PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: AIDS Volunteers, Inc.

Mailing Address: 365 Waller Avenue Suite 100 Lexington KY 40504

Street Address: 365 Waller Avenue Suite 100 Lexington KY 40504

Phone: (859) 225 - 3000 x26

Is your Agency registered with the IRS as a 501(c)3 organization? ☑ Yes ☐ No

*Note: Agencies **must** be registered with the IRS as a 501(c)3 organization to be eligible for ESR Program funding.*

Does your agency have a current profile with Blue Grass Community Foundation's GoodGiving.net? ☑ Yes ☐ No

*Note: Agencies **must** have profiles with GoodGiving.net to be eligible for ESR funding.*

Website Address: www.avolky.org

Agency Representative *(typically the Executive Director - Name, Title, Phone, Email)*:

Jon Parker, Executive Director, 859-225-3000 x26, jon@avolky.org

Person Completing Application *(Name, Title, Phone, Email):*

Jon Parker, Executive Director, 859-225-3000 x26, jon@avolky.org

Program Information

Name of program for which funds are being requested: **Expanded HIV Prevention & Harm Reduction**

Total Funding Amount Requested: $ **110,367**

RFP #11-2019 PROPOSAL SUBMITTAL FORM

- **Save this PDF formatted Proposal Submittal Form to your hard drive before beginning to enter responses in it to ensure your responses are saved to the form.**
- **LIMIT RESPONSES IN TEXT BOXES TO 250 WORDS**
- **REMINDER: All proposals must be written in a clear and concise manner, as there will be no follow-up or clarifications to proposer's submittal form once the evaluation process begins.**

5.1 Program Proposal & Design

5.1.1 Needs Statement—Purpose of the Program Proposal / Problem Statement **15 Points**

Using local data, provide a description of the problem in Fayette County. Identify the specific population your program is targeting (i.e. age, geographical region, economic status, etc.) and explain why. Discuss whether this population is under-served or at-risk. Describe your understanding of the local system of services addressing this problem, obstacles and/or opportunities your clients face, and how your agency fits within this system of services.

AVOL's HIV prevention and harm reduction program has been active in Kentucky for over 30 years. Fayette County ranks second among Kentucky counties most impacted by HIV/AIDS, with approximately 1,000 individuals living with HIV. One in seven infected individuals do not know their status (CDC, 2017). In Kentucky, people typically become aware of their status after advanced disease progression, underscoring the need for affordable, accessible prevention that identifies infection sooner and fights HIV/HCV stigma. Fayette County is vulnerable to an HIV outbreak related to injection drug use.

People who inject drugs (PWID) accounted for 10 percent of new HIV infections in Kentucky and another 5 percent of new infections were in men who have sex with men (MSM) and who also inject drugs (KDPH 2017). Kentucky leads the nation in Hepatitis C (HCV) infection rates (KDPH 2017). During 2018, AVOL's HCV testing identified 46 new infections, with a positivity rate above 30 percent. Given similarities in HIV and HCV transmission patterns, experts agree HCV infections are a predictor of potential new HIV infections in affected communities.

HIV disproportionately affects underserved populations. AVOL conducted 950 HIV screenings and 153 HCV tests in Fayette County during 2018. The following breakdown illustrates the need for continued harm reduction and prevention, including long-term, ongoing support for specific populations and behavior groups:

• 35.5% female, 1.69% transgender; 19.56% African American, 6% Hispanic; 18% injecting drugs, 11.97% share injecting equipment; 12.13% exchange sex for drugs or money; 7 individuals tested positive for HIV; 46 for HCV

5.1.2 Service Delivery Model **15 Points**

What steps will you take or what activities will you provide to assist clients in achieving these goals? Describe each "unit of service" you will provide for clients and how often and how long this service will be provided (e.g. a one-time three-hour training; a weekly one-hour support group for 12 weeks; one 30-minute health exam twice a year; 1-3 hour advocacy services as needed; etc.) How will these services address the problem as identified in the Needs Statement above? Be specific.

As an ESR program for two years, AVOL has expanded harm reduction and prevention in Fayette County, providing outreach, counseling, supply distribution and HIV/HCV/STD screenings and longer-term follow-up and re-testing. Activities in this proposal are designed to empower 1,600 high-risk individuals to make informed, healthy decisions related to their health.

AVOL's prevention services are provided during evening walk-in hours three days each week at our Lexington offices, via outreach with our mobile testing unit, and at other times by appointment. Counseling takes about 30 minutes and includes risk assessment, harm reduction education and planning, supplies, and connection to medical treatment and other resources. Mobile outreach takes place 3 to 4 times each week in order to connect with individuals who might not otherwise seek AVOL's services. Outreach takes place in environments where high-risk activity occurs.

