

2010 Basic Needs Funding Application

APPLICATION IS BY INVITATION ONLY

Contact Information

Organization Name: HIV Alliance

Mailing Address: 1966 Garden Avenue

City/State: Eugene, Oregon Zip: 97403

Contact Name: Diane Lang Title: Executive Director

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Organizational Information

Mission Statement: To support people living with HIV/AIDS and to prevent new HIV infections.

No. of Employees: 27 FTE: 21

No. of Volunteers (annually)/ Volunteer Hours (annually) 223 Volunteers/ 7354.15 Hours (FY09)

Name of Executive Director: Diane Lang

Name of Board President: Bob Burk Term Ending Date: 06/30/2011

Number of members on Board of Directors: 14

Total Agency Budget: \$1,533,362 Fiscal Year End: June 30, 2010

Geographic Service Throughout Lane County

Unduplicated Lane County Residents Served Last Year: 4,463 (duplicated*)

*Confidentiality precludes tracking of unduplicated numbers of clients receiving these services:
584 Testing + 1,138 Outreach + 2,741 Needle Exchange

Has your organization been previously funded by UWLC? No Yes, Year(s) 1995-2009

Proposed Service(s): Name of Proposed Services: Testing, Outreach & NEX: HIV Prevention through Testing, Outreach, and Needle Exchange

Basic Needs Services: (check primary use of funds)

- Food** (hunger relief and nutrition)
- Shelter** (emergency housing and homelessness intervention)
- Healthcare** (emergency and basic health services)
- Safety** (domestic violence and child abuse intervention)
- Access to Basic Needs** (information & referral; transportation; advocacy)

Geographic Service Area within Lane County

All of Lane County

Annual Funds Requested: \$ 50,000

1. Proposed Services Summary:

HIV Prevention activities provided by HIV Alliance include (1) Prevention services encompassing needle exchange (NEX), street-based medical care, risk-reduction counseling, identification of new HIV and Hepatitis C (HCV) infections through testing, and referral services to people newly infected and people at risk for contracting/transmitting HIV, with targeted prevention to gay and bisexual men, to people who inject drugs (PWID), to people living with HIV/AIDS (PLWHA), and to their partners; (2) Advocacy and education for people living with HIV to enable them to address their holistic needs; clients will know how to utilize community resources and will be empowered to maintain the highest standard of living possible; (3) Community and youth education and outreach aimed at raising awareness of transmission and disease progression, and eliminating the myths and stigma related to HIV and AIDS.

2. Target Population: Describe your target population. Basic Needs investments should focus primarily on families and individuals with income 250% or below the federal poverty level (FPL).

At HIV Alliance, we focus our services on people with low or moderate income, as these individuals are often marginalized from other options in traditional health care settings. In addition, HIV is an impoverishing disease and we have seen how this plays out for our clients and their families. Within Client Services 55% of our clients have income that is equal to or below (100% or less) FPL and 40% of clients have income between 101%-200% of FPL. This is representative of our clients served by the needle exchange and testing services whose detailed demographic data is not collected until a positive result brings them into Client Services. It is evident that many clients of the needle exchange in particular are homeless or marginally housed, unemployed, uninsured, and unable to afford supplies. 685 of the NEX contacts at the mobile van reported that they were currently homeless. Testing clients tend to be either uninsured or unable to purchase tests from other sources.

3. Need: Describe briefly the need or problem these services address. Include the number and percentage of population affected, metro, rural, and multi-cultural. Describe how these services are aligned with the community needs assessment or other local studies. **20 points possible**

New HIV infections continue in the United States despite medical advances over the past three decades of the HIV/AIDS epidemic. In fact, the CDC's current tracking system reveals that the HIV epidemic is and has been worse than it was previously measured. Alarming, the results show that approximately 56,300 new HIV infections occurred in the United States in 2006, 40% higher than the CDC's former estimate of 40,000 infections per year. The findings also confirm that the group at greatest risk for new infections is men who have sex with men (MSM), accounting for over half (53%) of new infections. MSM is the leading risk factor for HIV in Oregon (65.4%), and injection drug use (IDU) accounts for 10.9% of all reported HIV cases in the state, with the combined risk factor of MSM/IDU adding another 9.8%. Nearly 20% of all new infections in Oregon could be prevented by educating and empowering people who use drugs to reduce or eliminate their exposure risk. Furthermore, 75% of new HIV infections are transmitted by the 20% of people who are living with HIV but *do not know* their status (CDC, 2008). These findings underscore the need to increase access to HIV testing and effective HIV prevention programs. Without a vaccine or cure, prevention is the only way to stop the spread of HIV/AIDS. PWID are also at increased risk for HCV. Using our integrated HIV testing, outreach, and education programs as a template, our NEX coordinator has taken on the responsibility of creating parallel programs and policies for HCV.

