

I. Need Statement

The Counseling Center of Milwaukee's (TCCM) Women-to-Women HIV Prevention Program has been funded through the City of Milwaukee Health Department for the past two years. In 2001 alone, the Program served over 1800 at-risk women, 71% of which were African American, 22% were Hispanic, 90% were between the ages of 18 and 44, and 87% were at or below the federal poverty level. The Program is highly effective with its targeted population; to-date in 2002, nearly 98% of participants reported a better understanding of risk reduction prevention strategies, and 65% demonstrated their ability to communicate in a non-confrontational tone and manner to their sexual partners their intention of using safer sexual practices. The continued need for services in Milwaukee is made poignant by the fact that more than one half (6,436 of 12,693 or 51%) of Wisconsin AIDS and HIV cases continue to be reported from the Milwaukee area (**Wisconsin AIDS/HIV Update, Summer 2002**).

The Women-to-Women HIV Prevention Program's target population is hard-to-reach low-income African American and Hispanic women and teen girls who are at risk because of personal behaviors/practices and other high risk factors. The adult women are predominantly African American and Hispanic women; are between the ages of 18-45; have incomes below \$12,000; have educational levels averaging between the tenth and eleventh grade; and are largely either incarcerated, living in residential AODA treatment facilities or in homeless/domestic violence shelters. The Program targets adult women with heterosexual risk factors including: sexual partners who are injection drug user; sexual partners of men who may be HIV+; alcohol and drug abuse; trading sex for money or drugs; a history of STD's, or injection drug use. Beginning in 2003, an additional target population will be teen girls, age 11-17, who will be predominantly African American, homeless, and temporarily residing at Pathfinders runaway shelter. A small portion (5%) will be pregnant or parenting. This population has typically experienced a multitude of barriers to service, often by virtue of their status as minors. These girls have a high proportion of sexual or physical abuse and substance abuse histories, and 57% have reported engaging in sexual activity as high school students.

According to the Center for Disease Control and Prevention (www.cdc.gov/hiv.dhap.htm), reported AIDS cases continue to increase most dramatically among women of color. African American and Hispanic women together represent less than one-fourth of all U.S. women, yet they account for more than three-fourths (78%) of AIDS cases reported to-date among women in our country. In 2000, 80% of cases were reported by African American and Hispanic women. Furthermore, cumulative reports demonstrate that young African American and Hispanic women account for three-fourths of HIV infections reported among females ages 13-24. Additionally, 38% of women reported with AIDS were infected through heterosexual exposure to HIV; injection drug use (IDU) accounted for 25% of cases. In addition to the direct risks associated with drug injection (sharing needles), drug use also is fueling the heterosexual spread of the epidemic. This trend is also reflected in Wisconsin (**Wisconsin AIDS/HIV Update, Summer 2002**). As reported by the Wisconsin HIV Counseling, Testing, and Referral (CTR) program, *minorities account for only 12% of the general population but 515 of the tests conducted through the program.* Of the total AIDS/HIV infection cases reported through June of 2002: 17% were female, (versus 16% from the 1990's); 31% were African American, and 8% were Hispanic.

Data collected by the Counseling Center between January 2001 and June 2002 correlates with these findings. Of the 2,579 women participating in the Program, 1,626 (63%) are IDU's or are using other drugs and alcohol; 969 (38%) are homeless; 696 (27%) have a history of STDs; 510 (20%) are having sex with partners who are IDU's; and 423 (16%) are trading sex for money, drugs, rent/housing or other compensation. Barriers to reaching this population include: socioeconomic circumstances, including transportation; cultural beliefs and cultural differences; and history of sexual abuse which is linked to increased sexual risk-taking. The Program's message of prevention recognizes gender and cultural differences in life experiences, age, perceptions, social status and HIV risk behaviors for these adolescent girls and women. Annually, the Program anticipates serving more than 800 women and 200 teen girls at high risk for HIV infection.

II. Describe and Support the Intervention Strategy

Given the rate of increase in HIV infection among African American and Hispanic women, there is a need to initiate strategies that not only inform those at risk of how to avoid infection, but promotes safer behaviors as well. Since 1996, the Women-to-Women HIV Prevention Program has worked with women at-risk through its peer facilitator model and its focus on providing education at partner sites throughout the community. The peer education model uses a combination of motivational, educational, and skill building elements to both instruct and promote continued behavior change. The three models used in Women-to-Women are: two-session, four-hour interventions; ten-week support group interventions, and single session presentations.