AVOL also provides prevention education and testing at the Fayette County Health Department's needle exchange program weekly.

Specialists provide group harm reduction education sessions 4-5 times a month for organizations serving at-risk youth, drug treatment, and drug court, among others. These sessions cover HIV/HCV/STD 101, transmission, and risk reduction. Clients are introduced to topics like PrEP (a daily HIV prevention pill), syringe exchange programs, and other resources.

All service delivery is designed to increase awareness and reduce the risk of HIV/HCV/STD transmissions.

5.1.3 Client Eligibility and Requirements **5 Points**

What eligibility requirements must clients meet to qualify for services? What are the expectations of clients while receiving services? (e.g. client must pay $30 fee for each class; client must remain sober; client is responsible for chores; nothing other than participation in services; etc.)

HIV, HCV, and STI testing is free and anyone interested in receiving counseling and testing may do so. There are no waiting lists and testing times are available by appointment or during walk-in testing hours designed to be most convenient to the populations served.

The basic eligibility requirement for the expanded HIV prevention program is to be a person whose current behaviors and actions are considered high-risk for contracting or transmitting HIV/AIDS or other STDs. Though HIV can affect anyone, it disproportionately impacts minority populations, including African Americans, Latinos, MSM, PWID, and low-income individuals and women. For this reason, outreach and engagement is targeted to those groups most impacted by the HIV epidemic, engaging them in education, harm reduction education, and testing. Using AVOL's mobile testing unit, Prevention Specialists will frequent areas of town, businesses and organizations where they are most likely to encounter these at-risk persons.

Individuals involved in the enhanced program must be willing to share contact information with the HIV Prevention Specialist to facilitate communication and follow-up. To be eligible to receive HIV screenings, individuals must verbally consent to the test and participate in an individual counseling session.

5.1.4 Evidence-Based/Best Practice **10 Points**

Describe the evidence-based or promising practice model on which this service approach is based. Provide particular sources that indicate what you are doing is best-practice.

AVOL adheres to Centers for Disease Control (CDC) HIV testing protocols. CDC research shows that outreach, education, access to free prevention supplies, and HIV testing are the most effective methods for HIV prevention. Because it is easy to administer, HIV testing has become a primary intervention tool because knowledge is power. Test results allow a person to plan accordingly whether they are HIV-positive or HIV-negative.

The theories of practice presented in this application for the expanded HIV prevention program model can be found supported in "Towards an integrated primary and secondary HIV prevention continuum for the United States: a cyclical process model" found in the Journal of the International AIDS Society by Tim Horn (2016). Horn's work conveys:

• The need for HIV prevention services to be repeating, comprehensive, outcomes-oriented and fixated on the goal of reducing risk to vulnerable populations
• Focusing on HIV retesting as a metric to gauge the effectiveness of HIV intervention and an opportunity to streamline successful linkage, engagement and viral load suppression through the HIV care continuum

With the assistance of funding from LFUCG ESR, AVOL has begun implementation of HIV re-testing protocols, which differs from a one-time transaction between AVOL and the client. Over the course of the past two years, our program has moved 34% toward confidential and repeated testing. There will be cyclical engagement for those who are testing negative but who are at high-risk. Their engagement will include ongoing follow-up, resource referrals, problem solving, and re-testing on regular intervals.

5.2 Program Measures & Evaluation

5.2.1 Service Efficacy & Desired Outcomes **10 Points**

What do you hope to help your clients achieve? What are some examples of goals you will set with clients? What is your service philosophy in terms of helping your clients achieve these goals? Describe how you define "successful" completion of services. (e.g. service is complete if: client remains for entire three-hour training; client continues services until judge orders otherwise; etc.) What percentage of clients meet that criteria for success?

AVOL aims to keep the HIV positive person maintaining low levels of virus in the body, which will prevent them from passing it to another person, and to keep the high-risk negative person negative.

HIV counseling and testing is successfully finished if the client completes a comprehensive risk assessment interview, takes the HIV test, participates in risk assessment counseling, receives their test results, and articulates a plan of prevention and receives needed prevention supplies. For example, if a client discloses to prevention staff that they inject drugs, they would work together to decide upon a realistic harm reduction approach (e.g. utilizing a syringe exchange, referral to a drug treatment facility).

