

Sample General Operating Support Grant Proposal

March 26, 2001

Ms. Allison Smith
Program Officer
The Community Health Foundation
50 Azure Terrace
San Francisco, CA 94118

Dear Ms. Smith:

Thank you for taking the time to talk to me last week. As we discussed, I am writing to request a \$5,000 general operating support grant for the Central City AIDS Consortium (CCAC), which addresses health needs of residents of two of San Francisco's poorest neighborhoods.

No words can match the experience of a brief walk through CCAC's offices—busy, noisy, and sometimes nearly bursting at the seams. Come in off the street into our small lobby and you may find a dozen or more clients, some waiting to be seen by case managers or nurses, some there just to visit with one another or chat with a favorite volunteer in passing. Our prevention drop-in space is even busier, regularly drawing upwards of 100 people each morning. Nearly every ethnicity is represented, with no single group forming a majority of clients.

CCAC is a small agency but tackles the problems its clients face from multiple perspectives. Its case management program helps them secure services, housing, and medical treatment. Medical programs emphasize HIV testing and prevention. Further, CCAC is known for rigorous evaluation of its work and for its close collaborations with other independent and public agencies.

Over the past three years, CCAC's case load has grown rapidly, with our budget's tripling in size since 1998. To accommodate this demand, we need to raise \$300,000 from foundations and corporations this year.

I hope you will join with CCAC's supporters and with our board and staff in making life better for CCAC's clients. If you have any questions about our proposal, or if you would like to come and see our work first-hand, please

contact me directly at (415) 233-4455 or (415) 233-4378.

Sincerely,

Clayton Bauer
Chair, Board of Directors

Summary

The Central City Aids Consortium (CCAC) seeks \$5,000 in general operating support for its work with hundreds of homeless and low-income persons. CCAC is a 501(c)(3) community-based organization meeting the AIDS and HIV-related health needs of the diverse and often ignored residents of two of San Francisco's poorest neighborhoods. Its goal is to lessen the incidence of HIV infection, disease progression, and homelessness. CCAC Services include outreach, education, testing, client advocacy, and practical, direct services. It has a strong history of collaborating with other nonprofits and city agencies.

All services that are funded in whole or part by the City's Department of Public Health are subject to annual monitoring reports and site visits. The Department's most recent monitoring of CCAC's case management, peer advocacy and treatment programs, conducted in June 2000, awarded the programs a score of 98 out of 100, while monitoring of prevention programs in October 2000 resulted in a score of 94.5 out of 100.

Demand for CCAC's programs has increased rapidly in recent years, leading to a tripling of our agency's budget. A grant of \$5,000 would help the board and staff meet its goal of raising \$300,000 from foundation and corporate sources—an increase enabling CCAC to manage an expanding caseload.

Such a grant will provide crucial general operating support for CCAC's work with hundreds of homeless and low-income people with HIV and thousands of people at risk for the disease.

Needs Assessment

Through non-judgmental outreach, education, testing, client advocacy and practical, direct services, CCAC aims to lessen the incidence of HIV infection, disease progression and homelessness among the city's poorest residents. Approximately one-third of CCAC's clients are heterosexual, one-third or more identify as gay, and many refuse to be categorized. If you visit its offices, you'll find a diverse population--the same vast mix of people that can be found just outside its doors.

But if you take a closer look, commonalties emerge: incarceration, often for minor drug or vice crimes, sometimes for more serious offenses; mental illness; substance use; recurrent homelessness; medical problems compounded by near-constant exposure to the elements; the threat of random violence in the streets, and the presence of domestic violence in daily life. Closer still, deeper issues emerge: common threads of child abuse, of runaway or "throwaway" status during adolescence, of a lack of nurturing that makes it hard to build trust in others and threatening to ask for and receive care. Our clients are, as one CCAC staff member puts it, "people who have fallen through the cracks" of society at some point in their lives, and who have never fully recovered from the damage done. What you will always find among our clients is the need to be seen and heard as a person who is unique, strong and flawed all in the same moment.

As a small, storefront agency, CCAC cannot solve all the problems its clients confront. We can and do struggle alongside them, and celebrate each victory—as temporary as finding housing for just a week, as compelling as seeing a client who was at death's door regain her health and vibrancy. This client-by-client work is informed by a social justice agenda that promotes system change through individual change. Clients who are housed can use their power as residents to effect improvements in the residential hotels where they live. Clients who are motivated to prevent HIV in their own lives can organize prevention outreach for their neighbors. Clients who, while at CCAC, receive the care they have so rarely felt in their lives, are often moved to adopt a caregiver role for friends and neighbors in need.