Using a small group of eight to ten women with face-to-face sharing of information and skills has been proven to be an effective intervention strategy with hard-to-reach populations. It is also more effective to deliver HIV prevention information through a peer-based model. Women in this target population are more willing to listen and share when there is trust and a basis of similar experience and risk behavior among the group members. The messages include harm reduction strategies that are non-judgmental. The perception that peers encourage the behavior change is one of eight factors needed for a person to lower his or her HIV risk behaviors (from the National Commission on AIDS, cited in the **Wisconsin Comprehensive HIV Prevention Plan 2002**).

Experience has shown that this type of intervention strategy is most effective when the message is delivered by peers, women who themselves have been at risk. The Program, largely by and for African American women, recruits and trains peer facilitators from the community. These women, many of whom were once at-risk themselves, undergo comprehensive training that effectively prepares them to provide HIV prevention presentations to the targeted population. Many facilitators come from low-income backgrounds, some are recovering from addiction, and still others formerly traded sex for money

and drugs. Facilitators recruit participants from among their friends, neighbors, family members, church congregations, peers at work and contacts with social service organizations.

The Program started with using only a single session model to reach women that had not received HIV prevention education. The focus was homeless women, incarcerated women, women on the streets, and women in treatment centers. TCCM is increasing its use of multi-session presentations so as to ensure behavior change via more hours of contact, but will continue to conduct single session presentations at facilities where women may be staying only a few days. Multi-session presentations will continue to be conducted in housing projects, substance abuse treatment facilities, the House of Corrections, churches, and facilitator's homes in primarily central city areas. In small group settings, peer facilitators present information regarding HIV transmission and guide participants in discussing risk behaviors, perception of personal risk, and prevention strategies. During these two to three session groups, facilitators also use role playing to help women practice risk-reduction behaviors and skills. The multiple sessions also allow additional time for discussion, sharing and skills-building activities.

TCCM has recently begun modifying and expanding the Women-to-Women curriculum to offer the presentation and social support groups to at-risk teen girls, including those within the agency's Pathfinders Program who are runaways/homeless and/or have been sexually or physically abused. The modified Program will also use public housing sites that have youth programs in order to work with additional teen girls at higher risk for HIV infection. Another recent enhancement to the Women-to-Women Program is new social support groups that help participants deal with relationship and communication issues by bringing at-risk women together over the course of ten consecutive weeks. These support groups, as well as multi-session prevention education groups, serve to reinforce and strengthen participants' prevention skills and assist with their maintaining sustained behavioral change.

The Program maintains a focus on high-risk individuals including incarcerated women, women who have been physically abused and low-income women of color. Women with these backgrounds are at increased risk of HIV infection because of several factors: 1) Many women have been incarcerated because of a history of drug use or possession and for prostitution. Also, incarcerated women may trade sex for drugs and/or be sexually assaulted in institutions. 2) Actual or threats of physical violence can put disadvantaged women in a nearly impossible position to ask for, require, or negotiate safer sexual behaviors. 3) Drug and alcohol use contribute to unsafe sexual activity. 4) Women of color are being infected at a higher rate than Caucasian women and need culturally specific peer education to reduce risk. According to recommendations from the HIV Prevention Community Planning Council, programs in correctional facilities that use peer-led education and support add credibility and ensure that messages are more culturally and linguistically appropriate. The peer education model has been proven to be effective with women of color because of the cultural competency of using African American and Hispanic peer educators, and the social and supportive nature of the educational material and discussion.

The Program anticipates serving at least 420 adult women and teen girls annually through its current single session model of prevention education. An additional 400 adolescent girls and adult women will participate in the four-hour multi-session group level intervention program and 180 will become involved in the ten-week support groups each year. A total of at least 1,000 Program participants will be served

annually Seventy-five percent of all sessions will occur in jails, domestic violence/homeless shelters, public housing projects, and substance abuse treatment centers. Sixty percent of all participants will complete the four-hour skill building sessions or ten-week support group. Ninety-five percent will report a better understanding of prevention methods including the correct use of, and how to negotiate using, a condom (98% have achieved this outcome thus far in 2002). Sixty-five percent of women participating in two or more prevention social support groups will demonstrate increased ability to decrease their risk of infection through sustained behavior change (65% have achieved this outcome thus far in 2002).

