

Hope and Help Center of Central Florida, Inc.



General Information

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Mission & Impact

Statements

Mission

Our mission is to end the HIV/STI epidemic in Florida through comprehensive health education, prevention, testing, and treatment. Our vision is to see all generations empowered with the knowledge, resources, and opportunities necessary to live healthy and stay well.

Background

Hope & Help began in 1988 as a small group of friends decided they needed to help a close friend dying of AIDS-related complications. They quickly realized there were many more friends needing help, so they pulled together and created a safe space that turned into Hope & Help. Since then, Hope & Help has grown into one of the longest-serving, most comprehensive HIV/STI service organizations in Florida. From a small group of volunteers to a comprehensive clinic, with medical, case management and prevention teams conducting testing, education, outreach, linkage to care prevention, case management, primary and specialty care, and support group services we still have much work to do. Florida remains first in the Nation in new HIV diagnoses and AIDS cases. Today, Hope and Help offers harm reduction services, emergency ancillary services, early intervention, case management, and HIV/STI prevention, testing, and treatment services in English, Spanish, Creole, and Portuguese to thousands of patients across Florida, including Orlando Metropolitan Area, Tampa, St. Petersburg, Clearwater, Seminole, and Miami.

Impact

- Orlando Sentinel Top Workplaces 2020, 2021, and 2022
- Complete rebrand with new logo.
- Website completely updated.
- Communication tool improvements (Podium, Scheduling, etc.)
- Orlando Sentinel Top Workplaces 2020, 2021, and 2022
- Congressional Certificate for LGBTQ+ Leadership
- Pharmacy Purchased
- CDC 5-Year Prevention Grant
- Doubled the number full time employees testing in Orange County Jail from two (2) to four (4)
- Syringe Services Program
- Increased gender affirming care to meet the need of the community.
- Collaborated with new community partners and provided subgrantees to distribute HIV at home testing kits.

Needs

Central Florida had the 2nd highest rate in the United States of individuals diagnosed and living with HIV. According to the Florida Department of Health the total rate of HIV diagnosis in the United States was 11.5/1,000, and the total rate in Florida was nearly doubled at 21.5/100,000. However, Central Florida was even higher at 26.4/100,000. The Orlando area also has an alarming disproportionate number of new HIV cases. In 2019 the rate of new diagnosis for the United States was 13/100,000 and Florida's rate was much higher at 24/100,000 but Orlando is nearly tripled the national average at 36/100,00. It is important to note that 40% of new HIV cases are transmitted by individuals who do not know they have the virus and all reports found that Black and Hispanics have disproportionately higher rates than their white counterparts. With advancements in modern pharmaceuticals for both treating and preventing HIV these high rates are unacceptable! Hope and Help is committed to ending the HIV epidemic in our communities through prevention and treatment, but we need your help! Our top five (5) needs are: 1. \$60,000 for Two (2) Sprinter Vans - Meeting people where they are is important. Vans will increase HIV/STI testing, outreach, health education, and free food distribution in at-risk communities with limited access to transportation 2. \$25,000 for Health Services Program Expansion - Supports expanding two (2) successful local programs throughout Florida. Home HIV Test Kit and Free Condom Home Delivery services are currently distributed in only six (6) counties 3. \$15,000 for Support Groups - Isolation, stigma, alienation, and discrimination based on HIV status kills. Support groups create safe spaces to meet new friends, create community, heal, learn, grow, and receive education on how to live well 4. \$5,000 for One (1) Commercial Grade Freezer - Hope & Help's ability to store frozen meats, daily protein and holiday turkeys, depends on our freezer capacity 5. \$15,000 for Food Pantry Food and Supplies - Food insecurity is real and quality, nutritious food is key to HIV medical adherence success. Many Hope & Help clients/patients rely on our food pantry for assistance. Monetary and non-perishable food donations (beans, pasta, rice, tuna, peanut butter, cereal, etc.) are critical to our clients/patient's overall health

Statement from CEO/Executive Director

I am so proud of this Hope & Help team as they faced COVID-19 with their fierce dedication to not miss a step with clients, patients, support groups, and others needing help during an unprecedented time. We continued to tackle the HIV epidemic during the COVID pandemic! No small feat but this team of incredible advocates, champions, and warriors deftly created new processes and procedures, excelled with virtual tools, and demonstrated their creativity to meet and exceed our community needs beautifully. We say we are, "the warm hug of healthcare", because sometimes a hug is the best medicine anyone can share. During COVID, the hugs ceased but the smiling eyes told people the person behind the mask was still hugging them and cared deeply about them and their health issues. You see, HIV is no longer a death sentence; it is a lifelong chronic disease. Unfortunately, Florida ranks 2nd in the Nation for new HIV infections and the Orlando Metro area is 3rd in the Nation. We love being recognized for our excellent, not our rates of infectious disease so we need everyone to stop HIV transmission. How? Get tested! Ask your doctor to administer a HIV test every time you have lab work done. If that is not comfortable, visit Hope & Help and we will let you know results in 15 minutes. Hope & Help's team is there to take your hand and make sure you know you are okay and we will be with you for as long as you need us. Knowing your status lets you protect yourself and your loved ones. The key is knowing! There's no cure; however, today's medications are game changers. In the 80's and 90's, hands full of medications gave people living with HIV months to live with severe side effects. Today, one pill per day or one injection per month, gives people a lifetime with minimal side effects. It is similar to diabetes, hypertension, or any other long-term chronic disease. You take your medications, get regular checkups, and follow your medical provider's guidance and you will successfully manage your disease. The real diseases we battle every day is stigma, ignorance, prejudice, and judgement. You will not find any of those disease states at Hope & Help. Everyone is welcome. Everyone is valued. Everyone is treated with dignity, respect, a smile, and a hug if needed. Please join us on this important journey to end new HIV

