
A STRATEGIC PLAN For AIDS Project Worcester

September 2007- August 2010

**Developed By:
The Board of Directors, Staff, Clients and
community members**



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Introduction to APW's Strategic Plan Board President and Executive Director

AIDS Project Worcester, Inc. is both proud and excited to present our Strategic Plan that will direct our operations during the next three (3) years. The Plan is very ambitious but has buy-in from our Consumers, Staff and Board. The Plan itself is a 'living document' that will require periodic revision as we seek to enhance our services to the communities of Central Massachusetts, to minimize the spread of the deadly HIV/AIDS virus and to maximize the ability of those who are infected and their affected family members to remain fully integrated into our communities, leading productive and positive lives.

We want to thank the Greater Worcester Community Foundation for the Planning Grant that made this Plan possible; the community members who gave up their time to be interviewed to help us fully explore the issues we face; the Staff and Board members who participated in the Strategic Planning team that crafted the various initiatives you will find in the Plan; and our wonderful consultant Judy Freiwirth for guiding us all through the adventure!

AIDS Project Worcester, Inc. has the desire and the skilled and dedicated Staff necessary to make this Plan become a reality. We will need the continued support of our Central Massachusetts communities as well. In the coming months we will be asking for your support in many ways: (1) We will need funding to renovate our new spaces and obtain necessary equipment and supplies; (2) We will need Volunteers to help our Staff continue to provide our existing services and to begin to implement the new initiatives; and (3) We will need everyone to pay attention. The HIV/AIDS virus truly thrives on our inattention, ignorance and failure to teach our children and model for them and for others appropriate and safe behaviors that prevent transmission of the virus. We cannot cure the virus and there is no vaccine. There are drugs that help control the impact of the virus on the human body, but these drugs come with many different side effects and enormous costs. The best defense is to avoid contracting the virus by taking precautions.

We are into our twentieth year as an agency. We look back with pride at what we have been able to accomplish, tinged with sorrow for the many lives lost to the virus. We look ahead with renewed energy and hope. On Thursday, September 18th 2008 we will have a twentieth anniversary dinner to celebrate our experience and remember the people we have touched as well as those who have touched us. We invite you to attend this event and to help support the Agency through your contributions and continued caring.

Joe McKee, Executive Director

Dave Bunker, President of the Board

AIDS PROJECT WORCESTER

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Executive Summary

All of the citizens of Central Massachusetts continue to be at risk for HIV/AIDS infection. Despite new drugs, many with significant side effects, people in Central Massachusetts continue to die from AIDS. While the HIV/AIDS virus does not discriminate among its potential victims, certain segments of our community are at greater risk for infection than others: Anyone who has unprotected sex and anyone who shares a needle, puts them self at risk. Our youth, who may experiment with sex and who may be ignorant of the risks of unprotected sex; intravenous drug users of any age who share needles, whether the drug is heroin, crack cocaine or steroids; women who may be sex workers, involved in abusive relationships or victims of rape; are all at significant risk of infection in our community. Infected persons who fail to be tested, are at significant risk to pass on this still deadly disease. HIV/AIDS thrives on our ignorance of basic precautions we could employ to greatly reduce our risk of infection.

AIDS Project Worcester, Inc. has worked for twenty (20) years in the communities of Central Massachusetts to (a) combat our ignorance of HIV/AIDS with life saving information; (b) to keep the facts about continued risk of infection in front of our community members; and (c) to provide services to those members of our community who become infected as well as education to prevent transmission.

When we started our work in Central Massachusetts in 1987 our focus was to help people learn to protect themselves from HIV/AIDS infection and to help those people who were infected to die with dignity and provide support to their affected family and friends. As new drugs became available to combat the deadly virus, our infected clients and their affected family and friends needed help to live with dignity in the face of both the economic ravages associated with infection, the stigma of being infected and the discrimination attendant to infection.

In late 2006 the Board, Staff and Clients of AIDS Project Worcester recognized that further evolution of our Agency was necessary. The majority of our community appears complacent. HIV/AIDS is seen as something that happens in other parts of the world or only to a small segment of disadvantaged persons here at home. As a result, (a) rates of infection among our still vulnerable community members is on the increase while financial contributions from individuals to help us address critical needs is dwindling.

Through the generosity of the Greater Worcester Community Foundation, AIDS Project Worcester received a grant from the Organizational Assistance Fund. We hired our consultant, Judy Freiwirth, and began to engage with members of our communities and with each other in what became an intensive, sixteen (16) month process to refocus AIDS Project Worcester ("APW") to best address the current needs of our communities and of our infected and affected clients.

We framed our process with a series of questions which, with the help of members of our various communities and with the support of the Board, Staff and Clients of APW we have been able to answer in the context of our Strategic Plan:

1. What are the most important service needs and gaps and how should APW best address them?
2. How to effectively connect with specific immigrant and racial/ethnic communities?
3. How to best reconnect with the GLBTQ community?
4. What is APW's image and visibility in the community and how to best increase it?
5. How to best increase APW's fund development capacity?