III. Project Goals, Objectives and Program Activities

A. Overall project goal:

The overall goal of the Women-to-Women HIV Prevention Program is to help low-income, at-risk African American and Hispanic women acquire the skills, knowledge, and self-assurance to reduce their risk of HIV infection. The Program includes single and multi-session skills-building training utilizing a peer-education model. In 2003 and 2004, the Program will focus on increasing the multi-session presentations and expanding its new social support group component, with the goal of increasing session time spent with women to more effectively enhance their individual behavior change.

B. Programmatic objectives:

Objective # 1

To recruit, train, and continue to maintain a pool of 25 African American and Hispanic group facilitators from the target population to conduct single and multi-session HIV prevention sessions.

Activities:

- By December 31, 2003, 100% of facilitators will have completed their training through the American Red Cross.
- By December 31, 2003, 100% of facilitators who conduct multi-session presentation will complete all levels of the American Red Cross training.
- Facilitators will attend bi-monthly facilitator meetings so that they can receive new information, build facilitation skills and discuss Program outcomes and participant feedback.

Outcome Measure:

- A total of at least 25 trained group facilitators will be active in providing culturally competent HIV prevention sessions.

Objective # 2

The Program will provide between 45 and 50 multi-session presentations to target population each year.

Activities:

- At least 380 high-risk women in substance abuse treatment centers, long-term housing, W-2 programs, and the House of Corrections will attend presentations each year.
- 100% of participants will complete an initial Behavioral Risk Assessment Tool (BRAT).
- 60% of all participants will complete the four-hour skill building sessions.
- 50% of the participants will complete a second BRAT at the end of the group or at follow-up.

Outcome Measures:

- 95% of the participants will report a better understanding of prevention methods, including the correct use of, and how to negotiate using, a condom.
- 65% will show sexual or drug risk behavior change between BRAT 1 and 2.

Objective # 3

The Program will conduct approximately 40 single session HIV/AIDS prevention/education/skill building group sessions for adult women each year.

Activities:

- Approximately 320 high-risk women in jails and temporary shelters will attend sessions each year.
- 100% of participants will complete an evaluation.

Outcome Measure:

- 95% of group participants will demonstrate an increase in knowledge and understanding of HIV/AIDS preventative behavior and skills.

Objective # 4

To recruit and train between two and four peer facilitators to conduct social support sessions for African American women.

Activities:

- A minimum of two 10-week social support sessions will be conducted.
- 100 women will participate in at least 3 group sessions each year.
- Participants will be expected to complete the BRAT after the completion of two or more sessions and again when the 10 weeks has been completed.

Outcome Measure:

- 65% of the women participating in two or more prevention social support groups will demonstrate increased ability to decrease their risk of infection through behavioral change.

Objective # 5

The Program will modify the present HIV prevention education curriculum to target teen girls.

Activities:

- Conduct single-session presentations and one ongoing support group at the agency's Pathfinders runaway shelter or at public housing sites that have youth programs to work with at-risk teen girls.
- Approximately 200 teen girls will be served each year (100 will receive single session group, 20 will participate in multi-session groups, and 80 will be ongoing social support group participants.
- Single-session participants will complete an evaluation.
- Support group participants will complete an initial BRAT.
- 50% of the support group participants will complete a second BRAT at the end of the group or at follow-up.

Outcome measure:

- 95% of the participants will report a better understanding of prevention methods including the correct use of and how to negotiate using a condom.

C. Implementation strategies and programmatic activities to meet objectives

To achieve the objectives and outcomes listed in *Section III-B* of this proposal, the following strategies will be used:

Facilitator Training: Twenty-five facilitators will be trained to conduct presentations. This training will be provided by the American Red Cross, which currently serves in an advisory capacity for the Program and has provided materials and training at no cost to Women-to-Women since 1998. Facilitators conducting multi-session presentations will complete all levels of Red Cross training and receive additional training and support in the multi-session model. Bi-monthly facilitator meetings will be conducted to distribute new information, build facilitation skills, and discuss programmatic areas that include barriers encountered by facilitators, Program outcomes and participant comments. Facilitators are paid a stipend for each session they conduct and also receive ongoing training and support through the Program Coordinator.