Statement from Board Chair

Another year of doing good as we celebrate the strength and resilience of our community to live together in love, with health in our bodies, and kindness in our hearts. This year has been a year of waking up and facing new challenges every day and finding a way to eliminate obstacles that are in our way, either alone, or with the help of friends and family, and organizations like Hope & Help. As we navigate how to best position new programs and resources, as well as, how to stretch the tools we have to do the best we can, we always think about the power of empathy by not always focusing on the "big strength" but on the "little strengths" that we weave together to move forward. Hope & Help is like that, sometimes we are the "big strength" you need to pick you up and move you forward, and sometimes we are that "little strength" that makes the next step easier. We are just like you, a group of people that alone are special, but when we are together, and we focus on something outside of ourselves, we are a power and strength that is hard to ignore and easy to rely on when you need it. You are part of that strength, and you may not know it, but you share it with us every day; when our clinic sees a bit of relief in your face or a smile, that fuels us to be and do more, you do that for us. Whether it's our Prevention Team, Case Management, and many other Harm Reduction and Support programs, we all understand that our role is to be the bridge we sometimes need when the chasm looks too wide to cross, we can be more together. With all my heart, I want to not talk about what we are doing for our co-workers and clients but thank all of them for what they have done for me. They are the fuel that drives me and the Board to be more, be better, and do all we can, whenever we can, to make our time here better and easier and filled with love and empathy for what is familiar to us and what is new and unfamiliar. Do good, be empathetic, and challenge your own assumptions about the world around you, with love in your heart. Jim Palmisano (JP)

Service Categories

Primary Category	Health Care - Community Clinics
Secondary Category	Health Care - Patient & Family Support

Areas Served

Our service area includes key areas in Florida where HIV/STI transmissions are rampant. These areas include Orlando, Tampa, St. Petersburg, Seminole, and Miami. We also provide services in Osceola, Seminole, Lake, and Brevard Counties

In a specific U.S. city, cities, state(s) and/or region.,In a specific U.S. city, cities, state(s) and/or region.,In a specific U.S. city, cities, state(s) and/or region.,In a specific U.S. city, cities, state(s) and/or region.,In a specific U.S. city, cities, state(s) and/or region.

Programs

Case Management
Description Medical case managers provide a range of client-centered services that help consumers gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, and linkage to appropriate services. Medical Case Management includes initial assessment of service needs; development of individualized care plan; continuous client monitoring and follow-up; and treatment adherence. Services ensure timely, coordinated access to

medically appropriate levels of health and support services, and continuity of care through ongoing assessment of clients' and key family members' needs and personal support systems. Medical case management includes treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS regimens. Services are available in English and Spanish.

Budget

Category Health Care - Community Clinics

Population Served Ethnic/Racial Minorities -- Other Specified Group, LGBTQ+, Poor, Economically Disadvantaged, Indigent, General Public, unspecified, People with a specific illness/Families of person with a specific illness

Short Term Success • Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%

• Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 90%

• Increase the percentage of kept medical appointments to at least 80%

• Reduce the number of expired eligibilities to under 5% at any given time

• Reduce the percentage of persons in HIV medical care who are homeless to no more than 5%

• Increase the percentage of newly diagnosed person linked to HIV medical care to 100%

Long Term Success The Ryan White HIV/AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV. Along with providing core medical services for both Referral for Healthcare Support Specialist and Medical Case Management, the ultimate goals of the Case Management Program is to:

• Reduce new HIV infections

• Increase access to care and optimize health outcomes for people living with HIV (PLWH)

• Reduce HIV-related health disparities and health inequities

• Achieve a more coordinated national response to the HIV epidemic

Program Success Monitored By Progress is monitored and tracked by review of client records and treatment plans in compliance with contract conditions. In addition, monthly monitoring of progress is done by program audits and monthly data tracking under the Quality Management Program for the organization. Under the Ryan White HIV/AIDS Program, this is a series of activities that focus on enhancing the quality of HIV care provided and increasing access to services. These efforts focus on how health and social services meet established professional standards and user expectations. As it relates to Ryan White Part A, measures below are tracked:

1. Viral Load Suppression

2. Kept Medical Appointments

3. Expired Eligibility Rates

4. Unit Production

5. ART Adherence

6. 90 and 30 day contact Lists

7. Caseloads

High Impact Prevention (HIP)

Description

Florida Health funded prevention program, High Impact Prevention (HIP), is a response to the goals set by the National HIV/AIDS Strategy. The HIP program is designed to maximize cost effective HIV prevention methods by targeting populations at highest risk of contracting HIV. Hope & Help's HIP program focuses on geographic areas throughout the Orlando EMA and provides targeted outreach interventions and HIV testing to heterosexual African Americans and men who have sex with men in Orange County. Hope & Help utilizes the Business Response to AIDS intervention to engage businesses and business owners to invest in HIV prevention for their patrons. Through condom distribution, education, social media, face-to-face outreach, peer mentoring, and HIV testing, the HIP program aims to reduce new HIV infections and link those who are HIV-positive into care.

Budget

Category Health Care - Community Clinics

Population Served At-Risk Populations, Ethnic/Racial Minorities -- Other Specified Group, LGBTQ+, Offenders/Ex-Offenders, People with a specific illness/Families of person with a specific illness

Short Term Success The Orlando Metropolitan Statistical Area (MSA) consistently ranks as one of the top five (5) localities for new HIV infections in the United States. The goals for HIP over the next two (2) years is reduce new HIV infections by 5% in the Orlando MSA. This corresponds to a drop from 26.4 to 25.1 cases per 100,000. Concordantly, this reduction should correspond to the Orlando (MSA) no longer being in the top 5 for new HIV infections. Additionally, over the next two (2) years Hope and Help seeks to implement and evaluate far-reaching HIP initiatives to address injection drug use as a method of HIV prevention, and to improve access to PrEP, and PEP.

Presently, through Florida Department of Health (Department) funding, Hope & Help's prevention department implements the CODOW (comprehensive HIV prevention) contract. Hope & Help has been the recipient of CODOW funds since 2019. Hope & Help has consistently exceeded the deliverables set forth by the Department funding and has successfully implemented a robust and effective prevention program consisting of HIV testing and counseling, linkage to care, peer support, support groups, Business Response to AIDS (BRTA), condom distribution, community outreach and engagement, social media and marketing, PrEP and nPEP risk assessment, and community events.