6. How do we best strengthen the Board of Directors?
7. How do we best use the Advisory Council?
8. How do we best strengthen the Staff, organization and infrastructure?

APW'S CORE DIRECTIONS

We will undertake several new initiatives both with regard to our two essential missions: (a) to continue to educate the communities we serve about the continued risk of HIV/AIDS infection and what to do to protect yourself and (b) to provide HIV/AIDS infected and affected persons with the tools and skills they need to manage their lives as contributing and productive participants in our communities. Our new initiatives include

Community Awareness of Risk - APW will implement a marketing plan to increase its visibility in the community, expanding its capacity to increase awareness of AIDS/HIV and the means to prevent transmission.

Living Center Initiative - A living center model focuses on “wellness”, “living with AIDS”, peer leadership and support, and community member empowerment. APW will obtain new space for the Center, expand the peer leadership program and offer our infected and affected clients experience and training to acquire tools and strategies for gainful employment and to better integrate into our communities at large.

Engaging High Risk, Underserved Groups –

- Peer-led youth prevention programs;
- A new model for women at high risk for HIV infection through the Women’s Initiative;
- Re-connecting with gay, lesbian, bisexual, transgender and questioning (GLBTQ) communities;
- Outreach to new immigrants from Africa, Brazil and the Azores and from Southeast Asia;
- Outreach to African-American communities, expanding our inroads into Latin American communities;

In addition to the Living center, APW will have several on and/or off-site centers which will be designed to maximize the involvement of the different high risk groups in our Central Massachusetts communities; we will engage in collaborative relationships with other agencies, communities of faith and educational institutions to expand our reach, share our resources and maximize our connections with these groups; and we will maximize our use of the internet and our Web site to provide information and opportunities for interaction.

Training Center - APW will create a new training center that will facilitate APW’s expansion into immigrant communities, enhance our visibility, bring in additional resources and permit APW to share its twenty (20) years of expertise and best practices as an AIDS Service Organization around the world. the training Center will also create opportunities for collaborations with educational and medical institutions.

Infrastructure – APW will strengthen our organizational and fundraising capacity, including new positions and improvement in salaries and opportunities for Staff; a more diverse and functional Board; and an Advisory Council reflective of our collaborating organizations and the communities we serve.

Stigma and Discrimination - APW will increase its focus on confronting stigma about HIV/AIDS and the discrimination that results, for people at risk or infected. We will work to build

the capacity for existing community service centers to provide services to infected and affected persons we serve.

Current Services - We will continue to maintain our existing array of essential services including Case Management, Mental Health Programs, Nutrition Programs, Peer Support Programs, Transportation Services, Triage program, Legal Clinic, Housing Opportunities for People with AIDS (HOPWA), Prevention and Education Services including Health Education Programs, Speakers Bureau, GLBTQ Community Services and HIV Counseling and Testing.

CONCLUSION

AIDS Project Worcester will continue to lead the communities of Central Massachusetts in our mutual efforts to protect our community members from infection and to address the needs of persons who are infected and their affected family and friends. We will continue and increase our collaborations with various parts of our community to increase our communal strength in the battle against this disease and in permitting persons who have become infected to enjoy a fulfilling and contributing life as a part of our whole.

I. ORGANIZATIONAL HISTORY - From the early 1980's to 2007

During the early to mid-80's, residents of the city of Worcester and its surrounding suburbs began to be infected with HIV in increasing numbers. With few government or community services available at the time, those early individuals and families found comfort and support particularly in Pakachoag Community Church in Auburn. As the numbers grew through the mid-80's the complexity of needs expanded. As a result, the need for more services became clearly evident. Out of community discussions concerning how best to meet those needs, AIDS Project Worcester, Inc. was born.

APW was incorporated as a 501(c)(3) nonprofit corporation in 1987 to provide education to the community about HIV/AIDS and services to individuals and families infected with HIV disease. APW has grown from a narrowly focused, case management AIDS service organization into the primary provider of non-medical HIV/AIDS support services in Central Massachusetts. The organization has expanded from a small Shrewsbury Street store-front office into two strategic locations, Worcester (main office) and Southbridge. During this same period APW enhanced service provision by increasing the professionalism of service-delivery staff, while strengthening the organizations volunteer base. By the mid-90's, APW's community profile had been raised significantly and signature fundraising activities had been well established, including the annual [*Walk For Life*](#).

