on a local level to help individuals deal with the consequent disruptions of "trying on" new behaviors; and 5) individuals must be provided with the appropriate modality and means of prevention education and ongoing support necessary for the initiation and maintenance of these new behaviors.

The Project, by providing multiple intervention strategies to address the different needs and circumstances of various rural and underserved communities, and target groups within those communities, is fully in keeping with our agency's mission.

Throughout all of our programs we apply the additional principle that psychological and social factors play an important role in determining states of health and disease. The role played by these factors in HIV disease is particularly significant since individuals may be inclined to engage in known high risk behaviors, or be persuaded to avoid them, depending on their emotional state and perception of social support. Our emphasis on psychological issues is imperative in coping with this epidemic.

The final organizing principle of the AIDS Health Project is our belief that all individuals have the right to receive quality care. Populations at high risk for AIDS -- particularly among communities -- and persons with AIDS themselves have been denied access to services because of fear, ignorance and social barriers. AIDS prevention education specialists, mental health and social service providers who are knowledgeable about AIDS, sensitized to the specific needs of individuals and groups at risk are essential to ensure appropriate, quality HIV prevention education delivery to all persons at risk and who are in need of such interventions.

B. Relationship with the Community

The AIDS Health Project has held a leadership position in the area of psychosocial training and prevention education in the County of San Francisco, over the past six years. We participate in program planning and development and serve as consultants to various community and county agencies, including our county AIDS Task Force, Women's AIDS Network, AIDS and Substance Abuse Services Task Force, among others. We have also

held community meetings in a cooperative effort to raise issues and address problems related to AIDS prevention education strategies and services. We took a leadership role this past year in providing 'Culture Circles' open to target group members and those who work with them, to highlight special needs and to provide guidance for ourselves and other agencies in this regard.

As our relationships with communities throughout California grow, through our trainings and conferences and through our participation in statewide conferences related to AIDS, we are aware that the particular trainings that we are proposing are not offered elsewhere (see Specifications of Target Groups, section D). While many rural communities have mounted AIDS prevention education efforts, the areas we seek to impact are without the resources at this time, to develop materials, access expert advice, and carry out the scope we propose to complete. We have the support of key agencies in the counties we are now reviewing as potential training sites, to work with them to provide this comprehensive training program. While the 'Train the Trainer' model is one utilized in many HIV education efforts, the communities we seek to serve have not been involved in the provision of a program targeting the groups we are targeting, nor have they been as comprehensive in scope, as we offer provider training, consultation and support to complete both training to colleagues and prevention education interventions directly to target groups.

The AIDS Health Project has been developing a very positive reputation statewide for providing quality trainings and conferences. Our two years of Train the Trainer experience, presently serving seven different counties in California, have been well received and successful in meeting measurable objectives. As noted in the Project Description section, the AIDS Health Project has provided leadership in San Francisco in

developing prevention education materials and services aimed at providers and directly to the target populations (see Program Description).

C. Experience and Expertise in Conducting Community Health, AIDS Education Programs

The AIDS Health Project is experienced and qualified to conduct this project based on six years of continued success in the field, including two years of successful implementation of the core AMH project-element described in this proposal.

AHP has provided education services to mental health professionals from its inception, taking the skills and experiences of the project staff and making them available to other professionals. Because AIDS is a complex medical problem, AIDS prevention education specialists, mental health and social service providers require basic transmission information to understand the intricacies of HIV disease. Because the fear and dread of AIDS experienced by some providers may be projected onto certain groups of people, providers often need help working through their personal concerns so that they are better able to offer appropriate services.

Most notable is the need to discuss issues of sexuality and sexual practices, of death and dying, the related issue of suicide, and the ethical issues raised in the care and treatment - medical and social - of persons with a life threatening illness. Providers need to be aware of the increased frequency of neurologic disorders in this group of patients and the similarity of these problems to functional, psychiatric disease, knowledge made available in useful applications for the people who will directly intervene with at-risk individuals, dyads, families, and groups to effect on-going risk reduction behavior change.

We are aware of the importance of developing an understanding, a level of knowledge, attitude, and skill in affecting behavior change, and have come to this awareness through six years of experience clinically, in AIDS prevention education, through trainings we have conducting, conferences in which we have presented, and in shared problem- solving we continue to engage in with colleagues and clients. Through the Train the Trainer (AMH & GIST) program as proposed, providers have the responsibility and privilege to "carry the information" to colleagues as well as to at-risk persons from target groups, to further the knowledge, attitude and skill development necessary to improve HIV prevention education efforts and support sustained risk-reduction behavior change.

The proposed staff are all currently assigned to work exclusively with the Training Unit at AHP. Because of our current contracts with the State Office of AIDS, this group has developed expertise in the specific training model we are proposing (see pp.58-61 for job descriptions). All key personnel are experienced in AIDS service provision, training design and implementation, and in the provision of consultation to colleagues in need of information and support to do the work they are doing, AIDS prevention education and support services.