Lane County supports many different types of communities, rural and urban, conservative and liberal, native to this place and new arrivals. HIV, however, does not respect labels or boundaries – everyone in the community is affected by an HIV infection whether directly by a diagnosis or secondarily through the cost to health care system, job market, etc. Still weighed down by stigma, people at high-risk for HIV are often pushed to the margins of those communities, both by peers and by health professionals. Once at the margin, risks compound each other, including the burdens of struggling with disclosure, living on a low income, managing a chronic disease, experiencing homelessness, or struggling with mental illness. In this climate, it is critical that intervention-based outreach be delivered effectively and compassionately to high-risk populations. The Wound Care Project, a component of the needle exchange program, is the only street based medical access program in the area. This is medical care run with a harm reduction approach. We have seen that this approach leads to engagement with PWID who have become very skeptical of medical care providers. The trust that our NEX workers build with PWID facilitates the referral to our Wound Care physician. Initially titled the Wound Care Project with the idea that the provider would be addressing abscesses, it was quickly apparent that our clients needed much more than that. Our provider treats wounds from abscess and post surgical wounds. She works with clients on managing

chronic illness like diabetes. Many clients tell us that they either lack insurance or fear they will be treated poorly if they seek medical care in traditional settings. Our medical staff frequently report client acknowledgement and appreciation for saving them from a trip to the emergency room.

HIV Alliance serves clients throughout Lane County, including underserved populations in non-metropolitan areas such as NEX clients who travel from Florence to access services. Of the 2,741 contacts served by NEX in 2009, clients reported ethnicity as follows: White 2,079 (76%), Asian 16 (0.6%), Black 47 (1.7%), Latino 101 (3.7%), Multiracial 106 (3.9%), Native American 179 (6.5%), Native Hawaiian/Pacific Islander 34 (1.2%), Other 127 (4.6%), Unknown 52 (1.9%). 584 testing clients reported ethnicity as follows: White 439 (75.2%), Asian 15 (2.6%), Black 16 (2.7%), Latino 31 (5.3%), Multiracial 31 (5.3%), Native American 16 (2.7%), Native Hawaiian/Pacific Islander 5 (0.9%), Other 5 (0.9%), Unknown 26 (4.4%). HIV Alliance clients are reflective of the community population reporting problems affording/accessing medical insurance, increased awareness of local free/low cost clinics, using urgent care, or delay seeking medical care.

4. Service Goals: Describe your service goals and how you will measure achievement of those goals.

You will report the outputs and outcomes in progress reports.

20 points possible

Testing goals include: find new HIV infections by increasing the number of focus population members who know their HIV status and receive individual prevention counseling; reduce STD incidence in focus populations through increased referrals; increase access to testing particularly for high risk populations including men who have sex with men, PWID, and partners of people living with HIV/AIDS through outreach activities; increase access to early medical intervention for persons who test positive for HIV and for their partners through referral and intake into Client Services after diagnosis; and provide populations at risk of HIV transmission through sex with tools to reduce their risk through distribution of safer sex supplies. Needle exchange goals include: reduce the reuse of injection drug supplies by providing new syringes and other new safer injection supplies; increase access to Exchange Services through offering safer injection kits during regular business hours and collecting used syringes from community drop boxes; prevent unintended syringe sticks and the reuse of syringes through the collection and destruction of used syringes; identify new HCV infections through screenings and referrals; identify new HIV infection through testing in conjunction with needle exchange services; reduce the number of health problems related to injection drug use and preventing ER admissions through the Wound Care Project; and build bridges to facilitate referral to medical homes for PWID. Achievement of goals will be measured by tracking numbers of tests, numbers of high-risk population members engaging in high-risk behaviors, number of syringes collected and incinerated, number of syringes and safer injection supplies distributed, number of clients who identify an unmet medical need who see the Wound Care doctor.

5. Community Return on Investment: Describe the return on United Way investment. Include such factors as demonstrated cost-effectiveness and efficiency of delivery; leveraging of other financial investments: methods to avoid problems that would cost more later. How does your agency's work improve the effectiveness of the human services network in Lane County?