Program Implementation: The Program Coordinator, Sherri Daniels, has been involved with the Women-to-Women HIV Prevention Program for several years and has been the Coordinator since January 2002. She is supervised by Cathy Arney, Director of the Counseling Program, who provides oversight to the Program. Ms. Daniels has primary responsibility for overall coordination, evaluation, monitoring and supervision of the project. Her work includes recruiting, mentoring, and supervising the Program's trained facilitators, as well as co-facilitating presentations and programs with them. She is the facilitator for the expanded services to reach teen girls. Ms. Daniels also facilitates the focus groups with Program participants used to modify programming. She additionally makes connections with agencies and

organizations serving the targeted population throughout the city of Milwaukee. Veronica Villa serves as the Program Assistant and is responsible for data and funding reports for the Program.

Facilitators recruit participants through agencies where the Program has been conducted and through their own individual and organizational contacts. Multi-session presentations will be conducted at sites conducive to reaching the same group of women in a two-week period. This allows additional time for discussion and sharing and for participants to practice the skills necessary for effectively dealing with high-risk situations. Social support groups will be conducted at sites conducive to reaching women available for a 10-week period and will be facilitated by more experienced and highly trained facilitators. Single-session presentations will continue to be conducted to reach women who are unable or unwilling to commit to multi-sessions and who otherwise would not be served.

The Program is updated, improved and modified on an ongoing basis both by incorporating new information and research and through comments from participants and facilitators. Participant focus groups conducted several times a year allow for feedback from the targeted populations that helps to identify unmet needs, evaluate the effectiveness of existing services, and propose new programmatic components that are responsive and accessible to women needing HIV prevention education and support for sustained behavioral change.

Program Timeline: Activities, objectives, and outcomes are ongoing and will continue throughout the full 24-month project period of January 1, 2003 through December 31, 2004. A total of approximately 2,000 adolescent and adult women of color will receive HIV prevention services by the end of the 2-year project period.

Program Workplan:

| Program Activities: 2003-2004 <i>Performed by Program Coordinator unless otherwise noted</i> | Timeframe/Key Dates: |
|---|---|
| <p>Needs assessment and Program development:</p> <ul style="list-style-type: none"> ▪ Modify and finalize for 2003 implementation the curriculum for ten-week support group ▪ Modify and implement curriculum for teen girl support group and single-session presentation ▪ Confirm locations and collaborators for multi-session presentations for 2003 ▪ Confirm locations and collaborators for multi-session presentations for 2004 ▪ Develop Program brochure <i>(Program Director and Assistant)</i> ▪ Publicize the Program <i>(Coordinator and Peer Facilitators)</i> ▪ Participate in HIV/AIDS community prevention task forces and advocacy groups ▪ Monitor progress/achievement of project objectives, adjust Program strategies as appropriate ▪ Hold focus groups with key informants to discuss curriculum and methods | <p>January 2003</p> <p>February 2003</p> <p>February 2003 and ongoing</p> <p>February 2004 and ongoing</p> <p>Completed by second quarter 2003</p> <p>Ongoing throughout 2003-04</p> <p>Ongoing throughout 2003-04</p> <p>Ongoing throughout 2003-04</p> <p>Bi-annually each year</p> |
| <p>Hiring, training, and volunteer supervision:</p> <ul style="list-style-type: none"> ▪ All Peer Facilitators will be recruited and trained (and/or contract extension with facilitators from 2002/03) ▪ Recruit and implement Program Review Panel to review Program materials ▪ Hold meetings with Peer Facilitators to discuss curriculum, presentation locations, and feedback from participants. ▪ Facilitators will be evaluated | <p>February 2003 and ongoing thereafter</p> <p>February 2003 and ongoing thereafter</p> <p>Bi-monthly throughout 2003-04</p> <p>Bi-annually each year</p> |
| <p>Reporting:</p> <ul style="list-style-type: none"> ▪ Submit required group documentation <i>(Peer Facilitators)</i> ▪ Summarize report results, tabulate demographics, and evaluate reports <i>(Program Assistant)</i> ▪ Submit project reports as required by funding source <i>(Program Assistant)</i> | <p>Monthly throughout 2003-04</p> <p>Monthly throughout 2003-04</p> <p>Monthly and quarterly, as required, throughout 2003-04</p> |

IV. Evaluation

The Program's evaluation plan is based on participant achievement of outcomes. This information is obtained by comparing outcomes to objectives through quantitative measures to assess progress. There is at least one outcome measure for each stated Program objective that looks specifically at whether change was achieved as a result of the presentations or support group. The Program measures effectiveness in terms of knowledge, skills acquired, and attitudes formed as a direct result of the group sessions.