Budget Request:

Funds Requested from the Office of AIDS

B U D G E T

Contract Name: Training the Trainers

Contract No: 90-004

Exhibit C
Payment Provisions

July 1, 1990 - June 30, 1991

	<u>Average Salary</u> <u>(Monthly)</u>	<u>Percent of</u> <u>Time</u>	<u>No. of</u> <u>Mos.</u>	<u>Amount</u>
A. <u>Personnel Services</u>				
1. Project Director \$ w/o salary		5.00	12	\$ 0
2. Deputy Director	4,330	10.00	12	5,196
3. Program Coordinator	3,749	30.00	12	13,497
4. Ass't Coordinator	2,895	50.00	12	17,368
5. Admin. Ass't	2,169	50.00	12	13,015
6. Accounting Ass't	2,156	25.00	12	6,466
7. Program Rep. II	2,785	50.00	12	16,709
8. Program Rep. II	2,785	50.00	12	16,709
9. Program Rep. I	2,118	50.00	12	12,709
Sub-Total Salaries				\$ 101,669
Benefits at approximately 33.5% of salaries				<u>34,059</u>
Sub-Total - Personnel				\$ <u>135,728</u>
B. <u>Indirect Expenses</u> @ 10% of Total Personnel Services				13,573
C. <u>Operating Expenses and Equipment</u>				
1. Rent & Utilities (\$646/mo=487.5 sq.ft. @ \$1.59)			\$	7,752
2. Office Supplies				1,200
3. Equipment purchase: 1 computer @ \$ 4,002				
1 typewriter @ \$ 900				4,902
4. Health Education/Training Materials				9,400
5. Duplicating/Printing				1,800
6. Staff Development/Conference Rooms				5,000
7. Consultant Fees				2,500
8. Travel & Per Diem (@ State DPA rates)				12,000
9. Telephone				2,400
10. Postage				2,400
11. CAIN				<u>475</u>
Subtotal Operating Expenses				\$ <u>49,829</u>
GRAND TOTAL				\$ <u>199,130</u>

B U D G E T

Contract Name: Training the Trainers

Contract No: 90-004

Exhibit C
Payment Provisions

July 1, 1991 - June 30, 1992

	<u>Average Salary</u> <u>(Monthly)</u>	<u>Percent of</u> <u>Time</u>	<u>No. of</u> <u>Mos.</u>	<u>Amount</u>
<u>A. Personnel Services</u>				
1. Project Director	\$ w/o salary	5.00	12	\$ 0
2 .Deputy Director	4,817	10.00	12	5,784
3. Program Coordinator	4,171	30.00	12	15,016
4. Ass't Coordinator	3,221	50.00	12	19,324
5. Admin. Ass't	2,333	50.00	12	13,999
6. Accounting Ass't	2,434	25.00	12	7,303
7. Program Rep. II	2,996	50.00	12	17,973
8. Program Rep. II	2,996	50.00	12	17,973
9. Program Rep. I	2,392	50.00	12	14,354
Sub-Total Salaries				\$ 111,726
Benefits at approximately 34.5% of salaries				<u>38,545</u>
Sub-Total - Personnel				\$ <u>150,271</u>
B. <u>Indirect Expenses</u> @ 10% of Total Personnel Services				15,028
<u>C. Operating Expenses and Equipment</u>				
1. Rent & Utilities (\$711/mo=487.5 sq.ft. @ \$1.75)			\$	8,531
2. Office Supplies				1,320
3. Health Education/Training Materials				5,000
4. Duplicating/Printing				1,980
5. Staff Development/Conference Rooms				5,500
6. Consultant Fees				2,500
7. Travel & Per Diem (@ State DPA rates)				13,200
8. Telephone				2,640
9. Postage				2,640
10. CAIN				<u>475</u>
Subtotal Operating Expenses				\$ <u>43,786</u>
GRAND TOTAL				\$ <u>209,085</u>

B U D G E T

Contract Name: Training the Trainers

Contract No: 90-004

Exhibit C
Payment Provisions

July 1, 1992 - June 30, 1993

	<u>Average Salary</u> <u>(Monthly)</u>	<u>Percent of</u> <u>Time</u>	<u>No. of</u> <u>Mos.</u>	<u>Amount</u>
<u>A. Personnel Services</u>				
1. Project Director	\$ w/o salary	5.00	12	\$ 0
2 .Deputy Director	5,360	10.00	12	6,432
3. Program Coordinator	4,641	30.00	12	16,707
4. Ass't Coordinator	3,583	50.00	12	21,499
5. Admin. Ass't	2,450	50.00	12	14,699
6. Accounting Ass't	2,684	25.00	12	8,052
7. Program Rep. II	3,145	50.00	12	18,871
8. Program Rep. II	3,145	50.00	12	18,871
9. Program Rep. I	2,637	50.00	12	15,825
Sub-Total Salaries				\$ 120,956
Benefits at approximately 35.5% of salaries				<u>42,940</u>
Sub-Total - Personnel				\$ <u>163,896</u>
B. <u>Indirect Expenses</u> @ 10% of Total Personnel Services				16,390
<u>C. Operating Expenses and Equipment</u>				
1. Rent & Utilities (\$784/mo=487.5 sq.ft. @ \$1.93)			\$	9,408
2. Office Supplies				1,452
3. Health Education/Training Materials				3,500
4. Duplicating/Printing				2,178
5. Staff Development/Conference Rooms				6,050
6. Consultant Fees				2,500
7. Travel & Per Diem (@ State DPA rates)				14,520
8. Telephone				2,904
9. Postage				2,904
10. CAIN				<u>475</u>
Subtotal Operating Expenses				\$ <u>45,891</u>
GRAND TOTAL				\$ <u>226,177</u>

BUDGET JUSTIFICATION NARRATIVE
Training The Trainers
July 1, 1990 - June 30, 1991