Goals, Outcomes, and Methods

CCAC's goal is to lessen the incidence of HIV infection, disease progression,

and homelessness among residents of two of San Francisco's poorest neighborhoods—the Tenderloin and the Mission. In the coming year it will offer case management, HIV testing, and advocacy to more than 800 people, and HIV education services to 2,000 or more. It will see many of the 800 clients on a weekly basis, as it works toward the following outcomes on their behalf:

- Improved health
- Stable living situations
- Enhanced life skills
- Success at advocating for such needs as housing, substance abuse treatment, and government entitlement programs

CCAC's programs are:

Advocacy: More than 600 people with HIV use CCAC's HIV Services Program, which includes case management, treatment advocacy and peer advocacy. Approximately one-half of clients use case management to address specific issues that have reached a crisis stage: an imminent loss of housing, for example, or growing mental health problems. Once the crisis is resolved, usually after many hours of work with a case manager over the course of several weeks or months, the client reduces or discontinues his use of case management. The other one-half of clients remain engaged in care for 18 months or longer, and see their case manager at least weekly. Clients come to our case management program as a result of outreach by our staff, referrals from friends, and also referrals from other agencies. Among many service providers, CCAC has become known as the agency to which you send difficult clients.

Traditionally, a case manager's job is to open doors: to provide clients with referrals to services that can help them resolve specific issues. Case managers at CCAC spend more time re-opening doors: appealing rejections from substance use or entitlement programs, or finding alternate sources for clients who are barred from using on-site food programs. We have developed special expertise in housing, the area of greatest need for our clients. Despite a dwindling stock of low-cost housing in San Francisco, our case managers help approximately 120 clients each year obtain permanent housing. Case managers negotiate with residential hotel managers around establishment of long-term residency for clients, work with clients on developing the life skills (housekeeping, anger management, etc.) that will make them appropriate for housing, and intercede with hotel managers on behalf of clients who are at risk for eviction. We also have established our own housing fund, the Last Resort Fund, to provide clients with emergency housing vouchers and eviction defense assistance.

In providing these services, we use a fluid, client-centered approach. Some clients show up for months, or even years, simply to use a clean rest room, take a food pack, bottled water and perhaps clean socks or a rain poncho, and leave. Often, this is part of the difficult trust-building process, one that the staff respects. As one case manager says about a speed-addicted client who had been in a cycle of prison and homelessness all his adult life, and who now has a permanent home, Social Security benefits and access to regular medical care, “after many months he saw that he could just be his jittery self here at CCAC, that whatever was going on with him, we would deal with it, and that eventually made all the difference.”

The case management component of CCAC’s HIV Services Program works closely with two other direct service components: peer advocacy and treatment advocacy. Peer advocacy offers support to case management clients in surmounting the many obstacles they encounter in their daily lives. Staff and volunteer peer advocates, recruited from the community, pick up prescriptions for homebound clients, accompany clients to medical and social service appointments, help ill clients with tasks such as laundry and grocery shopping, and provide similar forms of practical assistance. Treatment advocacy helps clients learn about existing and new treatments for HIV and cope with the often-difficult process of adhering to treatment and managing side effects through individualized treatment counseling, treatment support groups and community treatment education forums. Treatment advocacy also educates clients about related issues such as Hepatitis C and the interaction of medical treatments with street drugs, both of which are responsible for many client deaths.

Collaborations: CCAC leverages its own resources by seeking out collaborations that can bring a much wider array of services to its clients. Our largest collaboration is Communities Care (COCA), a public-private partnership that CCAC co-founded in 1997. COCA combines the work of CCAC’s case managers, peer advocates and treatment advocates with on-site medical and psychiatric care provided by other agencies including San Francisco General Hospital and the Frank McHugh Health Center. COCA’s services do not simply result in the offering of on-site medical care for our clients, crucial as that is. The services also help build cross-disciplinary bonds among staff from several agencies, so that all staff work as a unit. COCA has been particularly valuable for bringing into care clients who have not regularly accessed medical services in the past; COCA case managers and nurses even provide mobile services for clients who are unable or unwilling to use services on-site at COCA.

CCAC also works with other agencies to bring psycho-social services out into the community beyond CCAC’s doors. Through a new collaboration with Nathan Housing, CCAC will soon station full-time case management and

peer advocacy staff on-site at two newly-refurbished residential hotels. These staff will work alongside mental health professionals to provide mentally ill clients with supportive services that can help keep them stable and housed. We also will soon be expanding our provision of treatment advocacy services to people with HIV who receive medical care at the Frank McHugh Health Center, by stationing a full-time treatment advocate on-site at the Center.