Behavioral change, as self-reported by Program participants, is a central measurement of outcome achievement. Trained facilitator observations, participants' response to information presented and the type and nature of questions asked by the participants are included in evaluating the Program's effectiveness. In addition, participants have the opportunity to evaluate the group sessions in terms of quality and helpfulness of the information provided.

The Program Coordinator will have primary responsibility for monitoring and evaluating Program activities. Evaluation forms are distributed by facilitators at single-session presentations, and participants in multi-session complete a pre-test and post-test assessing change in knowledge and risk assessment.

Participants in social support groups will be requested to complete a self-assessment after the completion of two or more sessions. Facilitators are required to complete and maintain specific records, which document the following: session log-includes date, time, host site location and type of session (single/multi-session, social support group); number of participants in the group and completed demographic/risk survey via an evaluation form for each participant.

The Women-to-Women HIV Prevention Program currently utilizes a Red Cross pre- and post-test survey to determine increases in knowledge. The Program has begun to use, and will continue to expand the use

of, the State of Wisconsin's Behavior Risk Assessment Tool (BRAT) to determine behavior change. The BRAT will be used specifically with multi-session presentations and social support groups, as follows:

- All peer educators will complete the BRAT at the beginning of training, and at six-month intervals while active as facilitators in the Program.
- The BRAT will be administered at the beginning of each multi-session and at intake into the support groups. The second BRAT will be completed by multi-session participants at the end of the first and second sessions, and by support group participants at 5 weeks and 10 weeks (for the 10-week group).
- Data will be documented electronically on demographics and clients served.
- Quarterly reports will be completed for review and will include data regarding client demographics, referrals, group attendance and a narrative of progress. All reports will be completed within 20 days of the end of each quarter.

Collected information will be used to evaluate the Program against its stated outcome objectives.

Following each single-session presentation, participants will complete a brief evaluation (demographic/risk behavior survey) that collects anonymous information including age, race, income level, housing status and whether or not the participant has engaged or currently engages in risky behaviors such as injection drug use, sexual activity with injection drug users, sex trading and/or alcohol/drug use. The survey also asks whether or not participants gained a better understanding of various prevention factors and if they now know where to call for information or medical services.

Focus groups consisting of past participants will review the content, structure and quality of the groups. Participants will have an opportunity to provide feedback on how to improve the effectiveness of the Program. Data and information obtained from Program records will be reviewed and tabulated monthly with a quarterly summary report also issued. The reports and the feedback from the focus groups will be used to make adjustments or add training components to the Program.

V. Community Sensitivity, Involvement and Support

A. Participant involvement in Program planning, development, and service delivery:

The Women-to-Women HIV Prevention Program facilitators have been recruited and trained from the pool of Program participants. Over the past five years, more than 40 women have been trained to conduct HIV prevention education sessions. The facilitators collect feedback from participants and meet bi-monthly to discuss Program issues. Many of the Program features, including home-based presentations, are a result of facilitator and participant feedback. In addition, more than 25 sites have requested Program presentations and continue to invite facilitators back for future sessions. A Youth Advisory Panel is utilized for all adolescent-based program ideas including design, implementation, and evaluation. Written client feedback forms are used in all programs at the Counseling Center, and client follow-up surveys are used to determine longer-term behavior change outcomes. Within the Women-to-Women HIV Prevention Program, participant focus groups are conducted several times each year at sites throughout the community. These groups allow at-risk women from the Program's targeted populations the opportunity to identify unmet needs, evaluate the effectiveness of existing services, and propose new programmatic components that are responsive and accessible to women needing HIV prevention education and support for sustained behavioral change. The recent expansion of the Program through the addition of multi-session services and support groups has been the direct result of input from clients and the community.

Participant involvement has been a critical element to the Program's continued success. Outcome measurements reported in 2001 indicate that 1,841 women were served, and of that number 1,583 (86%) reported a better understanding of prevention methods (e.g. how to use a condom, identification of risky behaviors, how HIV is transmitted, etc.). In the first three quarters of 2002, of the 1,163 women who were served, 1,140 (98%) reported a better understanding of prevention methods.