A. Personnel Services

1. Project Director (0.5 FTE) - Responsible for the overall scope of the project and the coordination of all aspects of the project development and implementation.
2. Deputy Director (0.10 FTE) - Responsible for long range program development and implementation; all technical and administrative aspects of the project, overall supervision of the Program Coordinator and Assistant Coordinator and of the Program Representatives. Liason with community groups to evaluate the effectiveness of training and to plan additional educational interventions. Develop and write all reports disseminated about the project.
3. Program Coordinator (0.30 FTE) - Responsible for project coordination between the UCSF AIDS Health Project management staff and the Training Project; including overall planning and direction; hire, supervise and development of program staff; direct and approve the design, development and implementation of education training program and training materials; approve evaluation criteria for overall program success; have final authority in all fiscal and budgetary decisions and assist in the development and writing of all reports disseminated about the project.
4. Assistant Coordinator (0.50 FTE) - Will assist the Deputy Director and the Program Coordinator with the overall planning and direction for the project; prepares written evaluations and reports; conducts on-site evaluation of training sessions; monitor performance and contract compliance; collects and analyze data; arrangement and confirmation of conference speakers. Will assume duties of Program Coordinator in her absence; generate and handle project correspondence and assist in directing training program and training materials, and monitor evaluation criteria for overall program success; supervision of trainers.
5. Administrative Assistant (0.50 FTE) - Provides administrative support to the training project including word processing of materials, correspondence, progress reports, evaluation materials and tools.
6. Accounting Assistant (0.25 FTE) - Handles the bookkeeping and accounting related to contracts with UCSF, including payroll and travel expenses.
7. Program Representatives (Three @.50 FTE) - Responsible for development of training materials and training methodologies; implementing the sessions; administration of pre/post-test; complete the administrative details of the trainings and

Training the Trainers
Page 2

conferences such as establishing and maintaining communication with on-site contacts; submit invoices for reimbursement of travel expenses; transportation of materials and equipment and staff to site; collect evaluations, materials and enrollment sheets, develop, organize and implement training sessions; other duties as assigned.

B. Indirect Expenses - Administrative costs for personnel services, based on Department of Health Services of 10%. Figures are based on a program duration of three years total with each being 12 months in duration.

C. Operating Expenses

1. Consultant Costs - For American Sign Language interpretation in one of each of the two trainings offered, for additional follow-up consultation and for honoraria to HIV affected panelists in AIDS mental health training.

2. Training Materials - Cost of collecting, designing, writing, reproducing and distributing training materials.

3. Telephone - Cost of telephone calls associated with the Training Project.

4. Postage - Cost of mailings and postage associated with the training project.

5. Photocopy Expenses - Cost of updating, xeroxing and duplicating print and non-print materials.

6. Office Supplies - Cost of general office supplies such as paper, computer disks, files etc. in the general day to day operation and maintenance of the office.

7. Office Equipment - One-time only purchase of one typewriter at a cost not to exceed \$900.

8. Office Equipment - One-time only purchase of one computer at a cost not to exceed \$4,002.

9. Travel Expenses - Cost of statewide travel expenses associated with the Training project including roundtrip airfare, per diem expenses and local mileage.

10. Rent and Utilities - $\$646/\text{mo} = 487.5/\text{sq ft} \times \$1.59, \text{ per sq ft.}$

10. CAIN - On-going usage fees for the Computerized AIDS Information Network (Office of AIDS contract requirement).

11. Conference Room Rental and Related Expenses - Cost to rent conference room facilities at various sites and includes rental of audio-visual equipment, set-up fees and clean-up fees.

Budget Request:

Total Project Budget

TOTAL PROJECT BUDGET

The Regents of the University of California

Applicant Agency Name Here

TERM: July 1, 1990 THROUGH June 30, 1993 Proposal Years 01,02,03 Combined

	Amount Requested From AIDS Section For This Project	Agency Support (Specify)*	Other Federal (Specify)*	Other State (Specify)*	Other (Specify)*	TOTAL
A. Personnel						
1.Proj. Dir.	0					0
2 Deputy Dir.	17,412					17,412
3.Prog. Coord	45,220					45,220
4 Ass't Coord	58,191					58,191
5 Admin. Ass't.	41,713					41,713
6 Acctng Ass't	21,821					21,821
7 Program Rep. II	53,553					53,553
8 Program Rep. II	53,553					53,553
9 Program Rep. I	42,888					42,888
10 Sub-Total Salaries	334,351					334,351
11 Benefits @aprox.34.5%	115,544					115,544
12 Sub-Total Personnel	449,895					449,895
13 Indirect Exp. @10% Personnel Svcs	44,991					44,991
D. Operating Expenses and Equipment (OE & E)						
1. Rent & Utilities	25,691					25,691
2. Office Supplies	3,972					3,972
3 Equipment	4,902					4,902
4. Health Ed./Training Materials	17,900					17,900
5. Duplicating/Printing	5,958					5,958
6 Staff Dev./Conference Rooms	16,550					16,550
7. Consultant Fees	7,500					7,500
8 Travel & Per Diem @State DPA rate	39,720					39,720
9 Telephone	7,944					7,944
10 Postage	7,944					7,944
11 CAIN	1,425					1,425
12 Sub-Total Operating	139,506					139,506
13						
14						
15						
C. GRAND TOTAL FOR THREE YEAR PROPOSAL	634,392					634,392

*Use descriptive line items to identify costs included in this table under the Personnel or OE & E Categories as well as the funding source.

Appendices

Date: December 1, 1989

AUTHORIZATION TO BIND CORPORATION

The Board of Directors of the Regents of the University ~~by~~ a of California
Clinic/Corporation Name
duly executed meeting held on _____ and
Date
where a quorum was present resolved to authorize:

Name: Lorraine M. Petrakis

Title: Director, Office of Research Affairs

to sign and negotiate AIDS Education and Prevention application and any
contract that may result.