Hope & Help's current prevention program focuses its efforts on heterosexual black and Hispanic/Latinx men and women, as well as men who have sex with men (MSM) of all races and ethnicities who live in zip codes and neighborhoods with the highest HIV and STI prevalence and incidence rates. By targeting populations in Central Florida at highest risk for HIV and STI infection and who are disproportionately burdened by the disease, Hope

& Help adheres to and promotes the standards set for by CDC's High Impact Prevention. Additionally, by providing proven, cost-effective, scalable safer sex prevention interventions, Hope & Help has the greatest impact on reducing HIV and STI infection rates in Central Florida as well as reducing sexual health related disparities. The agency also has an effective history of providing Prevention with Positive (PWP) programs, which has given Hope & Help the unique ability to increase access to care and improve the outcomes of individuals living with HIV (PLWH) from a prevention perspective.

Long Term Success The U.S. Department of Health and Human Services (HHS) has launched Ending the HIV Epidemic: A Plan for America. The initiative aims to reduce new HIV infections in the U.S. by 90% by 2030. Reducing New HIV infection is also the first goal of the National HIV/AIDS Strategy, and of Hope & Help's High Impact Prevention (HIP) Program. HIP is the CDC's evidence-based approach to achieve reduced HIV infections. This approach is designed to maximize the impact of prevention efforts for all individuals at risk for HIV infection, including gay and bisexual men, communities of color, women, injection drug users, transgender women and men and youth. By using combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas, this approach promises to increase the impact of HIV prevention efforts and ultimately result in the reduction of HIV infections.

The long-term effects of HIP approach have been studied and proven effective. Similarly, Hope & Help's current and previous prevention programs have been some of the agency's most effective and successful programs. By continuing to incorporate quantitative and qualitative data collection and analysis, along with outcome and process measures and a robust Quality Management Program Hope & Help will continue to implement a prevention program advancing the overarching national objectives of NHAS and Ending the Epidemic.

Established in 1989, Hope & Help's prevention program consists of health educators offering evidence-based educational and behavioral interventions and outreach to minority and underserved Central Florida communities. For the past seven (7) years, the prevention department has utilized the HIP approach to target populations at increased risk for, and disproportionately affected by HIV. HIV testing and counseling along with a comprehensive linkage to care program ensures all persons infected with HIV are immediately linked into medical and support services provided onsite at Hope & Help. People who test negative, but who are identified as being at increased risk, are provided additional education through comprehensive counseling, as well as linkage to behavioral interventions and PrEP, as qualified.

The priority of HIP is to provide prevention and treatment services to at-risk populations in Central Florida. In these unprecedented times historically, disadvantaged groups continue to experience the results of a lack access to the resources. Historical injustices and lack of trust in the health care system further exacerbate the lack of healthcare utilization in communities of color. The over policing of neighborhoods, disparities in crime enforcement and the stigmatization of felons creates high unemployment, which also delays onset of medical care, as most individuals receive health insurance through their employer. HIP seeks to bridge the gaps created by social injustices to enable all communities to thrive.

Program Success Monitored By Hope & Help uses both internal and external surveillance systems to track and gauge the number of new infections in the Orlando MSA. Internal mechanisms are used to monitor and evaluate HIP program deliverables, and the incidence/prevalence of disease in target communities who are most impacted HIV and other STI. External data is pulled from the Florida Department of Health, Centers for

Disease Control and Prevention, and the other public health registries. External data is primarily used for targeting high risk communities, bench-marking, and goal setting. Throughout the next two years, Hope & Help will quantitatively and qualitatively evaluate project implementation and will measure the outcomes and objectives of the HIP. Hope & Help will leverage its infrastructure, expertise, and experience to assure any contract requirements concerning data collection, data reporting, and data analysis are fulfilled. Additionally, data collection and outcome measures will be reviewed quarterly and annually as a part of Hope & Help's overarching Quality Management Program, overseen by the Operations Director, aimed at increasing the agency's success in becoming a provider of choice.

Throughout the duration of the next two years, Hope & Help will perform the following monitoring evaluations:

a. Demographic Information: All demographic data for clients accessing proposed program services will be collected and compiled in a HIPAA compliant manner. STI testing demographics including date of birth, race, ethnicity, gender/gender identity, and risk factors will be collected monthly. Evidence-based intervention participant demographics including age, race, ethnicity, gender/gender identity, and HIV status will be collected and used for contractual reporting and reviewed for program compliance.

b. Data Collection: Measurable data will be collected using paper forms, and internal tracking tools, for all proposed program services throughout the entirety of the funded program. STI testing quantitative data (number tested, new incidence, previous positive) will be collected and reported monthly. Evidence-based intervention quantitative data (number of attendees, individual attendance rates, frequency of groups) will be collected and reported monthly. Community level program quantitative data (number of face-to-face outreach education interactions, number of community testing events) will be collected and reported monthly. Social media (number of social media posts, impressions, reach, and engagement) and marketing (number of promotional and educational items distributed) quantitative data will be collected and reported monthly. Linkage to care quantitative data (number of consumers accessing services, number of consumers linked, time of linkage process) will be collected and reported monthly. In addition to monthly, quarterly, and annual reporting of data to the Department, data analysis will also be conducted on a quarterly and annual basis during internal Quality Management Meetings.

c. Process Measures: During evidence-based behavioral interventions for STI infected and high-risk clients, assessments of client knowledge, behavior modification, and participation will be measured. Intervention staff will assess client behavioral-risk, medical adherence (medical appointments attended, missed medical appointments, viral load suppression) at service initiation, at service midpoint, and at service discharge. These assessments, utilizing survey and data, will measure individual and program success during the duration of the contract.

d. Outcome Measures: The main objective of the HIP program is to reduce new STI infections and to improve health outcomes for socially - vulnerable groups. Looking at incidence rates, community needs assessments, and focus groups, program staff will be able to evaluate the effectiveness of the utilized programs. Agency staff will also collect and analysis the outcome measures of those individuals linked to care and services to monitoring the acceptance and initiation of medical care, as well as adherence.

