PROPOSAL SUBMITTAL FORM

Agency Information

Agency Name: AVOL Kentucky, Inc. - formerly AIDS Volunteers, Inc. (AVOL)

Mailing Address: 365 Waller Avenue, Suite 100 Lexington, KY 40504

Street Address: 365 Waller Avenue, Suite 100 Lexington, KY 40504

Phone: (859) 225 - 3000 x1026

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 Silver Seal of Transparency or higher profile on GuideStar.org? ☑ Yes ☐ No

*Note: Agencies **must** have a Silver Seal of Transparency or higher profile with GuideStar.org 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 x1026

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

Jon Parker, Executive Director, (859)225-3000 x1026

Program Information

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

Total Funding Amount Requested: $ **120,000 annual**

RFP #3-2020 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.

Around 1,000 people in Fayette County live with HIV, second only to Jefferson County. About one in seven infected individuals do not know their status (CDC, 2017), which means they may inadvertently infect others. In Kentucky, people typically are unaware of their status until after the onset of advanced disease, underscoring the need for affordable and accessible prevention focused on early identification of infection, harm reduction, and fighting HIV stigma. A growing number of individuals are also living with Hepatitis C (HCV), resulting from injection drug use. The intersection-ality of those experiencing mental health and substance misuse issues with those most at risk, is high.

Fayette County remains vulnerable for an HIV and HCV outbreak. About 10 percent of new HIV infections in Kentucky are present in people who inject drugs (PWID), and another 5 percent are men who have sex with men (MSM) who also inject drugs (KDPH 2018). Given the similarities in HIV and HCV transmission patterns, experts agree that HCV infections are a predictor of potential HIV infections in affected communities.

HIV disproportionately affects under-served populations. AVOL conducted 870 HIV screenings and 126 HCV tests in Fayette County during 2019. The following breakdown illustrates the need for continued harm reduction and prevention, including long-term, ongoing support for specific populations and behavior groups: 32.7% female, 1.3% transgender; 25.5% African American, 5.1% Hispanic; 15.4% injecting drugs, 9.5% share injecting equipment; 5.8% exchange sex for drugs or money; 8 individuals tested positive for HIV; 26 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.

AVOL's prevention and harm reduction program has been active for over 30 years. AVOL has been able to expand harm reduction and prevention in Fayette County as an ESR grantee for the last three years; providing outreach, counseling, supplies, HIV/HCV/STI screenings, and follow-up. Activities in this proposal are designed to empower 1,260 high-risk individuals to make informed decisions related to their health.

AVOL's prevention services are provided during afternoon/evening walk-in hours at our Lexington office, via outreach with our mobile testing unit, and by appointment each week. Each testing session takes about 30 minutes and includes a risk assessment, harm reduction education and planning, supply distribution, and connection to medical treatment and other resources. Mobile outreach takes place 3 to 4 times each week to connect with individuals who might not otherwise seek AVOL's office-located services and takes place in environments where high-risk activity occurs. We go to them.

AVOL provides weekly prevention education and testing at the Fayette County Health Department's needle exchange program (NEP) and is open to be a NEP location in the future. Our specialists provide group harm reduction education sessions 4-5 times a month at other organizations serving at-risk youth, drug treatment, and drug court, among others. These sessions cover and introduction to HIV/HCV/STI, transmission routes, and risk reduction. Clients are introduced to prevention innovations (e.g. PrEP); and service delivery is designed to increase awareness and reduce risk of HIV/HCV/STI transmissions. We also provide long-term services to extremely high-risk individuals, including periodic follow-up and re-testing.

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 to anyone interested in receiving counseling and testing. There are no waiting lists. Testing times are available by appointment or during walk-in testing hours, which are designed for the convenience of served populations.

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, HCV, or other STIs. Though HIV can affect anyone, it disproportionately impacts minority populations, including African Americans, Latinos, MSM, PWID, as well as women and low-income individuals. High risk individuals also are more likely to be experiencing mental health or substance misuse issues. For these reasons, outreach and engagement is targeted to groups most impacted by the HIV epidemic, engaging them in education, harm reduction methods, 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 at-risk persons.

Individuals involved in the enhanced program must be willing to share contact information with the Prevention Specialist to facilitate communication and follow-up. To be eligible for 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 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 as test results allow a person to plan accordingly and take the appropriate steps whether they are HIV-positive or HIV-negative.

The theories of practice presented in this application for the expanded HIV prevention program are based on a model developed by Tim Horn (2016), whose article – "Towards an integrated primary and secondary HIV prevention continuum for the United States: a cyclical process model" – was published in the Journal of the International AIDS Society. Horn's work conveys:

• The need for HIV prevention services to be repeated, comprehensive, outcomes-oriented and fixated on the goal of reducing risk to vulnerable populations

• A focus on HIV re-testing as a metric to gauge the effectiveness of HIV intervention and the 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 retesting protocols, which differs from a one-time transaction between AVOL and the client. Over the course of the past three years, our program has moved 15% of our clients toward repeat testing. There will be cyclical engagement for those who are testing negative but who are at high-risk. Their engagement will include follow-up, resource referrals, and retesting at 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 the virus to others, and to keep the high-risk negative person negative. HIV counseling and testing is successfully finished if the client completes a comprehensive risk assessment, takes the HIV test and receives their results, participates in harm reduction counseling, 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 personalized, 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 retesting every six months. For the HIV-positive individual, success requires following through with scheduled medical appointments, attending the AVOL service intake appointment, meeting with an LFCHD administrator who will assist in notifying sexual and drug use partners, and complying with medication adherence.