For the high-risk, HIV negative individual, the process is successfully completed by attending regular check-ins and re-testing every six months. For the HIV positive individual, success requires following through with scheduled medical appointments, attending the AVOL service intake meeting, meeting with a LFCHD administrator who will assist in notifying sexual and drug use partners, and compliance with medical appointments and taking medications.

AVOL proposes testing 1,600 high-risk individuals per year. Our goal is that 1,584 will remain negative, and that all 16 individuals likely to test positive for HIV achieve or maintain reduced viral loads through support services, active engagement in medical care and adherence to their medications. 672 high-risk negative clients will receive long-term follow-up and retesting with the goal of maintaining their negative status. Many of these individuals will also begin taking PrEP to prevent HIV infection.

5.2.2 Client Empowerment & Community Impact **10 Points**

Describe what meaningful difference these services make in the lives of people served. What value is added to the community? Provide examples. (e.g. client demonstrates change in attitude; client has behavior change; etc.)

Poverty and health disparities go hand-in-hand. HIV/AIDS is no exception. Providing respectful, evidence-based sexual health education allows individuals to make healthy, informed decisions about their bodies and relationships, which results in increased self-esteem and personal empowerment. By helping low-income people access free information and safer sex supplies, AVOL helps reduce barriers to engagement in healthy behaviors.

By providing HIV, HCV and STD screenings, AVOL helps individuals know their health status and take necessary steps to access appropriate care. Through early diagnosis and timely treatment, individuals are less likely to suffer health crises that can lead to hospitalization and large bills for indigent care. People who are aware of their HIV status and who are receiving proper treatment are essentially unable to transmit the virus to others. Through empowerment education about personal choices and sexual health, AVOL helps reduce fear, ignorance, and misinformation about accessing health care in general. Individuals who engage in routine preventive health care visits and screening often avoid larger medical costs that arise during a health crisis.

People living with HIV who receive proper care and are stably housed enjoy an advantage in terms of education and employment as well as accessing other supportive services. Eligible low-income clients of the program who receive an HIV diagnosis are seamlessly connected to AVOL's housing and supportive services program. Prevention Specialists are able to refer clients with additional needs to necessary resources, including drug treatment, domestic abuse shelters and mental health counseling.

5.2.3 Data Assessment & Quality Improvement **10 Points**

While it doesn't have to be complicated, evaluation is more than saying "we provided this many 'units of service.'" How will you know if your services have been effective? How does this relate to the desired outcomes for your clients? How will the information gathered be used to improve your services in the future? Be specific (for example, data collection may be through focus groups, pre-and post-tests, client satisfaction surveys, etc.), and also **be specific regarding sampling size and frequency of evaluation.**

Using both quantitative and qualitative data, evaluation activities will ensure that all project goals, objectives and outcomes are achieved in a satisfactory manner. Any project evaluation and/or management-related data that are collected, maintained or disseminated by the project will be handled in a manner that will protect the confidential information of participants.

All program data is reported to the CDC in a system called EvalWeb. EvalWeb is a dynamic database and reporting tool that will provide necessary data for reporting to track progress. Data and reports will be filed with LFUCG ESR on a quarterly basis and discussed at monitoring and evaluation meetings. Outcomes tracking outlined in section 5.2.1 will be tracked and reported in an ongoing manner. Conclusions drawn from evaluation activities will be reviewed by staff and AVOL board, and will be considered when planning future initiatives. In addition to service improvement, evaluation efforts also tend to uncover unmet needs. This information will be evaluated from a strategic planning perspective for long-term program development. AVOL will share information and consult our constituents, including clients, donors and volunteers to solicit additional feedback, insight, and creative ideas.

Several HIV-related planning and strategy groups exist at both the state and federal level and are always interested in a local perspective and learning. AVOL will share information and insights upward to the Kentucky HIV/AIDS Planning and Advisory Council, Dining Out for Life International, and the U.S. Housing and Urban Development's (HUD) Housing for Persons Living with HIV/AIDS planning group.

5.3 Capacity & Sustainability

5.3.1 Staff Qualifications & Experience **5 Points**

Provide information on the key/primary individuals that will be involved in the provision of services and demonstrate that they have the capacity to address the stated need. List each position by title and name of employee, if available. Describe the anticipated roles and responsibilities for each person as it relates to this project. Describe the experience, expertise, and capacity of each individual to address the proposed activities.