In addition, we authorize:

Name(s): _____ Title: _____

_____ Title: _____

to sign monthly invoices.

the undersigned hereby affirms that the statements contained in the
application package are true and complete to the best of the applicant's
knowledge and accepts as a condition of a Contract/Grant Award, the obligation
to comply with the applicable state and federal requirements, policies,
standards, and regulations. The undersigned recognizes that this is a public
document and open to public inspection.

Board Chairperson: N/A
(Signature)

Date: _____

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SANTA BARBARA • SANTA CRUZ

TAX-EXEMPT STATUS OF THE AIDS HEALTH PROJECT

The AIDS Health Project is a unit of the Langley Porter Psychiatric Institute, School of Psychiatry, of the University of California San Francisco. As such, the Project maintains a tax-exempt, 501(c)(3) status through the University Regents, the fiscal agent for the Project. All donations to the Project are tax-exempt and are deductible to the fullest extent allowed under federal and state of California law.

The 501(c)(3) status of the University of California San Francisco is fully described in various correspondence from the Internal Revenue Service. These letters are as follows:

September 14, 1939: Original Exemption Statement under 101(6)
November 23, 1973: UC Regents not a private foundation under 509(a)(1)
September 8, 1982: 501(c)(3) Status under new tax code (*please see reverse*)

Copies of these letters are available upon request.

For additional information, please contact the AIDS Health Project directly::

Paul Causey
Marketing/Development Coordinator
The AIDS Health Project
Box 0884
San Francisco, CA 94143-0884

Telephone: (415) 476-6430

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MAY 29 1984

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CONTRACTS AND GRANTS OFFICE
SAN FRANCISCO, CALIFORNIA 94143
(415) 666-2977

April 24, 1984

TO WHOM IT MAY CONCERN:

This is in response to your request for a statement of the tax-exempt status of the University of California, San Francisco.

I am attaching copies of the appropriate documents concerning the University's tax-exempt status, the University's non-foundation status, and the University's use of a taxpayer identity number.

The following is a quote from Deputy Commissioner Mooney of the U.S. Treasury Department which was made to The Regents of the University of California dated September 14, 1939:

"Contributions made to you by individual donors are deductible by such individuals in arriving at their taxable net income in the manner and to the extent provided by section 23(o) of the Revenue Act of 1938 and the corresponding provisions of prior revenue acts, section 23(o) of Internal Revenue Code and section 23(o) of Internal Revenue Code as amended by section 224 of the Revenue Act of 1939."

The University of California's status as a tax-exempt organization is still applicable under what is now Section 501(c)(3), the successor to the Section 23(o). That tax regulation is still in effect.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Lorraine M. Petrakis".

Lorraine M. Petrakis
Contracts and Grants Officer

Attachments

AGENCY INFORMATION SHEET

1. Agency Director:

Name: James W. Dilley, MD Telephone: (415) 476-6430
Title: Director, AIDS Health Project
Address: P.O. Box 0884 - UCSF
San Francisco, Calif. 94143-0884
Zip: 9414360884

2. Agency Fiscal Officer:

Name: Lorraine M. Petrakis Telephone: (415) 476-2977
Title: Director, Office of Research Affairs
Address: 3333 California St., Ste. 11
San Francisco, Ca. 94143-0962
Zip: 94143-0962

3. Agency Official with Board Authority to Commit Agency to an Agreement and Sign Contract:

Name: Lorraine M. Petrakis Telephone: (415) 476-2977
Title: Director, Office of Research Affairs
Address: 3333 California St., Ste. 11
San Francisco, Ca.
Zip: 94143-0962

4. Project Director (if none, agency contact regarding application):

Name: Renetia Martin Telephone: (415) 476-6430
Title: Deputy Director, AIDS Health Project
Address: P.O. Box 0884, UCSF
San Francisco, Ca.
Zip: 94243-0884

5. Agency Tax Status:

- ☒ Public (Government/University)
☐ Private, Nonprofit
☐ Other (specify)

CURRENT INCOMING FUNDS BY SOURCE

Fiscal Year 19 89 - 90

LIST ALL FEDERAL, STATE, AND LOCAL GRANTS, CONTRACTS, AND AGREEMENTS FOR HEALTH SERVICES

CONTRACT/GRANT/ALLOCATION/ AGREEMENT TITLE AND NAME OF PROGRAM FUND SOURCE	SPECIFY FEDERAL, STATE, LOCAL, OR PRIVATE FOUNDATION	AMOUNT OF SUPPORT	FUNDING PERIOD
	Client Fees		7/1/89-6/30/90
	Donations and Honoraria		same as above
	Newsletter Subscriptions		same as above
Prevention & Mental Health Support Services Program	City & County of San Francisco	\$373,477	same as above
ASAP	CSAS - City & County of San Francisco	\$169,786	same as above
AIDS & LAW CONFERENCE	STATE OF CALIFORNIA	\$107,000	4/1/89-3/31/90
SFGH Counseling & Testing Service	City & County of San Francisco	\$66,000	3/1/89-12/31/89
Volunteer Therapist Psych. Consult	HRSA/ City & County of San Francisco	\$37,744	10/1/89-9/30/90
Training of Trainers	State Office of AIDS	\$122,000	7/1/89-6/30/90
HIV Counselor Training	State Office of AIDS	\$359,000	8/1/89-8/31/90
AIDS & ALCOHOL	State Dept. Of Alcohol & Drug Programs	\$59,000	7/1/89-6/30/90
ATS	Federal/City & County of San Francisco	\$341,400	7/1/89-12/31/90
State ATS	City & County of San Francisco	\$224,102	7/1/89-6/30/89