B. Communication capabilities:

The Program currently has one facilitator who is bi-lingual. The forms and other information that are used in the presentations are available in Spanish as well as English. The recruitment of more bi-lingual facilitators continues to be an ongoing effort. There will be greater effort spent in this area over the next several years due to feedback received from participants requesting more presentations specifically for Hispanic women.

C. Agencies providing unfunded support:

Facilitator training will continue to be provided by the American Red Cross, which currently serves in an advisory capacity for the Program and has provided free materials and training to the Women-to-Women Prevention Program since 1998. *A letter of agreement from the American Red Cross attesting to this continued support is included with this proposal.*

D. Coordination with other agencies serving target population:

The Counseling Center of Milwaukee recognizes the value of collaborating with other organizations in Milwaukee that serve similar populations. The AIDS Resource Center of Wisconsin continues to be an important resource to the Program. In addition, the Program has developed and maintained a positive working relationship with various organizations and systems including Milwaukee House of Corrections, Genesis Detox Center, The YWCA, Hope House, Hillside Terrace Public Housing, Horizon House, Health Care for the Homeless, the Benedict Center, homeless women's overflow emergency shelter and the American Red Cross. Ongoing relationships with these institutions are critical to the success of the Program. TCCM has included staff from these organizations in HIV/AIDS training for its facilitators. Special HIV/AIDS prevention education/skill building sessions have been conducted at these sites as part of training programs offered to service recipients.

VI. Description of the Applicant

The Counseling Center of Milwaukee, Inc. (TCCM) was established in 1970 as a private, non-profit organization where people with few resources could receive counseling, shelter and other supportive services. The strategic vision of the organization is to provide services that assist individuals to develop a healthy future by being in charge of their lives, connecting to others, and contributing to their communities. The mission of the agency reflects a strong belief in the power of positive mental health. TCCM focuses its energies and resources on specific at-risk populations including youth who have been sexually and/or physically abused, runaways or homeless; low-income individuals in need of mental health services; gay, lesbian, and bisexual individuals; and the severely and persistently mentally ill. Attached to this proposal is agency-related information, including its Board of Directors list, agency/project directors, tax status, and the organization's most recent monthly financial statements and audit from 2001.

With a budget of nearly \$1.6 million, the agency employs a diverse group of 44 full- and part-time staff, professional consultants, certified therapists and many volunteers, all of whom are committed to having a positive impact on this community. In 2001, more than 6,000 individuals in the Greater Milwaukee Area participated in TCCM services. Of those individuals served, 59% were African American, 18% were Caucasian, 18% were Hispanic, and 6% were Asian, Native American or another race/bi-racial. More than 4,500 of individuals served are teens and children. Services are offered at little or no cost, and the majority of TCCM's clients are low-income. The following programs and major outcomes indicate the qualifications of the organization. As a United Way agency, the Counseling Center has been repeatedly recognized and awarded for its outstanding achievement in measurable outcomes.

1. *The Counseling and Group Program:* Operating as a state-mandated mental health clinic, the Program provides a continuum of mental health services that increase self-sufficiency, daily functioning, and coping skills (876 individuals served in 2001). The Program also serves as one of the few places that

offers mental health services regardless of ability to pay. Services include support and therapy groups, as well as individual, couples and family counseling. *Outcomes from 2001 indicate that 84% of participants improved in work and school functioning and 95% improved in their feelings about themselves.*

2. *Women-to-Women HIV Prevention Program:* Provides community-based, culturally competent HIV education and prevention to women in community jails, detoxification centers, housing projects, group homes and other locations. More than 1,800 women participated in this Program in 2001 and *more than 95% of participants reported a better understanding of HIV/AIDS prevention methods.* In its fifth year of service, the Program is aimed primarily at African American and Hispanic low-income, high-risk women with little access to needed services.
3. *Child and Adolescent Sexual Abuse Program:* Recognized as a leader in the prevention and treatment of sexual abuse, the Program provides counseling, case management, and advocacy services to both survivors and offenders (266 children and adolescents served in 2001). *Outcomes from 2001 indicate 100% of abused clients were able to understand that the abuse was not their fault, and 96% of the adolescent sex offenders developed a relapse prevention plan.*
4. *The Pathfinders Program:* Specializing in the unique needs of runaway, throwaway, homeless, victims of physical and sexual violence, and other at-risk adolescents and their families, the Program provides a continuum of services for youth including temporary shelter, counseling, case management, and other services. (3,500 children and adolescents served in 2001). Newly developed services include the *Youth Mentoring Program* which recruits and trains potential mentors to match with emotionally disturbed children and *Street Beat* (a collaboration with Walker's Point Youth and Family Center), which provides assistance to homeless youth living on the streets who are at-risk for abuse, exploitation, and HIV/AIDS. *Street Beat* also offers free HIV testing and counseling services to at-risk youth. *Outcomes from 2001 indicate 92% of shelter youth were discharged to home or another safe environment, and 97% were prevented from experiencing a runaway or homeless situation while receiving counseling. Within Street Beat, 54% of encountered youth evidenced positive behavioral change and risk reduction levels.*