APW has been a leader among AIDS service organizations in the design and implementation of consumer-oriented service delivery systems. Two major examples [Joe – should the peer program be included here as a third example?] can be found in APW's case management system and in the agency's creative unique prevention/education programs. The model of delivering client services through a "triage" evaluation system is now being implemented by the Massachusetts Department of Public Health in the Boston-Cambridge-Somerville area (with plans for future implementation statewide). APW's clinical-services- based prevention and education program targeting men who have sex with men is unique in the New England area. Its success is being viewed by the Massachusetts Department of Public Health as a model for implementation of similar programs outside the Boston metropolitan area. Because of the quality and diversity of its services, APW experienced growth in the number of consumers of greater than 15% per year.

In the late 90's, APW began a restructuring of its programs and administration to respond to the dramatically changing needs of consumers resulting from improvement in medical treatments. During this period, the organization moved from an organization focused on helping people die with dignity and supports, to one which assists people to live. The Agency shifted organizationally and programmatically from crisis, short-term responses, to long-term strategic planning. These changes formed the foundation that would ensure the continued delivery of relevant, caring and comprehensive HIV/AIDS services to individuals and families in Central Massachusetts through the end of the millennium.

II. PROGRAM AND SERVICES PROFILE

A. Current Services for People Living with HIV/AIDS

Case Management -- assists consumers with accessing health care, entitlement programs, substance abuse treatment, acute housing assistance, assistance with HIV disclosure, permanency planning and psychosocial support. Consumer needs are determined following a comprehensive needs assessment. The assigned Case Manager facilitates referrals and advocates on the consumer's behalf to ensure the identified needs are properly addressed.

Mental Health Program -- addresses the mental health needs of people infected with or affected by HIV/AIDS and services include: crisis intervention, short-term therapy, referrals to mental health/ psychological agencies, substance abuse counseling, family counseling, psycho-educational groups and support groups.

Nutrition Program -- provides culturally & dietary appropriate food items to consumers and their families. Consumers can access nutritional services two times per month. Hot delivered meals and food vouchers are available. Congregate meals are offered on a regular basis and provide consumers the opportunity to have a nutritious meal, meet other consumers and learn about HIV related issues.

Peer Support Program -- comprised of HIV positive staff members who provide support and information to individuals infected with or affected by HIV disease. The Peer Support staff facilitate support groups, organize educational workshops, and are available to assist consumers in addressing various issues.

Transportation -- taxi and bus passes are provided to consumers for medical, dental, psychiatric and holistic therapy appointments.

Triage program -- is available to consumers who are not receiving other discreet services (case management, mental health etc.). A team composed of Triage Case Managers and interns are available to assist with consumer intakes, internal and external referrals, transportation and basic HIV/AIDS information.

Alternative therapies -- for pain management are offered on a limited basis.

A Legal Clinic -- offered monthly to consumers who need legal advice.

Housing Opportunities for People with AIDS (HOPWA) -- currently provides homelessness prevention, rental and utility assistance. The housing program includes:

- **Rental Start-Up Program** will assist clients with first and last month's rent or security deposit payments.
- **Homelessness Prevention Program** will assist clients with rental arrearages and ongoing assistance for those who are rent burden. (total amount of assistance will not exceed the allowable 147 days)

- **Utility Assistance Program** is a program which provides assistance of up to \$750.00 for individual, and \$900.00 for family. This assistance can be spread amongst up to three utility companies.

Clients meeting the following criteria can access this program once per calendar year based.

- HIV positive (copy of diagnosis letter is required with application)
- Address on current lease/tenancy verification form must match the address on utility bill (copies of lease agreement and utility bills required with application).
- Combined household income is in accordance with HUD Very Low Income Guidelines (<http://www.huduser.org/Databases/IL/IL04/hud04ma.pdf>), which is the same set guidelines used for the Rental Startup and Homelessness Prevention Programs (proof of income no older than sixty days for all members of the household required with application.)

B. Prevention Programs

Educational Services

One time Prevention Efforts: APW provides a variety of educational sessions. These are generally 1-2 sessions that cover a specific topic, as requested. Examples include: HIV 101, APW services, GLBT health needs, etc.

Health Education Promotion: APW Staff are well known as experts in HIV throughout the community. APW Staff are available to attend health fairs and provide education and information about HIV/AIDS, sexually transmitted infections, and ways to reduce risk for such health complications. This service is available to the community, businesses, and faith communities.

Speakers Bureau: This program provides HIV+ and affected speakers to community organizations and businesses. Topics span a broad range of subjects including HIV 101, HIV education in the workplace, and personal perspectives.

GLBTQ (Gay, Lesbian, Bisexual, Transgender & Questioning) community

The GLBT program targets HIV risk reduction through a cognitive/behavior change perspective. Educational groups (including transgender and bisexual groups) and short term prevention counseling and risk reduction information are available to the GLBT community.

Group level interventions are available to community members who are influential in their respective communities. Popular Opinion Leader (POL) is a five session training series that includes information on HIV, STDs, hepatitis, risk-reduction, levels of risk, conversational skills, and prevention devices. Participants are trained to serve as peer leaders in the community and effectively disseminate prevention information.