ANTICIPATED INCOMING FUNDS BY SOURCE

Fiscal Year 19 90 - 91

LIST ALL FEDERAL, STATE, AND LOCAL GRANTS, CONTRACTS, AND AGREEMENTS FOR HEALTH SERVICES

CONTRACT/GRANT/ALLOCATION/ AGREEMENT TITLE AND NAME OF PROGRAM FUND SOURCE	SPECIFY FEDERAL, STATE, LOCAL, OR PRIVATE FOUNDATION	AMOUNT OF SUPPORT (Estimate if not known) *	FUNDING PERIOD
Prevention & Mental Health Support Services Program	City & County of San Francisco	298,782	7/1/89-6/30/90
ASAP	CSAS - City & County of San Francisco	135,829	same as above
AIDS & Law Conference	State of California	85,600	4/1/89-3/31/90
Volunteer Therapist Psychiatric Consultation	HRSA/City & County of San Francisco	30,195	10/1/89-9/30/90
ATS	Federal/City & County of San Francisco	273,120	7/1/89-12/31/89
State ATS	City & County of San Francisco	179,281	7/1/89-6/30/89
* Anticipated Income. This agency is totally dependent on contract and grant related income. Each year all contracts and grants must be re-submitted for funding and program approval. It is not possible to predict the income for the new year. It is anticipated however that the ad valorem fund from the city and federal monies for the ATS Program will continue at some minimal amount.			
The agency will continue to seek funding for all of its programs through further grants from the private and public sectors.			

STATEMENT OF COMPLIANCE

Regents of the University of California (Agency) hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5 in matters relating to the development, implementation and maintenance of a nondiscrimination program. The agency agrees not to unlawfully discriminate against any employee or applicants for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex or age (over forty).

I Lorraine M. Petrakis hereby declare that I am duly (Name of Official) authorized to legally bind the prospective contractor to the above described certification. I am fully aware that this certification executed on (Date) in the county of San Francisco is made under the penalty of perjury (County) under the laws of the State of California.

Signature

Director, Office of Research Affairs
Title

AFFIRMATIVE ACTION INFORMATION SHEET

1. For statistical purposes, please complete the following information to the questions below.
2. This information is for statistical use only. It is considered confidential and does not constitute a basis for award or rejection of any contract, work order, service authorization, or purchase order with the Department.

VENDOR/CONTRACTOR INFORMATION

Name of Firm

The AIDS Health Project at Univ. of Calif., San Francisco

FEQTAX #94 603 6493-W

DGS Vendor Number

Name of Principal (if other than an individual firm)

James W. Dilley, MD, Project Director; Lorraine M. Petrakis, Agency Official
University Representative

Business Address

1855 Folsom St., Ste. 506 San Francisco, Ca. 94143-0884

City

Type of Ownership (Use 2 digits, i.e., 01, 02, 10, 11, etc.);

01 = Individual 02 = Partnership 03 = For Profit Corp. 04 = Not-for-Profit Corp. 05 = For Profit Hospital/Skilled Nursing Facility
06 = Not-for-Profit Hospital/Skilled Nursing Facility 07 = Unincorporated Association 08 = College/University (Including both Public
and Private) including University Hospitals 09 = County Government only 10 = Other California governmental entity, except County
and No. 11 below. (City, School District, Water District, Joint Powers, etc.) 11 = California State Agency 12 = Other entity, including
Federal Government, another State, any entity not identified in 1 thru 11.

Indicate Ownership digit(s) here: 08

Type of Business

University

Contractor's License Held, if any:

N/A

Statistical Information

Ethnic Codes:

	Male	Female
Black Americans	1	A
Asian-Pacific Americans	2	B
Hispanic Americans	4	D
Pacific Islanders	6	F

	Male	Female
American Indians/Alaska Natives	7	G
Filipino Americans	8	H
Asian-Indian Americans	9	I
Caucasian/White Americans	5	E

Enter Ethnicity of Vendor/Contractor from above list: N/A

Has Vendor/Contractor applied to and been approved by the Office of Small and Minority Business, Department of General Services, as a small business? (See reverse side). Yes ☐ No ☒

If yes, enter the date of the letter OSMB sent to the Vendor/Contractor approving the small business status: _____

Has Vendor/Contractor applied to and been approved by the Office of Civil Rights, Department of Transportation, as a Minority Business Enterprise or a Disadvantaged Business Enterprise? Yes ☐ No ☒

If yes, enter CalTrans seven-digit certificate number given to Vendor/Contractor: _____

Enter certificate expiration date: _____

Is Vendor/Contractor a "Women-Owned Enterprise"? Yes ☐ No ☒

DHS Information. Date Received: _____ By: _____

DHS Program Name: _____

Date entered

in CMS SA log: _____

INFORMATION PRACTICES ACT STATEMENT

This information is requested by the State of California, Department of Health Services for statistical purposes only. Completion of the form is voluntary and there are no consequences for not providing the information. Information will be provided to Contract Management Section, Business Services Section, Records Management and Administrative Support Section of the Department of Health Services, and possibly other public agencies. For more information or access to your records, contact the Section Chief, Contract Management Section, Department of Health Services, 744 P Street, Sacramento, CA 95814, Telephone (916) 322-6122.