Emergency Food Assistance

Description

The Hope & Help Food Pantry has been in operation since 1995. The purpose of the Pantry is to remove the barrier of food scarcity for people living with HIV, so that they can focus primarily on being medically adherent, which helps to reduce HIV transmissions. Most of the Pantry's food recipients are Hope & Help clients and patients. These individuals live below the federal poverty line and rely heavily on the Pantry to lessen the financial burden of living with HIV. The Pantry is open Monday through Friday from 8:00am to 5:00pm. The Pantry is the only one of its kind locally created specifically for people living with HIV. The cost of managing HIV is a major factor as to why our clients and patients use the Pantry. For example, HIV medications can cost up to \$9,000.00 per month. The stress of looking for resources, such as prescription discounts, can be overwhelming. This is one of the reasons we offer mobile food services. Through Hope & Help's wellness mobile, a branded RV, Hope & Help employees deliver food to clients' homes and at outreach events during business and after hours. This convenience makes it easier for food recipients who do not have reliable transportation.

Budget

Category Food, Agriculture & Nutrition - Food Banks & Pantries

Population Served Ethnic/Racial Minorities -- Other Specified Group, Families, Poor, Economically Disadvantaged, Indigent, General Public, unspecified, People with a specific illness/Families of person with a specific illness

Short Term Success The goals over the next two years are to:

1. Diversify revenue streams for the food pantry to include a minimum of \$2,000 and two new funding sources over the next year and \$3,500 and three new funding sources in the following year.

2. Expand food distribution options to include convenient and safer ways to deliver food amidst the Coronavirus pandemic - we will optimize the ordering, receiving, storage, and distribution processes for the new normal.

3. Safely source nutritious food for feed people in need - we will develop a nutrition policy to guide decisions on donated food, purchased food, and program

food choices.. Cultivate programs that reduce food insecurity - we will define our food pantry goals and incorporate them into our organization strategy overall.

5. Advocate on behalf of people living with food insecurity - we will create and maintain a food insecurity resource center for our patients.

6. Develop and implement a sustainable business model - measured by the anticipated increase in efficiency of food pantry operations.

Long Term Success The long term success of the Pantry is measured by the change in the number of patients who use the Pantry year over year. The overall goal of our services is to help patients become independent advocates of their own medical care. As barriers to medical care, such as food insecurity, are reduced, patients begin to use the Pantry much less. We encourage all our patients to use the service as needed.

Program Success Monitored By The process we use to ensure that we meet our goals

are data collection, recording, and management. We collect data from food pantry users to determine what demographics are most susceptible to food insecurity in order to manage our ordering and distribution processes and create culturally relevant menus.

Medical Clinic

Description

Hope & Help's Clinic is a comprehensive medical practice providing infectious disease care for those with HIV and Hepatitis C, STD/STI testing and treatment, PrEP and nPEP/PEP services, primary care, HIV testing and counseling, Hormone Replacement Therapy (HRT), and full laboratory services. Hope & Help's onsite medical clinic is open to everyone in the community, regardless of HIV status. Most major insurance plans are accepted. Hope & Help also utilizes a sliding scale, a discounted self-pay schedule, and multiple patient assistance programs for those who are uninsured or under-insured.

Budget

Category Health Care - Community Clinics

Population Served Ethnic/Racial Minorities -- Other Specified Group, General Public, unspecified, People with a specific illness/Families of person with a specific illness, People with addiction/substance abuse issues

Short Term Success Short term success is the immediate care that patients receive. A newly diagnosed person with HIV, for example, will experience a myriad of emotions and it's essential for medical providers to successfully connect the patient to treatment so that they do not engage in activities that are risky and put others' health in jeopardy. We make it our priority to give the patient medication during the same appointment in which they tested positive for HIV.

Long Term Success The long term success of the medical clinic is defined by our ability to control the spread of HIV and STIs. Specifically, the number of patients who remain in our care in the long term are our success. We aim to get patients with HIV and STIs into medical care and keep them there. As patients remain in medical care and are adherent with all treatment options, their viral load will decrease. As a result, it's likely that they will not transmit the virus to anyone else. In order to accomplish this goal, we offer a full range of services to address the barriers that prevent patients from staying medically adherent. These services include mental health counseling, support groups, and case management along with medical care. When combined, patients are much more likely to experience a decreased viral load and ultimately get to an undetectable status.

Program Success Monitored By We monitor the Medical Clinic's progress by implementing best practices that put patient care first in all that we do. Specifically, we use pre and post questionnaires during medical appointments to assess the patient's level of understanding of their unique health issue. The goal here is to educate patients on the nature of their condition, what Hope & Help will do for them, and more importantly, the patient's role in advocating for their own medical care.

Early Intervention Services (EIS)

Description

Early Intervention Services (EIS) include identification of individuals at points of entry and access to services and provision of HIV testing and targeted counseling, referral services, linkage to care, and health education and literacy training that enable consumers to navigate the HIV system of care. EIS services include the following four components: (1) Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected. (2) Referral services to include HIV care and treatment services at key points of entry. (3) Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management and Substance Abuse Care. (4) Outreach services and Health Education/Risk

Reduction related to HIV diagnosis.

Budget

Category Health Care - Community Clinics

Population Served At-Risk Populations, Ethnic/Racial Minorities -- Other Specified Group, LGBTQ+, General Public, unspecified, People with a specific illness/Families of person with a specific illness

Short Term Success Hope & Help receives, on average, fifteen (15) EIS referrals per month with an average of 70% coming from internal agency referral and the rest from partner agencies in the community. Clients are referred to Hope & Help through the Provide Enterprise case management software, and secured fax by partner agencies in Brevard County who do not use Provide. Once referred to Hope & Help, clients are assigned by the EIS supervisor and followed up with by an assigned EIS Coordinator within 72 business hours. EIS Coordinators have 6-months to make attempts to reach clients and engaged them back into care and services, with most clients being linked to Ryan White or non-Ryan White service in the first two (2)-months. The rate of successful linkage in 2019 averaged 30%, with the average active caseload per EIS Coordinator being six (6) on any given day.