Mobile outreach is performed through various service modalities. As part of mobile outreach, educators provide information about HIV, STDs and hepatitis, conduct basic risk assessments, provide prevention materials including educational literature and support referral, follow up and confirmation of referrals. Mobile outreach is performed through the following venues: a) online, b) public sex environments, and c) bar/ club venues.

HIV Counseling and Testing

APW offers free and anonymous testing both on site and at host locations like Colleges and Free Clinics, including the new rapid test which provides a preliminary result in 20 minutes.

Recently the Agency has begun training students from UMass Medical School who staff free clinics in the area, how to administer the rapid tests.

II. PLANNING PROCESS

During June 2006, AIDS Project Worcester sought and obtained a grant from the Organizational Assistance Fund of the Greater Worcester Community Foundation and retained Dr. Judy Freiwirth, Principal of Nonprofit Solutions Associates and organization development consultant, to assist in designing, coordinating, and implementing a comprehensive strategic planning process. AIDS Project Worcester desired a strategic planning model that was inclusive and participatory, involving all sectors of AIDS Project Worcester's stakeholders, including clients, peer leaders, community leaders and other stakeholders, board of directors, advisory council, management staff and direct service staff. A Strategic Planning Team comprised of a similar cross-section of AIDS Project Worcester, worked closely with the Consultant to oversee, structure, and lead the process.

The board, staff and Strategic Planning Committee identified key strategic issues perceived to be crucial to the future of AIDS Project Worcester and its ability to provide quality services to the community. In order to make decisions that were both responsive to changes in the environment and to the changing face of AIDS, and addressed current service needs and gaps, the Team and Consultant conducted a comprehensive strategic assessment.

The external assessment included individual interviews and focus groups with over forty individual key stakeholders, including leaders in the African American, Latino, Sub-Saharan African, Southeast Asian, and Muslim immigrant communities of Worcester; health care collaborators; elected officials; local media; business leaders; funders; former board members; leaders of the GLBT community; youth; and other nonprofit community leaders.

In addition, the Consultant conducted an internal organizational assessment to evaluate APW's internal capacity to respond to possible strategic directions and make recommendations for organizational improvement. The internal assessment included: a) a client needs assessment survey that achieved responses from 48 clients; b) a focus group of Latino clients; c) individual and group interviews with all APW staff; d) a group interview with the board of directors; e) a group interview with youth involved with APW; f) a self-administered survey completed by a representative group of nine youth involved in the APW youth prevention program; and g) an extensive document review.

Informed by the findings of the strategic assessment, APW held a one day board-staff facilitated planning retreat with over 35 participants in May of 2007. APW addressed the identified key strategic issues and developed directions, visions, and priorities for the future. The Strategic Planning Team then designed a follow-up session in which the staff and board addressed a possible name change for AIDS Project Worcester to better reflect the concerns raised in the assessment. The name was retained and it was decided to individually name the various "centers" and off site programs, as named projects of APW. With on-going feedback from APW's stakeholders, the Team finalized the key strategic directions, visions, and strategies

for the plan. The Consultant assisted in drafting the strategic plan, with review by Staff and review and final approval by the Board of Directors.

III. KEY STRATEGIC ISSUES

The following were the key strategic issues identified at the beginning of the process and framed both the strategic assessment and the retreat decision-making process.

9. What is APW's image and visibility in the community and how to best increase it?
10. How to best increase APW's fund development capacity?
11. What are the most important service needs and gaps and how should APW best address them (Womens HIV Initiative)?
12. How to effectively connect with specific immigrant and racial/ethnic communities?
13. How to best reconnect with the GLBT community?
14. How do we best strengthen the board of directors?
15. How do we best use the Advisory Council?
16. How do we best strengthen the organization and infrastructure?

IV. STRATEGIC ASSESSMENT KEY FINDINGS

See attached Strategic assessment report.

V. MISSION AND ORGANIZATIONAL VALUES

Revised Mission Statement

To better reflect the new strategic directions of APW, the mission was revised to the following:

AIDS Project Worcester is a nonprofit organization in Central MA dedicated to ending the HIV/AIDS pandemic and fostering wellness through service, advocacy, prevention, education, and collaborative initiatives. We empower and enhance the lives of people infected and affected by HIV/ AIDS by fighting stigma and discrimination and through individualized services and best practices in a supportive, multicultural setting.

Organizational Values Guiding APW

APW also revised its organizational values to guide the work of the organization for the future.

- Our work is consumer-driven. Consumer leadership in advocating for social justice issues, public health resources, and services is critical to the success of APW's mission.
- Quality of life is paramount. APW programs are designed to support clients and their families in all aspects of their lives by promoting a wellness and holistic approach.
- We strive to eliminate the stigma and discrimination associated with HIV/AIDS.