Appendix H
Letter of Support

City and County of San Francisco



Department of Public Health

December 10, 1989

Thelma Frazier, Chief
Office of AIDS
California Department of Health Services
P.O. Box 942732
Sacramento, California 94234-7302

Dear Ms. Frazier:

I am writing in support of the University of California, San Francisco, AIDS Health Project's application for three-year funding to conduct a comprehensive train the trainer program in rural California. They propose to target AIDS educators, counselors and social service providers who serve men who have sex with men, intravenous drug users and other substance abusers, female sexual partners of men in these groups and homeless and out-of-school youth.

The AIDS Health Project has been a recognized leader in the provision of prevention education and training related to AIDS, with an emphasis on understanding the foundations upon which behavior change is made and maintained. The AIDS Health Project has the expertise and the organizational support to successfully execute the undertaking they have proposed.

Rural and urban communities have much to learn from one another throughout the state in relation to HIV prevention education, and the AIDS Health Project, known for its cooperative collaborative approach, is an ideal candidate to continue a leadership role in this arena. The AIDS Health Project has been a participant and a leader in the development of coalitions and action groups since its inception in 1984.

I am pleased to give my unqualified support to their efforts and urge full funding by the Office of AIDS.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "George W. Rutherford".

George W. Rutherford, M.D.
Director, AIDS Office

cc: Renetia Martin, AIDS Health Project

RECEIVED

NOV 29 1989



SJAF

San Joaquin AIDS Foundation

4410 North Pershing Avenue, Suite C5 ♦ Stockton, CA 95207 ♦ (209) 476-8533

November 28, 1989

Denise Deitch
AIDS Health Project
P O Box 0884
San Francisco, CA
94143

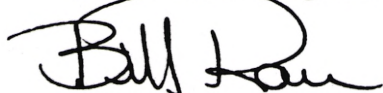
Dear Ms Deitch,

This letter is to state my support of your request for funds to develop seminars and "train the trainer" workshops in rural counties. As a purveyor to smaller counties, I am well aware of the need for qualified persons in rural settings that cannot afford time or money to train their existing staff.

I have attended other trainings presented by the AIDS Health Project and am well aware of the quality of your presentations. You have assembled quality staff to devliver quality programs that are suitable to the audience selected. I have no reservations about recommending any of your workshops/seminars to others in the field and heartily endorse your new venture.

If I can be of any further assistance in bringing this undertaking to fruition, please do not hesitate to call.

With warm regards,



Bill Rau
AIDS Educator

"KNOWING THE FACTS, MAKING A DIFFERENCE."



KERN COUNTY HEALTH DEPARTMENT

Babatunde A. Jinadu, M.D., M.P.H.
Director of Public Health Services
Health Officer

Jackie Ambrose, Senior Secretary
1700 Flower Street
Bakersfield, CA 93305-4198
(805) 861-3621

November 27, 1989

Thelma Frazier, Chief
DHS, Office of AIDS
P.O. Box 942732
Sacramento, CA 94234-7320

Dear Mrs. Frazier:

This letter is in support of the University of California at San Francisco's AIDS Health Project and their application for funding for fiscal year 1990-91. It is my understanding that their goal is to conduct train the trainer sessions in five counties throughout the state, one of which is Kern. As a health educator for the Kern County Health Department, my job is to stem the spread of HIV transmission. I welcome wholeheartedly any organization which desires to help us in this effort.

It is my opinion that one organization cannot fully meet all the AIDS-related educational needs in their area. County health departments, community based organizations and other non profit agencies, all with different areas of expertise, must work together to accomplish this goal. The scope of work planned by UCSF is needed here in Kern County and would definitely enhance the health department's AIDS education interventions.

Consequently, I respectfully ask that you consider favorably UCSF's AIDS Health Project's application for funding to conduct AIDS train the trainer sessions in California during fiscal year 1990-91. If they are funded, Kern County will benefit greatly.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Robert M. Wicks".

Robert M. Wicks, M.P.H.
Health Educator

cc: W. Beckley

North San Joaquin Valley

Health Development Council

A Not-for-Profit Agency

1101 Standiford Avenue, Suite C-2, Modesto, CA 95350 (209) 577-3103

RECEIVED

NOV 25 1989

November 27, 1989

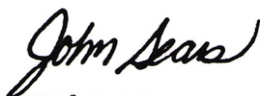
Denise Deitch
U.C.S.F.
AIDS Health Project
P.O. Box 0884
San Francisco, CA 94143

Dear Denise,

This is a letter of support for your excellent "Train the Trainer" program. Our agency is a regional organization, and we provide Worksite AIDS training in nine counties to approximately 6,000 employees per year.

Your "Train the Trainer" program is a valuable tool to the agencies operating in Stanislaus County, and our agency fully supports your application.

The very best of luck,



John Sears
Executive Director

JS/bjm

THE COMMUNITY HIGH BLOOD PRESSURE CONTROL PROGRAM

and the

WORKSITE AIDS PREVENTION PROJECT

are supported by

Contracts with the California Department of Health Services

BUTTE COUNTY
AIDS EDUCATION PROJECT
Protecting Our Most Valuable Resource

RECEIVED



November 27, 1989

The AIDS Health Project
Attention: Jaklyn Brookman
P. O. Box 0884
San Francisco, California 94143-0884

Dear Ms. Brookman,

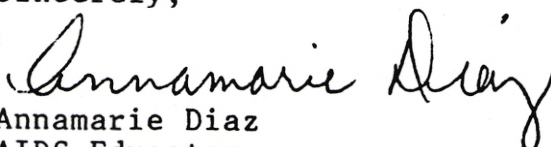
This is a letter in support of the "AIDS and Mental Health Train the Trainer" program. I attended the training in Chico, California this year and have been able to use some portion of the training in each presentation I conducted. I present an average of 2 presentations per week. The variety of activities are necessary to help the audience understand the emotions involved in this disease. I have very little mental health background, but this training gave me skills and insight in this area.