In the 2020-2022 funding period, the EIS Coordinator will provide free rapid HIV testing to approximately six hundred (600) individuals each year and free risk reduction counseling to all clients tested at educational events. In addition, the EIS Coordinator will provide re-engagement and linkage services to approximately two hundred (200) individuals following the ARTAS behavioral intervention. The ARTAS model involves regular contact with clients for up to six (6) months to ensure successful linkage into medical care and social support services. Clients in need of linkage services will be identified through Hope & Help's testing programs, and through referrals from other testing agencies in the area that do not have Linkage to Care programs or EIS staff. Additionally, under current 2020-2022 funding period Hope & Help propose to serve a similar demographic of high-risk clients as were served in 2019. The served populations breakdown as follows: 70.5 % (694/984) were men, 30.0% (296/984) were female, 1.4% (14/984) were trans men and women, 45.8% (451/984) were Black or African American, 15% (147/984) were Hispanic, 34.5% (339/984) were White/non-Hispanic, and 20% were MSM (200/984). Hope and Help is projecting no significant increase in testing numbers for EIS Coordinators over the next two years.

Long Term Success Early intervention specialist (EIS) with Hope & Help work across the HIV Care Continuum, they are experts in their field who provide primary, secondary and tertiary prevention services. EIS can step in at any point along the HIV care continuum to aid clients in achieving viral suppression. Because of their broad skillset EIS are perfect for addressing the HIV epidemic in high-risk populations, and because of the vast array of ancillary patient assistance service offered by Hope & Help, including mental health, food assistance, and transportation assistance, EIS are able to connect clients to the services that remove those barriers that stop progression down the HIV Care Continuum. The combination of having highly skilled, culturally competent, and cross-trained staff working for an agency that offers wrap around services, undoubtedly positions Hope & Help to improve the Continuum of HIV care in Central Florida.

Early Intervention Services with Hope & Help address all four aspects of the NHAS strategy, with the overall goal of ensuring individuals with HIV become viral suppressed:

a. Through their ability to provide rapid HIV testing, EIS staff can initiate diagnosis of clients and confirm the HIV status of those that have fallen out care. This ability allows EIS staff to inform clients of their status, and thus reduces new infections by starting clients along the path to viral suppression.

b. Through their ability perform offsite eligibilities with clients in the field, EIS staff can bring services to people's homes in a way that increases access to care and ultimately results in improved health outcomes.

c. EIS staff with Hope & Help are all trained in cultural competence and in the importance of a high-risk approach to address the health disparities seen in minority populations.

d. EIS staff with Hope & Help have established relationships throughout the Central Florida area which allows them to be part of the effort to coordinate local entities with the national response to the HIV epidemic.

Program Success Monitored By Orlando Service Area EIS standards and contract deliverables are established and monitored/audited annual by external grantor's office at the Heart of Florida United Way. Additionally, the EIS program is monitored and evaluated internally through the Hope & Help Quality Management Committee on a monthly, and annual basis.

EIS currently receives approximately 77 referrals, per EIS staff member, per year. Referrals consist of newly diagnosed HIV positive individuals and others who have fallen out of care. Referrals sources include, supplemental high-risk testing conducted by EIS Coordinators, internal interdepartmental referral from case-mangers at Hope & Help, and external referrals from six (6) agencies throughout, Orange, Seminole, Osceola, and Brevard Counties. All referrals are directed to the EIS Supervisor who is responsible for monitoring and evaluating the services and care received by clients. Referrals are assigned to EIS staff based on EIS caseload, and cultural/linguistic abilities. EIS Coordinators make their first contact attempt within seventy-two (72) hours of receiving a referral. Based on the ARTAS model and the 2019 Orlando EIS Service Standards, EIS Coordinators contact with clients generally involves five (5) attempts with clients for up to six (6) months to ensure successful linkage into medical care and social support services.

EIS Coordinators currently provide rapid HIV antibody confirmatory testing, and supplemental HIV testing, ancillary to their primary job role, as part of their participation in prevention and outreach activities in the community. EIS Coordinators are engaged in testing only during occasions where there is a high likelihood of reactive tests, and the need for expedited linkage and referral is paramount. On average each EIS staff member currently provides approximately 300 HIV tests per year when doing outreach to high-risk communities, as part of their involvement in the larger HIV prevention activities facilitated by Hope & Help. These testing numbers reflect 15% (900/6000) of the organization's overall HIV testing program and make up no part of the testing numbers required under federal grants.

Hope & Help 340B Program

Description

Hope & Help Connect is a patient assistance program designed to provide medical and ancillary services to all eligible clients and patients at Hope & Help through a network of medical providers, pharmacies, and patients

whose goal is to ensure everyone, regardless of their ability to pay, has access to quality, affordable healthcare. Hope & Help Connect specializes in the prevention and treatment of HIV, Hepatitis C, and other STD/STIs. Under the Hope & Help Connect program, eligible clients and patients have access to transportation assistance, food assistance, emergency financial assistance, support groups, medication/pharmacy assistance, medical services, PrEP services, onsite laboratory services, and dedicated health care advisors.

Budget

Category Health Care - Community Clinics

Population Served At-Risk Populations, LGBTQ+, Poor, Economically Disadvantaged, Indigent, General Public, unspecified, People with a specific illness/Families of person with a specific illness

Short Term Success During the first quarter of 2020, Hope & Help partnered with a mental health counseling group to provide individual and couple's counseling to all our patients, regardless of their ability to pay. Additionally, Hope & Help continues to expand on its Patient Assistance Program, made possible by the 340B program, to include transportation for clients and patients, medical care for those living with HIV and those at-risk of transmission, additional nutritional support and food security, and emergency financial assistance. In 2019, Hope & Help's Patient Assistance Program helped over 500 clients access care otherwise unavailable or inaccessible due to cost.

Long Term Success Hope & Help's 340B Program, instituted in 2018, has been one of the agency's most successful programs. As of 2020, Hope & Help is working with eight different medical partner providers throughout the state of Florida. These partnerships, in combination with Hope & Help's on-site clinic, have provided medical care to 6,442 eligible patients in 2019 and over 3,000 patients as of May 2020. Through this program, Hope & Help can expand on its mission and services to provide quality medical and supportive care to more individuals throughout Florida.