HIV Prevention: According to the San Francisco Department of Public Health (SFPDH), new HIV infections among men have doubled since 1997. While the number of individuals becoming newly infected is substantially lower than in the 1980s thanks to vigorous HIV prevention efforts, the rise over the last few years is alarming. In response, over the past year CCAC has nearly doubled the resources it devotes to HIV prevention and antibody testing. Our prevention work now includes:

- Outreach throughout the Tenderloin—on the streets, in soup kitchen lines, in plazas and parks and in the offices of other social services providers. Through outreach, our staff and volunteers bring HIV prevention education into the daily lives of thousands of individuals at risk for HIV.

- HIV Prevention Support Groups: Social support—the formation of a peer group that supports one’s efforts to reduce the risk of infection—is crucial to HIV prevention efforts, and is one of the main goals of all of CCAC’s prevention groups. The groups also provide workshop strategies for addressing causative factors related to HIV risk, such as homelessness, substance use and employment

- Individual Risk Reduction Counseling, which provides one-on-one assistance with HIV risk reduction and related causative factors. CCAC risk reduction counselors meet with clients for 30- to 60-minute sessions over the course of many weeks or months to help clients develop strategies for reducing their risk for HIV. As part of this work, counselors also offer confidential HIV antibody testing; we tested 280 individuals in just the first two months of 2001. Clients who test positive are streamlined into treatment advocacy, case management and, as appropriate, on-site medical care.

Community Building: CCAC has always relied on community building as part of its HIV prevention work. The heart of this community building work is our HIV prevention drop-in center, which is open five mornings a week. The center’s work is deceptively simple—it is built on a cup of hot coffee and a smile, a snack and a video to watch, a clean rest room to use and a basket of condoms at the door. The 100 or more people who come to the center

each day find respite from the drug sales and crime that permeate the Tenderloin, a chance to re-group and face the day after a night on the streets, and a chance to build healthy social bonds in a safe and welcoming space. Staff and volunteers circulate among the center's clients, getting to know them at a natural pace and winning their trust. Clients are invited to attend an educational forum on HIV, or to talk one-on-one about their HIV risk, or even to get tested for HIV. Many refuse—for a while. And return for another day.

At the start of this year, we added a new facet to this work: the launch of a large-scale effort that will take off from the drop-in center's many years of community building. Under this new effort, CCAC will encourage drop-in center and direct service clients to design and conduct new HIV prevention and antibody testing outreach efforts for their friends and neighbors, and will provide these new "peer leaders" with a 16-hour training course in HIV prevention. By enrolling community peer leaders directly into our prevention work, we will seed the neighborhood with committed and skilled HIV prevention volunteers.

Evaluation

Our HIV prevention program annually develops evaluation strategies to measure its impact. In 1999, we found that individuals who participated in at least two sessions of our HIV prevention support groups reported a 15% decrease in high-risk behaviors. In 2000, we found that 22% of the individuals who used our prevention risk reduction counseling service went on to get tested for HIV antibodies. In addition, all services that are funded in whole or in part by the San Francisco Department of Public Health (SFDPH) are subject to annual monitoring reports and site visits. SFDPH's most recent monitoring of CCAC's case management, peer advocacy and treatment advocacy programs, conducted in June 2000, awarded the programs a score of 98 out of 100. The most recent monitoring of our prevention programs, conducted in October 2000, resulted in a score of 94.50 out of 100. In the coming year, CCAC seeks to equal or exceed these scores.

Budget Growth and Additional Funding

CCAC has been serving the people of the Tenderloin for 11 years, and has grown substantially over the past few years, nearly tripling in size since 1998. While some of this growth has been fueled by additional contracts with SFDPH, private fundraising has also played a vital role in our ability to serve clients more fully.

CCAC's fiscal year 2000 goal for private funds was \$236,000, while our 2001 goal is \$300,000, a 27% increase. Foundations and corporations—leading regional grantmakers, grantmakers with a special expertise and interest in AIDS, corporate foundations and family foundations alike—have been central to this fundraising growth. For the coming year we have been awarded \$40,000 by the Kaiser Health Foundation, \$25,000 by the Gap Foundation, and \$25,000 by the Walter S. Johnson Foundation. Proposals are under consideration at a number of foundations and corporations (see appendix).

While focusing on health, CCAC's close work with clients is informed by a social justice agenda, helping clients work to effect improvements in their lives. We seek the opportunity to advance this important work with the Community Health Foundation's generous assistance.

Adapted with permission from a proposal by
Kevin
With many thanks