Matthew Brewer (BA) joined AVOL as Prevention Manager in 2015. Matt has provided support to individuals experiencing substance abuse issues, including those living with HIV, for a number of years. He founded a support group called Hope Pozitive for individuals living with HIV. He manages AVOL's HIV prevention activities and has directly contributed to a more effective and targeted team. He is a state-certified Harm Reduction Navigator and helps train community members on effective ways to reduce risk. Aaron Ashby-Boyd joined AVOL as a Prevention Specialist in 2017, coming to us from the Hope Center, where he maintained the role of Peer Mentor followed by Donation Assistant. Aaron has been helping guide people into treatment and sobriety for more than 5 years and has contributed to building an effective outreach team. Robert Stull has been with AVOL since 2018. Previously with AIDS Services of Austin, where he worked as an HIV Prevention Specialist. Since joining AVOL, he has worked to increase our outreach capacity within the LGBTQ+ community in Lexington. He has several years of experience working with HIV positive men to develop healthy decision-making and relationship building.

Staff employed through the ESR program will be entitled to the same training opportunities available to prevention staff funded through the Kentucky Department of Public Health. The Kentucky training system is called KY.TRAIN, and includes a number of modules useful to the HIV prevention staff. This comprehensive resource is very adequate to keep any HIV prevention professional up to date.

5.3.2 Partnership & Resource Leverage **5 Points**

How do your programs and services support our community's comprehensive response to the identified priority area of Community Wellness & Safety? Does your organization have any formal agreements or informal working relationship with other local service programs?

What role does your governing board members, volunteers, and / or donors play in facilitating viable service delivery and program administration? Does your program have any major civic benefactors or corporate sponsors? Describe other secured funding sources and committed operational resources your organization has allocated for the proposed program.

AVOL collaborates with many community partners to reach high-risk individuals. AVOL fights HIV stigma and supports other stigma-fighting organizations and gatherings. These organizations include Lexington Fairness, Kentucky Fairness, PFLAG, UK Office of LGBTQ Resources, LGBTQ Consortium, Bluegrass Black Pride, TransKY, JustFund Kentucky, Pride Community Services Organization, various Black Lives Matter gatherings, etc.

AVOL maintains a close working relationship with UK's Bluegrass Care Clinic (BCC), which provides medical case management, medical services, and pharmacy services. AVOL and BCC form a continuum of care: AVOL refers clients with confirmatory HIV diagnosis to BCC, and BCC refers eligible clients back to AVOL for assistance with housing/supportive services and for prevention case management. AVOL collaborates with the LFCHD frequently to ensure the best possible outcomes for those who are high-risk. AVOL refers those newly diagnosed with HIV to the LFCHD. AVOL also provides HIV and HCV testing at the LFCHD's syringe exchange program every Wednesday. AVOL collaborates with various organizations to identify high-risk target audiences for HIV education and testing, including: Chrysalis House, Dismas House, Family Care Center, Community Inn, Coleman House, Arbor Youth, Pride Community Services Center, Fayette County Drug Court, BHG Suboxone Clinic, Hope Centers for Men and Women, Greenhouse 17, and area colleges and universities. AVOL's Board of Directors is entirely made up of volunteers, including individuals from high-risk populations. Volunteers, play crucial roles at our events and education sessions. Some volunteers are also certified to provide HIV testing. AVOL's major funders include HUD and the CDC.

5.3.3 Outreach & Inclusion Strategy **15 Points**

Demonstrate how the program will ensure services are available and accessible by all potential participants, especially related to language barriers for persons with limited English proficiency; persons with physical or other disabilities; and persons impacted by poverty and economic distress.

Has your organization enacted any policies (or employs any standard operating procedures) to ensure equitable service opportunity and / or benefit program to a diverse cross-section of the greater community?

AVOL's offices are located close to the center of Lexington's medical community and is handicap accessible. It is within .5 miles of the BCC, the primary area medical provider of most individuals living with HIV, a 10-minute walk to Lextran, and about 2 miles to Downtown. AVOL has in place extensive non-discrimination policies and is considered a human rights organization. AVOL has staff who are bilingual English/Spanish and utilize a telephone translation service for other languages. AVOL strives to be present at community and decision-making meetings, especially those associated with safe, affordable housing and public health. Most of AVOL's prevention outreach takes place in the community - not the office. We travel to locations where high-risk activities occur. For example, by utilizing our Mobile Testing Unit, we are able to maintain a regular, consistent presence in areas of town frequented by sex workers.

The LFCHD syringe exchange is a key HIV prevention activity and resource operating on limited resources. AVOL serves as a primary outreach component for syringe exchange and assists with on-site testing. The syringe exchange could benefit from more resources and focused outreach efforts driving individuals in need of clean needles to utilize the program.