Program Success Monitored By Hope & Help tracks performance metrics for all its programs, including 340B programs. Monthly data is collected and analyzed as a part of Hope & Help Quality Management Program. Patient encounters, services rendered, and patient outcomes (ex: viral load and adherence) are all routinely monitored and reported on to grant funders, Board of Directors, and community stakeholders.

Peer Mentoring

Description

Peer mentors are individuals living with HIV who have overcome the stigma and challenges of the disease and are here to support and assist clients with navigating the care system, education about the disease, treatment adherence to HIV regimens, advocacy in treatment, and support on the journey to living a long, healthy, and productive life.

Budget

Category Health Care - Community Clinics

Population Served Ethnic/Racial Minorities -- Other Specified Group, LGBTQ+, Poor, Economically Disadvantaged, Indigent, General Public, unspecified, People with a specific illness/Families of person with a specific illness

Short Term Success Over the next two years Hope & Help seeks to increase the percentages of peer mentored clients who report having a medical appointment for HIV care in the last six months from 90% to 95%. Additionally, Peer Services seeks to increase the number of staff who are certified as Certified Recovery Peer Specialist (CRPS), a credential which when maintained has been shown to improve the quality of care provided to clients. Peer mentoring staff are to continue providing one-on-one peer mentoring services and group-level meetings to a minimum of 200 individuals annually.

Research has shown Peer Mentors play a vital role in High Impact Prevention and contribute to NHAS Goal 2 of increasing access to care and improving health outcomes for persons living with HIV. Hope & Help's Peer Support program also meets Goal 1, objective 2,

strategies 1 and 3 of the Florida Integrated Plan - increase knowledge, availability, and implementation of intervention for high-risk and HIV positive persons. Peer Mentoring Programs have been shown to effectively increase the rates of medical adherence and increase the rates of viral suppression among engaged consumers. By providing individualized, semi-structured, client-centered, and culturally competent support services, Peer Mentors can meet clients where they are, on their terms, and in the cultural context most appropriate for them.

Over the next two years one-on-one peer mentoring sessions will continue to be largely focused on emotional support and medical needs of consumers. Incorporated into sessions are frequent conversations about adherence to individual healthcare plans, safer sex and needle sharing practices, disclosure of one's status, advocacy, and support in navigating the complex medical and social service systems. Peer Mentors during this time frame will continue to accompany clients, upon request, to medical provider appointments to serve as both an advocate for, and an educator to, the consumer as well as an educator for the medical provider. Peer Mentoring is a relationship of equal partners focusing on mutual learning and growth, and that creates the opportunity for clients to achieve a sense of control and empowerment.

Long Term Success Peer Mentoring is a form of HIP (tertiary) prevention and is a cornerstone to reducing new HIV infection, as part of meeting the four (4) goals of the NHAS. Specifically, the Peer Mentoring program is a CDC-approved, evidence based, medication adherence intervention, which furthers Hope & Help's ability to address the target populations who are disproportionately affected by HIV.

Hope & Help provides Peer Mentoring to those living with the HIV virus in the Orlando Metropolitan Area. Peer mentors provide individualized or group education and support to clients, families, and/or friends including education on medical issues, medication issues and benefits eligibility. Peer Mentors assist eligible clients that are newly diagnosis or have fallen out of care with mental and emotional support, relevant education, adherence to medications, and navigation of the medical care system.

Under current Florida Department of Health (Department) funding, Hope & Help offers a robust Peer Support program, which focuses on medical and treatment adherence service designed to successfully maintain consumers on antiretroviral medications and to achieve suppressed viral loads. Currently, Department funding provides for individual-based, one-on-one peer mentoring services to consumers who were newly diagnosed or who had experienced barriers to remaining engaged in HIV medical care.

Supplementing one-on-one peer mentoring, the Peer Mentoring program facilitates three (3) "meet-up" style support groups; Restart, RISE, and STYLE. Restart, was established in 2014, is a free, casual, and confidential support group for men living with and affected by HIV and their support persons (groups average 20 attendees on a regular basis). Group participants, who are also one-on-one peer mentoring consumers, learn about new HIV treatments, mental health, nutrition, holistic medicine, and much more. STYLE, established in 2016, is a free, structured, confidential support group for young same gender loving men of color who are newly diagnosed (< one year) with HIV. Group participants, who are also one-on-one peer mentoring consumers, learn coping and disclosure skills, HIV-related knowledge, safer sex practices and negotiation skills, and self-efficacy practices. Peer Support group consumers are linked to services via internal sources (case

management, one-on-one peer mentoring, EIS, medical clinic) and external community partners (key points of entry, partnering case management agencies, local Health Department medical clinics, and mental health providers). Social Support Theory shows that encouragement, assistance, and support gained from community infrastructure has been consistently associated with better adherence across studies of patients with varied health conditions and complicated medication regimens.

Program Success Monitored By Peer Mentoring standards and contract deliverables are established and monitored/audited annual by the external grantor's office at the Florida Department of Health. Additionally, the peer mentoring program is monitored and evaluated internally through the Hope & Help's Quality Management Committee.

Hope & Help's peer mentoring program provided one-one-one support services to over 200 individuals during the previous year. Over the next two years Hope and Help seeks to increase the number of consumers engaged in Peer Mentoring by a minimum of 12% annually. Peer Mentors will conduct a minimum of five (5) one-on-one sessions with each peer consumer over the course of three (3) to six (6) months and will assess client behavioral risk, medical adherence, and HAB measures at service initiation, at service midpoint, and at service discharge. These assessments, utilizing survey and data, will measure individual and program success during the duration of the Department contract. Monitoring and evaluation of the Peer Mentoring program will serve to guarantee over 90% of peer mentoring clients will remain engaged in medical care and will remain adherent to prescribed medical regimens. Additionally, over 85% of peer mentoring clients will be virally suppressed at the time of discharge.

All Peer Mentoring referrals are directed to the Prevention Linkage Coordinator who is responsible for monitoring and evaluating the services and care received by clients. Referrals are assigned to Peer Mentoring staff based on caseload, and cultural/linguistic abilities. Peer Mentors make their first contact attempt within seventy-two (72) hours of receiving a referral. Based on the ARTAS model, Peer Mentor contact with clients generally involves five (5) attempts with clients for up to six (6) months to ensure successful linkage into medical care and social support services, however relationships are known to last for years.