The materials, tests and evaluations are used by all the educators in my office. Jaklyn covered all the material well and used each minute to its fullest potential.

The reasons I was able to attend this training was the cost (free) and location (2 miles from my office). This training also allowed me to meet other local trainers and share resources.

I strongly urge continued funding for this program at the current level, as any decreases would restrict the better aspects of this program.

Sincerely,


Annamarie Diaz
AIDS Educator

AD/bh

Department of Public Health
695 Oleander Avenue - Chico, California 95926
Telephone: (916) 891-2865



Valley Children's Hospital

J.D. Northway, M.D.
President and
Chief Executive Officer

November 27, 1989

To Whom It May Concern:

I am writing in support of continued funding for the "Train the Trainers" program of the U.C.S.F AIDS Health Project. I had the opportunity to participate in a training for mental health professionals during this past year and found it very helpful to my work, both here at Valley Children's and in the community at large.

Valley Children's sponsors one of the state-wide AIDS/HIV clinics funded by California Children's Services, placing us at the center of local services for children at risk of HIV infection. I found the "Train the Trainer" program very helpful in preparing me to anticipate and address the issues which are key to pediatric HIV intervention.

If I can be of any further assistance in assuring continued funding for the UCSF AIDS Project's "Train the Trainer" program, please feel free to call me here at Valley Children's.

Sincerely,

Bill Roby L.C.S.W.
Clinical Social Worker

AIDS Education Project

*"committed to providing AIDS education
and advocacy to 10 Northern counties"*

To Whom it May Concern:

I would like to express my whole-hearted support for the HIV & Mental Health Training Program which I attended in Chico, California.

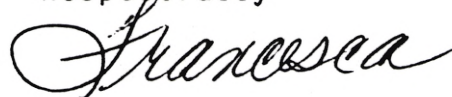
The two conference Coordinators, Jackie Brookline & Bill Thompson were an exceptional team. Jackie had unusual ability to draw response out of the participants and created a safe environment which tended to elicit more honesty and input than I have experience in any previous workshop I've attended.

The personal experience of Mr. Thompson and his perspectives on HIV did much to enlighten all in attendance.

Another AIDS Educator from our project attended with me, and several participants from the Rural Northern part of the state traveled together. Our discussions revealed that what we experienced, and gained, during the several days of training was far beyond the norm.

I wish all politicians and bureaucrats working in the HIV arena could attend this workshop exactly as we experienced it.

Respectfully



Francesca Boring, Project Coordinator

[916] 365-2304

2850-A West Center St. • Anderson, CA 96007



Gay & Lesbian Resources
of
Ventura County

Post Office Box 3480
Camarillo, CA 93011

December 5, 1989

To whom it may concern:

This is in support of the application for funding of the Train the Trainers Project at the UCSF AIDS Health Project.

In Ventura County there are more than 130 reported cases of full-blown AIDS. This figure does not include those suffering from AIDS-Related Complex (ARC) or those who are asymptomatic HIV positive. Also in our county, a predominantly rural area, those at highest risk have often been hesitant to accept the fact that AIDS is not restricted to large cities. Education would measurably improve the situation here.

In our county we would welcome the collaborative approach the AIDS Health Project seeks to initiate because we need more educators and counselors involved in prevention, and they need quality training. The AIDS Health Project has our support and confidence and when you fund them, we will work with them and other local agencies to ensure the success of this excellent program.

Sincerely,

Claire Connelly
Reverend Claire Connelly
Executive Director



Family Service Association of Butte and Glenn Counties **RECEIVED**

853 Manzanita Court, Chico, CA 95926 • (916) 891-1731

DD
November 27, 1989

To whom it may concern:

This is in support of the application for refunding of the UCSF, AIDS Health Project, Train the Trainers Project.

I attended the Training in Spring, 1989, and participated as a Local Trainer in the session conducted in Chico, Ca. in October, 1989.

For myself, the training proved invaluable in preparation for management of the Family Services AIDS Project, which offers Comprehensive Case Management in the six county area surrounding Chico.

As a local trainer for the workshop offered in October, 1989 in Chico, I was able to observe the learning process as it effected my colleagues in other non-urban areas of Northern California. The knowledge transfer was of great importance, but perhaps, the change in levels of awareness among mental health and social service professionals is the most important outcome. Networking, visibility and coalition building are of at least equal value.

For the Northern California Area, where AIDS is just entering the epidemic phase, the training is a cornerstone of preparation for the professionals who will be working with AIDS patients and their loved ones.

The Family Service Association strongly supports the project and urges the State to refund the program for the coming year.