- HIV/AIDS is a preventable disease; with increased advocacy, education, an equitable distribution of resources and an adequately funded public health system this disease can be dramatically reduced.
- We believe in testing to identify the presence or absence of HIV/AIDS coupled with training and education to help infected persons prevent further transmission and help non-infected persons avoid becoming infected.
- APW services are available to all persons infected or affected by HIV/AIDS regardless of ability to pay.
- We are committed to accessibility and will eliminate barriers for persons with linguistic, racial/ethnic, cultural, and physical differences.
- APW is a participatory and collaborative organization. We believe that effective partnerships among the board, staff, clients, their families, community leaders, and other service organizations are key to quality services.
- HIV/AIDS is a pandemic affecting our global community. We will continue to develop and refine a body of best-practices which we will share around the world.

VI. CORE DIRECTIONS FOR APW FOR NEXT 3 YEARS

- ➔ With the changing needs of the HIV/AIDS community, APW plans to shift its focus from primarily being a service provider, to adopting a “living center model”. A living center model focuses on “wellness”, “living with AIDS”, peer leadership and support, and community member empowerment. Within this living center model, the peer leadership program will be emphasized and expanded, including an increase in peer staff and involvement in APW decision-making. The Center will be called the “Red Ribbon Wellness Center, a Project of APW”.
- ➔ APW will increase its focus on addressing stigma about HIV/AIDS and discrimination that occurs for people at risk or infected within the community.
- ➔ In addition to the wellness center, APW will have several off-site centers with different locations: Centers will be named “a project/service of AIDS Project Worcester”. These will include a separate:
 - a. GLBTQ space
 - b. Youth space (which may be off site)
 - c. Training Center (may be a combination of on and off site locations)
 - d. Welcoming space for the immigrant community (may be off and on site)
- ➔ APW will expand and place more priority on its peer-led youth prevention program that is visible in the community
- ➔ APW will significantly increase its engagement with the gay, lesbian, bisexual, transgender and Questioning (GLBTQ) communities; immigrant; and African-American communities.
- ➔ APW will significantly increase its engagement with women at high risk for HIV infection through the Women’s Initiative and will establish a best practices model for replication elsewhere.

- ➔ APW will create a new training center that will facilitate APW's expansion into immigrant communities, enhance its visibility, bring in additional resources to APW, and permit APW to share its expertise in order to strengthen international and local/regional HIV/AIDS service organizations.
- ➔ APW will increase its visibility in the community, expanding its capacity to increase awareness of AIDS/HIV and means to prevent transmission within the community
- ➔ APW will strengthen APW's organizational capacity, including the Staff, Board of Directors and Advisory Council, as well as fund development.

VII. VISIONS AND KEY STRATEGIES

A. ADOPTING A LIVING CENTER MODEL FOR APW With Enhancements to existing services and peer leadership program

Three Year Vision

A living center model focuses on "wellness", living with AIDS, peer leadership and support, as well as community member empowerment. With the changing needs of the HIV/AIDS community, APW plans to shift its focus from being primarily a "service provider" to having a broader focus on consumer leadership, wellness and empowerment. Clients are now more interested in a "living center" which provides social support activities, job readiness, congregate meals, educational activities, computer skills, nutritional education, and more focus on independent living as well as inclusion in the community at large.

Within this living center model, the peer leadership program will be emphasized and expanded, including an increase in peer staff and involvement in APW decision-making. APW will also have deepened its cultural accessibility and competency by employing a person of Asian descent and a Portuguese-speaking peer and by expansion in its outreach to immigrant communities.

The Boston Living Center provides a model for this shift, although APW, being the primary provider of AIDS services, will continue to provide direct services, and will enhance and expand those services that are most critical. Since these program enhancements and new initiatives come from the staff and/or clients based on need as well as the mission of an ASO; we view these as critical to meeting the challenges and changing direction of this pandemic.

Strategies

Year I Strategies

Housing Program Enhancements:

- Increase number of available apts.
- Increase available apts. for families
- Pursue Housing 1st Model
- Work to expand eligibility for assistance; no addiction issues, not dual dx, working poor, etc.
- Educational/support group on legal rights and issues regarding accessing and maintaining housing

Mental Health Program Enhancements:

- Increase number of support groups
- Increase diversity of groups offered (e.g., parenting, recently released from incarceration group for men/women, reunifying fathers and children, medical appointment preparation group, group on medications, side effects and re-starting therapy, intimate partner violence group in English, bereavement group, ciboxun/methadone treatment. Group Beginning Year 1 into Year 2

Nutrition Program Enhancements:

- Adjust food boxes based on family size
- Provide trainings on how to avoid other conditions due to poor diet; reduce risk for diabetes, heart disease, etc. Year 1-2

Living Center Model Services:

- Create more varied volunteer opportunities for clients to improve self-esteem and various skills
- Obtain clothing vouchers for winter months, job interviews, etc, from major clothing stores, chains, donations, etc.
- Movie nights and more (see attached client survey)
- Provide educational classes such as: English as a Second Language, GED preparation, civics classes to be able to pass US citizen testing, computer skills, parenting classes, various art classes utilizing different medium work with local artist, art schools, retired persons, etc Year 1-2
- Back to work/work readiness programs-résumé building, how to interview for a job, appropriate dress, how to obtain letters of recommendation, etc Year 1-2
- Physical education component; classes, basketball team and other team sports Year 1-2
- Increase access to alternative therapies Year 1-2
- Increase opportunities for peers to be involved in organizational-wide decision-making, including the board
- Create linkages to communities of faith and other membership organizations to facilitate better connections between our clients and the community at large

Year II Strategies**Mental Health Program**

- Provide training to other providers regarding HIV/AIDS and intersecting issues and provide CEU's

Nutrition Program

- Access to bi-lingual nutritionist; best if on-staff at agency to provide on-going assessments, support and advocacy, trainings on healthy eating, working with low-cost food items, food handling, preparation, etc
- Become a primary source for food for HIV+ individuals and families or a larger source not just a supplemental (other food banks-no choice in food, smaller portions, no transportation)
- Vitamins-how to access them and use them appropriately
- Cooking classes and food planning Year 2-3

Living Center Model

- Related-computer lab, teach basic skills concerning computer use

- On-staff nurse Year 2-3
- Move location or have additional location Year 2-3
- Create some employment opportunities for clients and funds for agency-create second hand shop; donated items, possibly clean attics or basements for items and pay for clients, have clients run store with staff oversight teach them business skills, have a Tatnuck Bookstore model of items to purchase, coffee, etc Year 2-3
- Create with clients and staff instruction/educational/informational CD's, short films, training films, promotional films regarding the agency and its work, HIV/AIDS issues, specific topics of training, geared to a range of viewers local and international etc. Year 2-3
- Hire Asian and Portuguese-speaking peer leader

Year III Strategies

Living Center Model

- Have a kitchen sufficient to serve as a training facility and dining area sufficient for congregate meals and food service trainings

B. Developing a Youth Prevention Program

1. **Will be a peer-leadership youth educational model. The peer leadership model** will use peer educators as the core components of the program. The peer educators would be responsible for the development of the program and working to make the agency a welcoming environment for young people. Much of the work that the peer educators will be responsible for would occur within their respective communities and they will bring the information attained in the "field" back to APW to help in the planning and design of additional programs. Based on our experience with one youth educator, we know that young people will come in to learn about HIV based on the recommendation of their peers. Further, much of the information is given by their peers and they are therefore more comfortable to ask questions etc. Often this occurs on an individual level, but our experience tells us that pulling peer groups in for education, etc. is also successful. The staff will work collaboratively with the youth.
2. **Program will be targeted to youth age 13-20.** One of the fastest growing rates of HIV infection is among young people aged 13-24 years. In order to work effectively with this population to increase knowledge and awareness about HIV, it is imperative that the Children, Youth and Family Program ("CYF") is targeted to this age range. The goal of the youth aspect of the program is to implement a peer youth education model. Please note: This program would expand services to youth; not replace our existing CYF Programs.
3. Through implementing a peer leadership model, we are providing **employment opportunities** for young people age 16-20 years. Professional work experience will give them the necessary education on HIV and STDs, as well as increase their skill levels in several areas including; leadership, communication, basic budgeting and personal finance, professionalism, etc.
4. The **message of safe sex will be broadened to include reproductive health**

5. **Possible activities** include: music/dancing events; fun activities, such as Six Flags; social activities, such as outdoor health fair/ talent show; educational sessions; creating a video that targets young people with a message about HIV/STDs prevention and education for local access airing (possibly a contest among different groups to produce a video); contests for the design of written materials and media exposure; using a billboard to advertise; organizing a parade; creating and maintaining a presence on MySpace account for APW to better connect with youth. Each of the activities would have an **educational component and include possible collaboration** with other community based youth programs
6. There will be a **youth advisory group**, led by the peer educators, with advisory input from APW staff. It will be similar to a consumer advisory board, with the peer educators being responsible to plan, advertise and execute all the events. This group will offer suggestions for all programmatic components and new initiatives of the program. The group will also serve as key informants and offer suggestions to increase participation, target new segments of the community and increase the scope of services
7. The APW **website will be a virtual site for the program** and used to provide information about programs including opportunities to donate, information, etc. (this may also be helpful to the school systems as well). Other key community groups could include their thoughts and opinions on the website that would allow participation through the web portal.
8. **The program will have a van**, purchased by APW for use similar to a book mobile. The vehicle will be a traveling satellite site and provides flexibility in the location of our community services to youth. The van could also serve other purposes as well, such as counseling & testing. If two vans were available, one could provide services through the city, while the smaller van would be used to provide transportation.
9. **APW staff would serve as an adult advisors** (currently Director of P & E) and supervisor to the program and the program staff. Much of the responsibility for the program will be under the purview of the youth. By having them responsible for the program, their investment in the success would be increased.
10. Additional financial resources would be required. There is a **need for additional staffing (at minimum a part time person), resources for activities, youth educators (paid), stipends for youth advisors, etc.**
11. There will be specific youth space at APW. There is a possibility of leasing the space upstairs that has a separate entrance. There is a staircase that may be made available through the agency currently.
12. **International work** will also be a component of the youth program. The peer educators could do online outreach to young people, share their “best practices” with young people and NGOs, and provide training around youth participation.
13. Additionally, there are several youth that are connected to the agency but are experiencing trouble with the courts and juvenile systems. For these youth, we will create a program that **provides adult mentors. The program would be similar to Big Brothers/Big Sisters and may include collaboration with that organization and would serve as a “lifeline” and source of support to troubled youth.**