Mental Health Counseling

Description

The Mental Health Counseling program at Hope & Help is available to all existing patients. The program is designed to supplement the clinical and case management services patients already receive.

Budget

Category Health Care - Community Health Systems

Population Served At-Risk Populations, Ethnic/Racial Minorities -- Other Specified Group, LGBTQ+, Poor, Economically Disadvantaged, Indigent, People with a specific illness/Families of person with a specific illness

Short Term Success During the first quarter of 2020, Hope & Help partnered with a mental health counseling group to provide individual and relationship counseling to all our patients, regardless of their ability to pay. Hope & Help offers this service as a part of our Patient Assistance Program and can be provided both in-person and via telehealth. There has been a 400% increase in program utilization during the first few months of service. As the mental health program continues to grow in popularity, Hope & Help continues to look for additional funding sources to sustain its success and unfettered

access.

Long Term Success Through strategic planning and community feedback, Hope & Help has identified Mental Health as one of the most underserved programs for Central Florida's HIV community. Through Hope & Help's Patient Assistance Program and community partnership, a Mental Health Counseling program has been developed. Hope & Help wants to ensure our clients and patients have access to all necessary services under one roof and has prioritized access to counseling as a part of this overarching strategic plan. According to the National Institute of Health, people with HIV are twice as likely to have depression compared to those who do not have HIV, and mental health issues are a leading cause of medical adherence problems. Hope & Help's mission to end the HIV/STI epidemic in Florida through comprehensive health education, prevention, testing, and treatment includes increased access to culturally competent mental health counseling.

Program Success Monitored By Hope & Help tracks performance metrics for all its programs, including 340B programs. Monthly data is collected and analyzed as a part of Hope & Help Quality Management Program. Patient encounters, services rendered, and patient outcomes (ex: viral load and adherence) are all routinely monitored and reported on to grant funders, Board of Directors, and community stakeholders.

Syringe Support Services

Description

Budget

Category Mental Health & Crisis Intervention - Addictive Disorders N.E.C.

Population Served Adults, At-Risk Populations, Ethnic/Racial Minorities -- Other Specified Group, LGBTQ+, People with a specific illness/Families of person with a specific illness

Short Term Success

Long Term Success

Program Success Monitored By

HIV Home Testing Program

Description

Hope & Help is partnering with the following organizations to distribute free HIV home testing kits throughout Orange, Seminole, and Lake counties. Pan American Behavioral Health, Embrace Healthcare, and Fairvilla Mega Store.

Budget

Category Health Care - Community Health Systems

Population Served Adults, At-Risk Populations, Ethnic/Racial Minorities -- Other Specified Group, LGBTQ+, General Public, unspecified

Short Term Success • Increase persons who are aware of their HIV Status

• Strengthened the capacity of CDC-funded programs to implement an HST Program

• Increased partnerships with grassroots CBOs

• Increased PrEP uptake among persons at risk of acquiring HIV

Long Term Success • Increased identification of newly and previously diagnosed HIV infections

• Increased access to HIV testing services

• Increased network of prevention and care services

• Improved linkage to essential support services

• Increased access to PrEP

• Expanded capacity of grassroots organizations to implement HIV services

Program Success Monitored By The number of tests and information/education materials distributed.

The number of individuals reporting their test results.

The number of reactive test results.

The number of linkages to care.

The number of linkages to PrEP/nPEPI

Program Comments

CEO/Executive Director/Board Comments

Opportunity to expand outreach/education to ethnic/racial minorities and the faith based communities.

We have partnered with small grassroot organizations and offered them financial support to assist them in reaching underserved populations and faith based leaders.

Governance

Board Chair
Company Affiliation
Term
Email

Jim Palmisano
iServ
August 2019 - July 2023

Board of Directors

Name	Affiliation	Status
Mr. Bob Adams	Retired	Voting
Aubree Arias		NonVoting
Michelle Boweden	USC Consulting Gro[Voting
Erin Corbelli		Voting
Ms. Belinda Gammage	Victory Academy School / Purity Nation	NonVoting
Ms. Sue Idtensohn	Retired	Voting
Ms. Debi Jones	Salvation Army	Voting
Rakeem Marcella		NonVoting
Rakeem Marcelle		NonVoting
Mr. Brian Martinez	Orlando Health	Voting
Ms. Suzanne Meehle Esq	Meehle & Jay Law	Voting
Dr. Kurtis Mohr MD	Premise Health	Voting
Mike Muszynski		Voting
Mr. Blake Powell	RSM US LLP	Voting
Mr. Tracy Richardson	Liberty National	Voting
Mr. Tracy Richardsdon	WKMG	Voting
Ashlynn Welker		Voting

Board Demographics - Ethnicity

African American/Black	2
Asian American/Pacific Islander	0
Caucasian	12
Hispanic/Latino	2
Native American/American Indian	0
Multi-Racial	0
Other	0

Board Demographics - Gender

Male	8
Female	8
Unspecified	0

Governance

Board Term Lengths	2
Board Term Limits	3
Board Meeting Attendance	80%
Does the Organization have written Board Selection Criteria?	Yes
Does the Organization have a Written Conflict of Interest Policy?	Yes
Percentage Making Monetary Contributions	80%
Percentage Of Board Members Making In Kind Contributions	20%
Does the Board include Client Representation?	Yes
Number of Full Board Meetings Annually	16

Standing Committees

Finance
Executive
Advisory Board / Advisory Council
Development / Fund Development / Fund Raising / Grant Writing / Major Gifts
Board Governance

CEO/Executive Director/Board Comments

The Governance Committee completed a full review of Hope & Help's existing new Board Member Onboarding plan and updated it for 2020. They made the plan digital so Onboarding can continue virtually. Further, they are participating in the Edyth Bush, MBA Nonprofit Board Program at Rollins College to focus on Governance and bringing new thoughts, perspectives, and ideas to the Board.