20 points possible

HIV is far less expensive to prevent than it is to treat. That many of the cases of HIV in Oregon are among uninsured or underinsured individuals increases the burden on local governments and hospitals to provide care out of their own funds. Most newly diagnosed clients come to the agency uninsured. In one case a client incurred approximately \$237,000 in unreimbursed medical charges in a three month period before he was connected with insurance. Increased access to prevention and related care services can help control these costs and their resulting drain on the community and wider economy. A modest outlay in prevention supplies and services is preferable to the average lifetime estimated cost of living with HIV/AIDS of \$600,000 per individual, much of which is borne by the community. Research from the CDC and other sources indicates that persons who are HIV-positive and aware of their serostatus are less likely to engage in behaviors that result in HIV transmission. Individuals who know their HIV status, and actively participate in care and treatment live longer and healthier lives. Therefore, efforts to ensure that more individuals know their HIV serostatus benefits both those who are HIV-positive and those who do not have the virus. Recently the agency received the following compliment from a partner at the State of Oregon for Ryan White funding:

The work you are all doing is amazing! ... This is what makes funding your agency so compelling. You provide a whole lot of matching services that aren't funded directly but increase the overall quality and viability of the program the state is funding. There isn't another agency in the state that could provide

such a comprehensive set of wrap-around community services. [A colleague] said she doesn't believe you get enough credit for your willingness to help DHS out with activities that aren't reimbursed. That's why we are always looking for ways to get more funding directed to you. Great work...you are all such a wonderful partner!

Benefitting both clients and the community at large, the Wound Care Project is convenient, relevant, accepting, empowering, easy, educational, a positive social service experience, provides a referral source, and is cost effective. As of June 2009, the cost per wound care kit was \$1.22, and the average cost per client visit \$11.85. \$8,000 ran the program for 18 months, not including administrative costs for payroll and supply ordering. The alternative is clients going untreated or trying to fix themselves, eventually ending up at the ER. Delayed treatment is almost always more expensive, and in the absence of individual resources, this cost would be borne by the community.

6. Organizational Capacity: Describe the ability of your organization to carry out services successfully and efficiently based on current resources, i.e., expertise of staff, diversity of funding streams, board composition and involvement, fiscal and governance systems, and facilities. **10 points possible**

HIV Alliance has a proven history of service to the target populations and as a community-based organization has developed trust with vulnerable populations including those in rural Lane County. Founded in 1994, when several local AIDS service providers merged, HIV Alliance became the only not-for-profit health-based organization in Lane County whose mission is to support individuals living with HIV/AIDS and to prevent new HIV infections. HIV Alliance plays a critical role in our community by often being the first and only organization working with high risk populations in Lane County. We receive guidance and expertise from a fourteen-member Board of Directors as well as a Board of Advisors comprised of forty influential community leaders. Renee Yandel is an ideal Program Director having worked in almost every department in the agency in her tenure here as one of the longest term employees of HIV Alliance. Prevention Coordinator Tony Aaron Fuller brings diverse experience and a passion for the work. We have become more self-sufficient and sophisticated in our approach to fundraising, integrating it with expanding our volunteer and education networks. With the support of our Boards we have expanded programming in the areas of education, volunteer recruitment, training, and retention, needle exchange, wound care, and HCV awareness and testing, even in these times of economic uncertainty, as the need for our services has increased. HIV Alliance programs are staffed by leaders in advocacy for vulnerable populations, LGBTQ issues, and disease prevention due to agency development and modification of job descriptions to include experience with target communities, and recruitment of experienced volunteers and interns for staff positions. The strategic plan includes goals of creating a path to employment for volunteers leading to greater ability to hire staff with existing experience with population. In all aspects of our work, HIV Alliance seeks to provide services that meet the needs of clients and the community in a way that is population specific and appropriate. Our capacity to manage large and collaborative projects is evidenced by our dental program. Through a 5 year grant from the Health Resources and Services Administration (HRSA), HIV Alliance has piloted a Dental Program which connects PLWHA to free oral health care and educates dental hygienists on working with the special health needs of PLWHA. The organization's dental program currently operates within 15 counties. It is an innovative model anchored by partnership with the community college dental education facility and the federally qualified health center. The dental program includes both direction service and a research/data collection component managed by a research group at Boston University. HIV Alliance has been a leader among grant recipients in terms of data collection and data quality.

7. Goal Alignment: Describe how services align with or support one or more United Way goals of Education, Income and Health (please see goal definitions in the instructions). **10 points possible**

HIV Alliance increases access and reduces barriers to healthcare for people below 200% of FPL, especially those who have been historically challenged to access services: the uninsured and underinsured, homeless or marginally housed, unemployed or underemployed, and unable to afford supplies to protect their at risk health. HIV Alliance functions as a safety net for these underserved individuals and the community. With few to no resources of their own – income, housing, healthcare – these individuals would be a total burden on the system if not for the testing, needle exchange, referrals, and care coordination offered by HIV Alliance. Through our outreach and referral services we connect marginalized populations to much needed programs, including mental health, addictions counseling, and medical access programs. This effort allows us to connect clients newly diagnosed with HIV and HCV to the medical care they need to maintain or gain health.