14. The program will include advocacy for prevention education in the public, private schools and religious institutions

Strategies

<p>Year I: Strategies (the how)</p> <ol style="list-style-type: none"> 1. Apply for and secure funding for the program, including Fallon and the Greater Worcester Community Foundation 2. Recruit and develop the Youth Advisory Team 3. Establish mechanisms for transportation for youth 4. Hire and train youth educators and adult staff member (if possible based on funding) 5. Develop MySpace project 6. Conduct outreach to other counties in Central MA, working with faith communities and youth groups, working with the local police department, and educational outreach.
<p>Year II: Strategies</p> <ol style="list-style-type: none"> 1. Implement Youth Advisory group 2. Identify the youth space and work with the advisory group and youth staff to furnish 3. Develop MOA's with area providers 4. Convene community advisory group 5. Develop various educational materials and targeted promotional items/ advertisements 6. Investigate options for collaborations with Big Brother/Big Sister and other organizations
<p>Year III: Strategies</p> <ol style="list-style-type: none"> 1. Secure funding for a van(s) (to be used with other proposals) 2. Initiate international online outreach 3. Develop strategies for youth to encourage collaboration with and relevant HIV related education within the public school systems 4. Plan and host a community youth event (e.g. talent show)

C. Engagement with the Gay, Lesbian, Bisexual, Transgendered, and Questioning (GLBTQ) Community

1. There will be an APW GLBTQ Community Center/coffee shop/casual meeting place-satellite site in Water St. district. The center would provide a safe and approachable environment for GLBTQ individuals and families seeking support. The key to providing services suitable to the GLBTQ community is site selection. APW currently offers many GLBTQ themed services at its main office that are underutilized due to stigma and fear. The key to sufficient utilization of services is careful site selection, separate from the APW office on Green Street that would be appropriately private and nestled comfortably within a community atmosphere. The site will have a name selected by community members, that will include "a project of APW")
2. APW will work collaboratively with members of the GLBTQ community. Ideally, members of the community would work together with APW staff to develop programs, activities, and community support for the project. Activities will include individual and group counseling services, social support services, referrals, and GLBTQ recreational activities. Under the direction of the APW Prevention and Education department and based on the desires and needs determined from focus group research, planned

activities and events will be coordinated among different groups to minimize schedule conflicts and maximize participation. Activities will be themed toward the prevention of HIV infection and AIDS, but can also support the efforts of minimizing symptoms and maximizing the quality of life of those already infected

3. The Center could be designed as a casual community drop-in center with services intended for AIDS awareness and prevention among GLBTQ individuals. Individual counseling and support groups, free anonymous HIV testing, recreational activities, referrals to other service agencies could also be provided either on site or off
4. Continuous outreach to facilitate new clientele entry into APW services- outreach could include use of web site, flyers, word of mouth, magazine ads, web ads and established mailing lists aimed at GLBTQ community members.
5. There will be a community advisory board for inclusion, advertisement, recruitment
6. Potential health clinic services- to reach out to GLBTQ members hesitant to access traditional providers out of fear of discrimination, hostility, judgment. Trainings could be offered to providers to facilitate access and minimize discrimination, hostility and/or judgment. Providing access to safe, nonjudgmental services or referrals to preferred providers with an interest in aiding this community. In collaboration with the UMass Graduate School of nursing staff, students, and volunteers, the center could provide health screenings, clinic services, risk assessment, medication management, substance abuse counseling, and various other health and counseling services.
7. A cyber center with access to the internet would be a valuable tool as well as a play area/kidspace for families to convene in a comfortable atmosphere.
8. There will be an increased focus on providing services to the transgendered community
9. Key strategies would include reaching out to the surrounding community for support. This should include local government, health agencies, etc.
10. APW already has an established website that can be utilized as a virtual internet community for the GLBTQ population. The GLBTQ community has traditionally sought support in a more personal, intimate, less public forum such as could be made available in an internet forum. The website could serve to advertise services and events as well as to recruit members, clients, and volunteers.