VII. Budget

CITY OF MILWAUKEE HEALTH DEPARTMENT
MILWAUKEE AIDS INITIATIVE
EXHIBIT II
2003 BUDGET

AGENCY NAME: The Counseling Center of Milwaukee, Inc.

PROJECT NAME: Women-to-Women HIV Prevention

| Number of Positions | FTE Equivalent | Line Description | Monthly Salary | TOTAL |
|---------------------|----------------|--|----------------|-----------|
| | | PERSONNEL COSTS (Include position title(s) here) | | |
| 1 | 0.10 | Counseling Program Director | | |
| 1 | 0.80 | HIV Prevention Program Coordinator | \$ 3,533 | \$ 4,240 |
| 1 | 0.20 | HIV Prevention Program Assistant | \$ 2,292 | \$ 22,000 |
| | | | \$ 1,954 | \$ 4,690 |
| | | TOTAL PERSONNEL COSTS | | \$ 30,930 |
| | | FRINGE BENEFITS (Include fringe benefit rate for your agency) | | |
| | | Agency fringe benefit rate is 23.75% and includes Health, Life & Workers Comp Insurance, TDA Contributions, FICA & Unemployment taxes | | |
| | | TOTAL FRINGE BENEFITS | | \$ 7,346 |
| | | | | \$ 7,346 |
| | | SUPPLIES AND MATERIALS (Include brief description and amount of supply items) | | |
| | | Condoms/Educational Materials | | \$ 2,900 |
| | | Program Operating Supplies | | \$ 944 |
| | | TOTAL SUPPLIES AND MATERIALS | | \$ 3,844 |
| | | SERVICES (Include brief description and amount of service) | | |
| | | Facilitators | | \$ 1,240 |
| | | TOTAL SERVICES | | \$ 1,240 |
| | | EQUIPMENT (Include brief description and each equipment item) | | |
| | | TOTAL EQUIPMENT | | \$ - |

VII. Budget

| Number of Positions | FTE Equivalent | Line Description | Monthly Salary | TOTAL |
|---------------------|----------------|--|----------------|-----------|
| | | OTHER COSTS | | |
| | | Program Printing/Publications | | \$ 309 |
| | | Telephone - Specific to Program | | \$ 959 |
| | | Utilities - Specific to Program | | \$ 1,378 |
| | | Program Staff Liability Insurance | | \$ 794 |
| | | TOTAL OTHER COSTS | | \$ 3,440 |
| | | INDIRECT COSTS (if applicable) (please attach backup document for any indirect costs calculations included) | | |
| | | <i>Indirect Costs are calculated based on Program FTE's as a percentage of Total Agency FTE's and are integral to the operation of the Program and include the following, not to exceed 10% of the total Program Budget:</i> | | |
| | | Administrative Wages and Fringe | | \$ 990 |
| | | Payroll Service Fees | | \$ 279 |
| | | Audit and Professional Fees | | \$ 514 |
| | | Maintenance and Repairs | | \$ 1,437 |
| | | Building Depreciation | | \$ 1,574 |
| | | Equipment Depreciation | | \$ 182 |
| | | Equipment Rental & Maintenance | | \$ 224 |
| | | TOTAL INDIRECT COSTS | | \$ 5,200 |
| | | TOTAL COSTS | | \$ 52,000 |

| OTHER SOURCES OF INCOME (if applicable) (Both anticipated or confirmed) | | | | |
|---|--|--|--|-----------|
| | | <i>The preceding Project Budget does not include program expenditures which directly relate to the following revenue sources. Costs listed above are specific to this Milwaukee AIDS Initiative Project.</i> | | |
| | | Wisconsin AIDS Fund | | \$ 25,000 |
| | | State of Wisconsin | | \$ 40,000 |
| | | TOTAL OTHER SOURCES OF INCOME | | \$ 65,000 |

NOTES:

- * Include additional pages if necessary with header page including totals of each budget area.
- * Budget document available by email attachment on Excel by contacting Yvette Rowe at 286-3997
- * Attach documentation of 501(c)(3) status for your agency and annual fiscal report

VII. Budget

CITY OF MILWAUKEE HEALTH DEPARTMENT
MILWAUKEE AIDS INITIATIVE
EXHIBIT II
2004 BUDGET

AGENCY NAME: The Counseling Center of Milwaukee, Inc.