8. Collaborations: Describe collaborative or innovative aspects of this service. Considerations may include partnerships that meet the holistic needs of clients; how your approach demonstrates systems thinking; how you enable clients to access a broad range of services; how these services leverage existing community resources and access new resources. **10 points possible**

We partner with Lane County Public Health (LCPH) in developing protocols and referrals. We partner with White Bird Medical Clinic, the Eugene Police Department, and LCPH in the collection of used needles, and PeaceHealth is a partner in the incineration of those used needles. We are co-founders of and active participants in the Lane County Harm Reduction Coalition that works towards the common goal of reducing the negative impact of injection drug use on public safety and community health and includes members of law enforcement and health care professionals. We have a referral agreement with Buckley Detox, another LCHRC member. Wound care services are provided in partnership with the federally qualified health clinic, Riverstone that provides clinical oversight of our Wound Care provider. HIV Alliance was sought out by the Oregon Department of Human Services' Statewide Viral Hepatitis Planning Group. As with HIV, people who inject drugs are at increased risk of HCV. The CDC estimates about one quarter of HIV-infected persons in the US are also infected with HCV.

Therefore, the State recognized the value of dovetailing HCV screening, education, and data collection with the HIV prevention activities already underway at the Needle Exchange. The partnership has highlighted the potential of working relationships between governmental and private agencies that accomplish more together than either group could do apart. NEX is stronger for professional relationships and a number of state sponsored HCV screening kits, while the Planning Group has access to a hard-to-reach population and a cost-effective way to add services without duplication. Though we lost dedicated funding to provide testing to homeless and runaway youth, we continue outreach to this vulnerable population via Looking Glass New Roads, a local runaway youth shelter, and participate in the Safe and Sound Coalition, a group of social service providers serving youth. We partner with White Bird in connecting clients to benefits and services that increase self-sufficiency and access to medical care.

9. Alignment of Services with Values: Describe how services align with United Way of Lane County's values (See the overview) **10 points possible**

HIV Alliance is the leader in HIV prevention, our prevention model is based on the Centers for Disease Control (CDC) Diffusion of Effective Behavioral Interventions (DEBIs), our staff is well trained, and as an agency we have a successful history of providing HIV Prevention. As does the United Way, HIV Alliance commits itself to maintaining the highest standards of integrity and to making an impact. We are dedicated to direct services to the populations at highest risk for HIV, services that in turn benefit our community as a whole. We share with our partners and funders a hope-filled vision on a future free of HIV and support policies that benefit that mission. Volunteers are critical to the success of our programs, and are trained in cultural diversity alongside our staff members. Volunteer numbers and hours have increased significantly in FY10 to date over FY09. Forty-six percent of FY10 volunteer hours have been donated to prevention programs with 30% of total volunteer hours going specifically to NEX.

Using our integrated HIV testing, outreach, and education programs as a template, the agency is creating parallel programs and policies for HCV. With expansion of staff time and supplies we have seen a reduction in HCV and hospital treatment needs for subcutaneous infections. Preventing HIV and HCV infections, connecting individuals living with chronic infections to case management, and saving thousands of health care dollars, all positively contribute to the health and well-being of this community.

Basic Needs Application

Proposed Services BUDGET

(fill in the green cells)

Agency Name:

HIV Alliance, Inc.

Proposed Services:

HIV Prevention

	Prior 12 Months	Future 12 Months
REVENUE/SUPPORT		
United Way Funding/Request (do NOT include Donor Designations)	\$15,084.00	\$50,000.00
Public Support: Contributions/Fundraising Events (include Donor Designations)	\$19,000.00	\$41,000.00
Government Funding	\$84,149.00	\$21,000.00
Foundation/Corporation/Other Grants or Major Gifts	\$98,815.00	\$75,000.00
Program Service Fees or Membership Dues	\$550.00	\$0.00
Other Revenue - Funds from agency reserves	\$0.00	\$59,000.00
Total Revenue	\$217,598.00	\$246,000.00
	Actual	Estimated
EXPENSES		
Personnel Related	\$130,184.00	\$135,000.00
Client Assistance	\$49,423.00	\$51,000.00
Other Direct Program Expenses	\$19,532.00	\$30,000.00
Administrative Overhead	\$18,459.00	\$30,000.00
Total Expenses	\$217,598.00	\$246,000.00
NET (should be zero)	\$0.00	\$0.00

What percent of your agency budget do these proposed services represent?	14%	16%
What percent of your agency revenue is the United Way request?	1%	3%
Number of employee FTE's (full-time equivalents) in proposed services?	2.50	3.00
Percentage United Way request to overall proposed services revenue	7%	20%
Administrative overhead percentage applied to proposed services	9%	14%

Completed by:

Melissa Edwards, Finance Director