Sincerely,

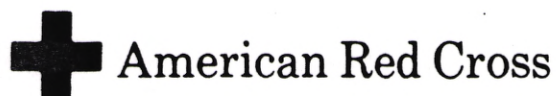
William D. Thompson, M.S.W.
Project Coordinator

— Programs —

Counseling Child Sexual Abuse
Prevention-Education Senior Ombudsman

"Strength to Families"

A UNITED WAY AGENCY



Mary Beth Kitchens
Napa Chapter
575 Jefferson Street
Napa, California 94559-3299
(707) 257-2900

RECEIVED

November 27, 1989

Dear Denice Deitch,

I want to support you and your colleagues on the excellent trainings you provide. I attended the 3 day training, "AIDS and Mental Health", this past September. It was my third AIDS trainer course this past year. While the other 2 classes were a match in caliber of material and instructors, they were almost totally deficient in an important area of HIV disease, that of mental health. How such an important wedge of this disease process and its treatment can be avoided is both sad and appalling.

I work part-time for the ARC, Napa Chapter, as a HIV Disease Educator/ Instructor Trainer. A month after taking your class, I trained 20 HIV Disease instructors for Napa State Hospital. The information and resources I received from your training was invaluable to me and to them as you can readily surmise. I also use it regularly in my education classes, especially to staff in health service areas. I am truly grateful for the balance of information on this epidemic I received in the class.

Of equal, and perhaps even more important value to me as an educator, is the fact that I was not trained for 3 days and turned loose to fend for my self. First, I was encouraged to call the 2 trainers with any need or request. In followup phone conversations, I was supported and assisted (although I have taught HIV Disease for the past year, I faced my first Instructor Training, for which I was given shared insight). Both the trainers, who did a GREAT job during the training, are truly available and approachable. Second, the followup training mid-Nov. is a wonderful completion of the training process. A chance to network not only with the trainers for additional information/feedback but also with your fellow instructors for ideas/support. It further enabled and empowered we "trainees" to build a coalition among ourselves as resources. Again, both of the above, are added services not provided by the other 2 classes this year.

I am truly grateful for the experience and training you provided me. My very best wishes for your continued success!



SHARING IN THE UNITED WAY

Sincerely,

Mary Beth Kitchens



DEAF COMMUNITY SERVICES
OF SAN DIEGO, INC.

3788 PARK BLVD., SAN DIEGO, CA 92103
(619) 692-0932 TDD/V

December 4, 1989

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

To whom it may concern:

The AIDS epidemic has challenged American health educators to find ways to change human sexual behavior and educational efforts in all kinds of communities have resulted in a significant reduction of unsafe sexual and drug-use behaviors among the at-risk population.

Yet, an estimated **750,000** Deaf people in the state of California (~~2.2 million nationally~~) have almost no access to AIDS information from newspapers, radio, television, film and other media. Our hearing impairment prevents them from understanding speech or from developing adequate reading skills in English. Nor can we use lipreading to understand the speaker--despite prevailing myth, most Deaf people are very poor lipreaders.

Many Deaf people can not easily read printed materials and captions on television programs about AIDS. Unlike hearing Americans who are immersed in spoken English for much of their waking hours, Deaf Americans must struggle all their lives to learn English without the benefit of constant auditory exposure. The 1984 report of the Federal Office of Special Education and Rehabilitation services stated that the average graduate of a school or program for Deaf people performs only at the third grade level in reading English.

Recognizing that American Sign Language (ASL) is our language, and that Deaf people urgently need information about AIDS, and since that American Sign Language (ASL) is our language, it is deemed necessary that for any kind of presentations related to AIDS made accessible to the Deaf community by providing professional certified sign language interpreters.

Sincerely yours, .

Michael T. Eisele

Michael T. Eisele,
Peer Counselor

SERVICES: INTERPRETER REFERRAL • TELEPHONE RELAY • INFORMATION & REFERRAL
ADVOCACY • COUNSELING • WORKSHOPS • COMMUNITY EDUCATION • JOB SEARCH ASSISTANCE

RECEIVED

County of Marin
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICES
Public Health Nursing - AIDS Program
Hall of Justice
Civic Center - Room 257
San Rafael, California 94903
(415) 499-7804

November 28, 1989

Denise Deitch
AIDS Health Project
P O Box 0884
San Francisco, California 94143-0884

Dear Ms. Deitch:

I am please to support the AIDS Health Project's request for funding in order to continue and expand its level of services to the Bay Area communities. Marin County has consistently been second per capita in AIDS case incidence in the state, and many of the AIDS Program Staff have benefitted from the various trainings sponsored by your organization to serve those infected and affected by the epidemic.

Recently I attended a three and a half day training sponsored by the AIDS Health Project entitled, "HIV and Mental Health", a train-the-trainers program; I found the facilitators to be most supportive, knowledgeable and enthusiastic, and the training materials most valuable and practical. In fact, I used some of the information and exercises presented in the training materials when I conducted my own workshop ("Psychoneurological Aspects of HIV) in October to social workers, nurses and eligibility workers for the Marin County Health & Human Services. The information presented was useful in the staff's work with the clients, for it not only enhanced their knowledge about HIV mental health issues, but also heightened their awareness of what someone infected with HIV might experience.

On a broader level, the AIDS Health Project has provided a mechanism to fill a previously identified gap in Marin: The lack of HIV knowledgeable and sensitive mental health professionals to serve HIV persons. This critical gap was identified and advocated for on behalf of the community by the Marin County AIDS Advisory Commission (an advisory body appointed by the Board of Supervisors) as documented in the 1989-90 HIV Response Plan. The Plan was accepted by the Board.

Thank you for your consideration of funding to this outstanding program. I have total confidence that it will continue to effectively train mental health professionals in their work with HIV persons throughout California.

Very Sincerely,

Janet Liu, L.C.S.W.
Janet Liu
Planner/Evaluator
Marin County AIDS Program