Management

Executive Director
Email
Term Start

Lisa Barr
lisa.barr@hopeandhelp.org
August 2014

Lisa's Experience: Lisa Barr joined Hope & Help as the Executive Director in August 2014. She brings an diverse, extensive professional business background with over 25

years in defense, aerospace and commercial contracting, development, and non-profit management accompanied by a Masters of Business Administration from the Johns Hopkins University. Her combination of business, leadership and passion for doing what's right along with a focus on client assistance is a fit for Hope & Help. Hope & Help is the largest HIV/AIDS Service Organization in Central Florida, serving Orange, Osceola, Lake and Seminole Counties for over 30 years. Surrounded by an outstanding team of HIV experts, Lisa's focus is on the business side of this organization, determining how to remain viable in a rapidly changing healthcare environment so that Hope & Help can continue to support and serve patients.

Staff

Number of Full Time Staff	59
Number of Part Time Staff	4
Volunteers	38
Contractors	0
Staff Retention Rate	91%

Plans & Policies

Fundraising Plan?	Yes
Strategic Plan?	Yes
Years Strategic Plan Considers	3
When Strategic Plan Adopted?	June 2020
Management Succession Plan?	No
Policy and Procedures Plan?	Yes
Nondiscrimination Policy?	Yes
Whistle Blower Policy?	Yes
Document Destruction Policy?	Yes

Senior Staff

Name	Title
Amie Young	Senior Finance Director
Cheryl Provencal	Deputy Executive Director
Charlene Tolbert	Senior Strategy & Compliance Director
Brian Martinez	Senior Operations Director
Wes Golon	Human Resource Manager

Formal Evaluations

Is there a formal evaluation for...	Frequency
CEO/Executive Director Yes	Annually
Senior Management Yes	Annually
Non-Management Yes	Annually

Affiliations

Affiliation	Year
Orlando Regional Chamber of Commerce	2020

Awards

Award/Recognition	Organization	Year
Best Fundraiser Event - AIDS Walk Orlando	Watermark Publishing	2019
Queen Bee Award - Lisa Barr	Let's BeeHIVE	2018
Pulse Honoree	City of Orlando Police Department	2017

CEO/Executive Director/Board Comments

Hope & Help's team is incredible. All management level staff have advanced

degrees and continue to pursue educational, experiential, and social learning opportunities. Hope & Help funds CEU's for our medical and social service professionals so they remain at the top of their professions. In-house training opportunities are frequent and targeted to address changes in our community and clients/patients needs. A 3-part Cultural Humility training provided by Gilead Sciences is the latest agency-wide training all staff participated in. All training switched to a virtual platform in March 2020 due to the COVID-19 pandemic.

Financials

Financials

Fiscal Year Start

2023-07-01

Fiscal Year End

2024-06-30

Projected Revenue

29502291

Projected Expenses

29428941

Detailed Financials

Revenue and Expenses

Fiscal Year	2021	2020	2018
Total Revenue	\$25,775,210	\$24,504,889	\$16,076,086
Total Expenses	\$22,779,845	\$19,270,218	\$12,073,491
Revenue Less Expense	\$2,995,365.00	\$5,234,671.00	\$4,002,595.00

Revenue Sources

Fiscal Year	2021	2020	2018
Foundation and Corporation Contributions	\$0	\$0	\$0
Government - Federal	\$0	\$0	\$949,576
Government - State	\$0	\$0	\$0
Government - Local	\$0	\$0	\$0
Government - Unspecified	\$1,860,171	\$1,041,421	\$0
Individual Contribution	\$31,803	\$43,566	\$52,583

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Indirect Public Support	\$0	\$0	\$0
Earned Revenue	\$23,754,888	\$22,800,752	\$15,172,428
Investment Income, Net of Losses	\$159,303	\$37,909	\$159
Membership Dues	\$0	\$0	\$0
Special Events	\$-32,985	\$37,081	\$-147,126
Revenue In-Kind	\$0	\$712	\$44,987
Other	\$2,030	\$543,448	\$3,479

Expense Allocation

Fiscal Year	2021	2020	2018
Program Expense	\$22,192,107	\$18,841,779	\$11,737,506
Administrative Expense	\$218,910	\$105,309	\$121,324
Fundraising Expense	\$368,828	\$323,130	\$214,661
Total Revenue/Total Expenses	113%	127%	133%
Program Expense/Total Expenses	97%	98%	97%
Fundraising Expense/Contributed Revenue	2%	2%	2%

Top Funding Sources

Fiscal Year	2021	2020	2018
Top Funding Source & Dollar Amount	Earned Revenue - \$2,375,488.00	Earned Revenue - \$22,800,752.00	Earned Revenue - \$15,172,428.00
Second Highest Funding Source & Dollar Amount	Government Unspecified - \$1,860,171.00	Government - unspecified - \$1,041,421.00	Government - \$949,576.00
Third Highest Funding	Investment Income -	Miscellaneous - \$543,448.00	Individuals - \$52,583.00

Source & Dollar Amount	\$159,303.00		
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Assets and Liabilities

Fiscal Year	2021	2020	2018
Total Assets	\$17,685,112	\$16,066,625	\$6,148,859
Current Assets	\$6,744,814	\$11,734,684	\$6,009,138
Long-Term Liabilities	\$0	\$0	\$0
Current Liabilities	\$1,451,856	\$1,081,474	\$1,333,256
Total Net Assets	\$16,233,256	\$14,985,151	\$4,815,603

Endowment Info

Do you have an endowment?

No

Capital Campaign Info

Currently in a Capital Campaign?

No

Solicitation Permit Info

State Charitable Solicitations Permit

Yes

CEO/Executive Director/Board Comments

Hope & Help 's financial situation over the last six (6) years has changed significantly. In 2014-2016, the agency struggled to meet operational needs. During this time, we cut every line item to its lowest possible amount or eliminated expenses completely. Our entry into the 340B Drug Pricing Program in 2018 has put us in a secure financial position. We have added services, expanded free and/or low costs services offerings, expand our reach into underserved communities, and support several independent medical clinics so they serve more underserved individuals. We are meeting and exceeding our budget goals and managing expenses just as we did when we weren't financially secure.