PROJECT NAME: Women-to-Women HIV Prevention

| Number of Positions | FTE Equivalent | Line Description | Monthly Salary | TOTAL |
|---------------------|----------------|--|----------------|-----------|
| | | PERSONNEL COSTS (Include position title(s) here) | | |
| 1 | 0.10 | Counseling Program Director | | |
| 1 | 0.80 | HIV Prevention Program Coordinator | \$ 3,533 | \$ 4,240 |
| 1 | 0.20 | HIV Prevention Program Assistant | \$ 2,292 | \$ 22,000 |
| | | | \$ 1,954 | \$ 4,690 |
| | | TOTAL PERSONNEL COSTS | | \$ 30,930 |
| | | FRINGE BENEFITS (Include fringe benefit rate for your agency) | | |
| | | Agency fringe benefit rate is 23.75% and includes Health, Life & Workers Comp Insurance, TDA Contributions, FICA & Unemployment taxes | | \$ 7,346 |
| | | TOTAL FRINGE BENEFITS | | \$ 7,346 |
| | | SUPPLIES AND MATERIALS (Include brief description and amount of supply items) | | |
| | | Condoms/Educational Materials | | \$ 2,900 |
| | | Program Operating Supplies | | \$ 944 |
| | | TOTAL SUPPLIES AND MATERIALS | | \$ 3,844 |
| | | SERVICES (Include brief description and amount of service) | | |
| | | Facilitators | | \$ 1,240 |
| | | TOTAL SERVICES | | \$ 1,240 |
| | | EQUIPMENT (Include brief description and each equipment item) | | |
| | | TOTAL EQUIPMENT | | \$ - |

VII. Budget

| Number of Positions | FTE Equivalent | Line Description | Monthly Salary | TOTAL |
|---------------------|----------------|--|----------------|-----------|
| | | OTHER COSTS | | |
| | | Program Printing/Publications | | |
| | | Telephone - Specific to Program | | \$ 309 |
| | | Utilities - Specific to Program | | \$ 959 |
| | | Program Staff Liability Insurance | | \$ 1,378 |
| | | TOTAL OTHER COSTS | | \$ 794 |
| | | | | \$ 3,440 |
| | | INDIRECT COSTS (if applicable) (please attach backup document for any indirect costs calculations included) | | |
| | | <i>Indirect Costs are calculated based on Program FTE's as a percentage of Total Agency FTE's and are integral to the operation of the Program and include the following, not to exceed 10% of the total Program Budget:</i> | | |
| | | Administrative Wages and Fringe | | \$ 990 |
| | | Payroll Service Fees | | \$ 279 |
| | | Audit and Professional Fees | | \$ 514 |
| | | Maintenance and Repairs | | \$ 1,437 |
| | | Building Depreciation | | \$ 1,574 |
| | | Equipment Depreciation | | \$ 182 |
| | | Equipment Rental & Maintenance | | \$ 224 |
| | | TOTAL INDIRECT COSTS | | \$ 5,200 |
| | | TOTAL COSTS | | \$ 52,000 |
| | | OTHER SOURCES OF INCOME (if applicable) (Both anticipated or confirmed) | | |
| | | <i>The preceding Project Budget does not include program expenditures which directly relate to the following revenue sources. Costs listed above are specific to this Milwaukee AIDS Initiative Project.</i> | | |
| | | Wisconsin AIDS Fund | | \$ 25,000 |
| | | State of Wisconsin | | \$ 40,000 |
| | | TOTAL OTHER SOURCES OF INCOME | | \$ 65,000 |

NOTES:

- * Include additional pages if necessary with header page including totals of each budget area.
- * Budget document available by email attachment on Excel by contacting Yvette Rowe at 286-3997
- * Attach documentation of 501(c)(3) status for your agency and annual fiscal report