Given the focus of this initiative being on marginalized or underrepresented populations, individuals who assume the roles funded by this initiative have extensive past connections with individuals using drugs as well as MSM. They will strengthen connection and outreach to focus populations.

6.0 Program Budget Summary Form Instructions

Proposal Submittal shall be considered incomplete and shall be rejected without completed Budget Summary Form. *(Including total amount of ESR grant request.)*

For organizations requesting funding for more than one program in this RFP, combine into a single Program Budget narrative for the proposal.

Please note that the Program Budget will be part of the grantee agreement with LFUCG and regular tracking and expenditure reporting will be required.

To ensure readability and uniformity, please use the Program Budget form included. Provide brief line-item detail as specified in each section below and verify all calculations.

This section provides a summary of the total proposed Program Budget for FY 2020. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2020 program expenditures.

Total Program Budget

Column A should reflect projected expenditures for the entire program (not just the proposed LFUCG ESR grant funding request portion). When the chart is completed this column should equal ESR Grant Funding Request plus other/non-ESR program funding. (A=B+C)

ESR Grant Funding Request

Column B is the grant amount being requested from this RFP to support this program's services to eligible Fayette County Participants.

Non-LFUCG Program Funding

Column C is the non-LFUCG ESR funding that is allocated to the Total Program Budget (A-B = C).

This form is for the budget for the PROGRAM applying for ESR funds, not the total agency budget.

For each category identify the amount requested and the amount to be leveraged through other programs or organizations (if applicable).

Staff Salaries – Identify the number of Full-time position salaries allocated to the program, and part-time positions allocated to the program, and the amounts of each allocated to Columns A, B, & C.

Consultant Services – In the "List Details" box, **briefly** describe any expenses associated with providing expanded supportive services or other services for which the organization intends to contract with another entity. Any of these expenses to be provided by the proposing organization should be included in other line items.

Space/Facilities – In the "List Details" box, **briefly** list the basis of the allocation of rental costs, utilities, janitorial costs, and any other facility costs for the Program. Identify any office or program space in an LFUCG owned building, and any other costs (rent, monthly utilities, etc.) reimbursed to LFUCG.

Scholarships/Stipends – In the "List Details" box, **briefly** list the type of scholarships or stipends, and include the number of people or organizations to receive funds.

Operating Expenses – In the "List Details" box, **briefly** list the costs associated with expenses, supplies, utilities, and any other expense associated directly with the operation of the project.

Other – In the "List Details" box, **briefly** list any other costs for the Program not covered above.

PROGRAM BUDGET SUMMARY

Agency Name **AIDS Volunteers, Inc.**

Program Name **Expanded HIV Prevention & Harm Reduction**

FY 2020 (July 1, 2019-June 30, 2020) Total Program Budget

	# of Employees:	Column A Total Program Budget [= B+C]	Column B ESR Grant Funding Request	Column C Non-ESR Program Funding [A-B]
1. Staff Salaries for Program				
Full-Time (FTE)	4	181,294	**84,434**	96,860
Part-Time		0	**0**	0
Total Salaries		181,294	**84,434**	96,860
3. Consultant Services	$	0	**0**	0
list details	ESR: Salaries, fringe and payroll taxes for 1 FTE current Prevention Specialist and 1 FTE additional Specialist at $33,500 base salary plus average costs from health insurance, dental, life insurance, workers compensation, retirement, etc. plus payroll taxes. Non-ESR: Salaries, fringe and payroll taxes for 1 FTE Prev. Spec. and 1FTE Prev. Mgr.			
4. Space/Facilities	$	13,010	**6,115**	6,895
list details	Average cost of $3252 per FTE for desk space, meeting space, bathrooms, waiting area, testing area, and upkeep.			
5. Operating Expenses	$	16,634	**7,818**	8,816
list details	Average cost of $4,158 per FTE for necessary shared costs including telephone, photocopy, printing, accounting, payroll processing, IT services, postage, insurance, office supplies, and faxing.			
6. Scholarships / Stipends	$	0	**0**	0
list details - numbers & amounts				
7. Other	$	47,667	**12,000**	35,667
list details	Estimated costs for condoms, lube, bleach kits, wound care kits, educational materials and other harm reduction and prevention supplies.			
8. TOTAL PROGRAM BUDGET	$	258,605	**110,367**	148,238

Cost per Program Participant: $ **172**

I understand that this document in its entirety is incorporated into my grant Agreement with the Lexington-Fayette Urban County Government.

Authorized Representative *(typed name)*: Jon Parker

Title: Executive Director **Date**: 04/19/2019