AVOL proposes testing 1,260 high-risk individuals per year. Our goal is that 99 percent will remain negative, and that the 1 percent of individuals likely to test HIV-positive achieve or maintain reduced viral loads through support services, active engagement in medical care, and medication adherence. 672 high-risk negative clients will receive long-term follow-up and retesting with the goal of maintaining their negative status. Many individuals will also begin taking a once-daily PrEP pill 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 access to other supportive services. Eligible low-income clients of the program who receive an HIV diagnosis are seamlessly connected to AVOL's Client Services Program for assistance with housing and utility costs. 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.AVOL's own internal data tracking system collects pertinent information to evaluate the effectiveness of its prevention services. Data collected includes demographics, risk factors, etc. All program data is also reported to the CDC in a system called EvalWeb, a dynamic database and reporting tool that provides necessary data for reporting progress.

Progress data reports will be filed with LFUCG ESR and discussed at monitoring and evaluation meetings. Outcomes tracking outlined in Section 5.2.1 will be reported continually. Conclusions drawn from evaluation activities will be reviewed by staff and AVOL's board, and will be considered when planning future initiatives. In addition to service improvement, evaluation efforts tend to uncover unmet needs and will be incorporated into long-term strategic planning and program development. AVOL will share information and consult constituents, clients, donors and volunteers to solicit additional feedback and insight.

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 manages AVOL's 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.

Laine Wannechko joined AVOL as a Prevention Specialist in 2020 and has worked for nonprofit organizations that assist vulnerable populations including people with substance use disorder, mental health concerns and sex works for over 10 years. In one role they worked for four years facilitating wellness events and programs that assisted individuals that were homeless or living in poverty.

Andres Cruz joined AVOL as a Prevention Specialist in 2019. Andres has experience working in preventive medicine with migrant agricultural Hispanic workers in Kentucky and helped develop and support the Latino Health Promoters program with Adult Health Education Center. As an editor, photographer, writer and publisher of La Voz of Kentucky Bilingual Newspaper, he has been able to develop many relationships within the Latino Community in Lexington.

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

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.

Over the years AVOL has developed many community partnerships 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, Shepherd's House, Bluegrass Black Pride, TransKY, JustFund Kentucky, Pride Community Services Organization, and various other organizations, etc. AVOL maintains a close working relationship with UK's Bluegrass Care Clinic (BCC), which provides medical case management, medical services, and pharmacy services to people living with HIV. 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 BCC. AVOL also provides HIV and HCV testing at the LFCHD's syringe exchange program.

AVOL collaborates with various organizations to identify high-risk target audiences for HIV education and testing, including: Voices of Hope, Chrysalis 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. AVOL's major funders include HUD, Harm Reduction Coalition, 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 fully accessible. It is within a half-mile of the BCC, the primary area medical provider of most individuals living with HIV, a 10-minute walk to Lextran, and about two miles from downtown Lexington. AVOL has in place extensive non-discrimination policies and is considered a human rights organization. AVOL has staff who are bilingual in English and Spanish or 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 NEP is a key HIV prevention activity and resource operating with limited funding. AVOL serves as a primary outreach component for the NEP and assists with on-site and mobile testing. The syringe exchange could benefit from more resources and focused outreach efforts that motivate individuals in need of clean needles to utilize the program. Given this initiative's focus on marginalized or underrepresented populations, individuals who assume the roles funded by this initiative have extensive social ties to minority populations, PWID, and LGBTQ+. They will strengthen AVOL's connection with 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.)* **The Program Budget will be the same for both FY21 and FY22; there will be no increases in award for Year 2 of the grant.**

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 2021. It requests the allocation of all projected funding amounts (City and non-City sources) for anticipated FY 2021 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 **AVOL Kentucky, Inc. - formerly AIDS Volunteers, Inc. (AV**

Program Name **HIV Prevention and Harm Reduction**

FY 2021 (July 1, 2020--June 30, 2021) 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)	5	233,235	93,294	139,941
Part-Time	0	0	0	0
Total Salaries		233,235	93,294	139,941
3. Consultant Services	$	0	0	0
list details	ESR: Salaries, fringe benefits, and payroll taxes for 2 FTE Fayette County prevention specialists at $36,441 base salary plus average costs for health insurance, dental, life insurance, workers compensation, retirement, and payroll taxes. Non-ESR: Salaries, fringe benefits, and payroll taxes for 3 prevention specialists.			
4. Space/Facilities	$	16,260	6,504	9,756
list details	Average cost of $3,252 per FTE for desk space, meeting space, bathrooms, waiting area, testing areas, and upkeep.			
5. Operating Expenses	$	14,226	5,690	8,536
list details	Average cost of $2,845 per FTE for necessary shared costs including telephone, photocopy, printing, accounting, payroll processing, IT services, postage, insurance and liability, office supplies, and faxing.			
6. Scholarships / Stipends	$	0	0	0
list details - numbers & amounts	n/a			
7. Other	$	58,048	14,512	43,536
list details	Estimated cost for condom distribution, lube, bleach kits, wound care kits, educational materials, Coronavirus prevention supplies, and other harm reduction and prevention supplies.			
8. TOTAL FY21 PROGRAM BUDGET *(Program budget will be the same for FY22; no increase in award for Year 2 of the grant)*	$	321,769	120,000	201,769

Cost per Program Participant: $ 255

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 M. Parker

Title: Executive Director **Date**: April 2, 2020