Year I: Strategies

1. Secure funding
2. Identify community advisory group members
3. Convene GLBTQ community advisory group develop purpose and roles
4. Meet with DPH AIDS Bureau director, John Auerbach regarding space
5. Develop collaborations with UMass Memorial for health -related services
6. Begin looking at satellite sites
7. Develop materials
8. Enhance the website to be GLBTQ-sensitive
9. Connect with the living center model, especially in addressing needs of the Transgendered community

Year II: Strategies
<ol style="list-style-type: none"> 1. Identify and secure space (Strategic Planning Team may assist) 2. Develop MOA's with area providers and various GLBTQ community groups 3. Furnish the space 4. Host grand opening (in conjunction with Twenty First Century Worcester Pride)
Year III: Strategies
<ol style="list-style-type: none"> 1. Identify and secure funding for cyber center 2. Conduct focus group with key informants and community members to further enhance the site

D. Achieve full funding for the Women's HIV Initiative

APW has achieved funding through the Health Foundation of Central MA for a collaborative effort among several agencies to develop a best practices paradigm for providing services and resources for high risk women to protect themselves from HIV infection. (See Executive Summary of Proposal attached as an Appendix).

E. Developing a Training Institute

We are the experts" staff wants to create a training institute for local, state and international work. Some suggestions that also involve clients are to create on-line peer trainings utilizing staff and clients to help NGO's overseas with all aspects of AIDS work.

3 Year Vision

- APW will, in collaboration with the International AIDS Training & Resource Center of Central Massachusetts, Inc. ("IATRCM"), operate a training institute as an adjunct to APW's Prevention and Education, Testing and Service Delivery programs. The Institute will be staffed by APW's skilled Staff; professionals from area colleges, universities, medical and social service agencies. Continuing education credits will be available for training modules; student interns from area colleges and universities will serve in a variety of supportive roles and the Institute will be a recognized placement site.
- IATRCM will be a separate non-profit, 501(c) (3) qualified organization and will be affiliated with APW. APW will house the Institute. IATRCM will provide international support to communities and countries struggling to implement ASO's starting by incorporating in the volunteer work currently in process in the Ukraine
- Training will be provided to other ASO's, Social and Public Health Services staff, from Massachusetts, other States, and other Countries. The Institute will work with people from other countries and will be coordinated through the IATRCM. If APW Staff were to be hired to work overseas on a given project it would be through IATRCM.
- Trainees will come from other ASO's, health and social service agencies both local and international and from colleges and universities. New contracts with Massachusetts Department of Public Health plus tuition revenues will at least equal the expenses associated with the Institute. Local, national and international media will regularly cover Institute events.

- APW Staff will have a variety of new opportunities for fellowships and advanced degrees as well as consulting opportunities both at the Institute and elsewhere. In most cases bringing new knowledge back to APW.
- APW will be recognized and respected internationally for its best practices as an ASO.
- At least four delegations per year, from different states and/or countries, will be hosted by the Institute and introduced to the Greater Central Massachusetts social service, health care, educational and business communities in a social setting. Delegations from various states and countries can be routinely hosted at the Institute for trainings followed by social events where social service and health care providers, as well as educators and local business persons would be invited, to interact with our visitors.
- There will be on-line peer to peer education and skill building through the Training Institute.
- The Institute will have adequate and appropriate space for its trainings, possibly through collaborations with other organizations

Year I Strategies

Year I
<ol style="list-style-type: none"> 1. Create a separate non-profit, 501(c) (3) qualified organization that will be affiliated with APW and to provide international support to countries struggling to implement ASO's starting by incorporating in the work currently in process in the Ukraine <u>(IATRCM)</u>. 2. Hold discussions with key funders about the training institute and needs, especially with Kevin Cranston and John Auerbach of DPH 3. Meet with Congressman Jim McGovern to explore a connection with the AmeriCorp and Peace Core. 4. Hold discussions with local colleges and universities regarding space and interns and Staff tuition assistance 5. Hold discussions with local medical providers regarding exchanging access to trainings for Staff 6. Connect with agencies who hold the USAID Community Connection Grants and explore possible collaborations 7. The new organization and APW will jointly approach National/International third party funders for seed money to create the Training institute, writing at least two grant applications. 8. Establish connections with the Clinton Foundation; Gates Foundation; Elton John Foundation and other major players. 9. APW in conjunction with the new entity will engage in a public relations campaign regarding the intention and benefits of the Training Institute (Local, National and International) while simultaneously emphasizing that funding for the Training Institute is from National and International sources to which APW has not previously had access and not from our traditional local funders whose generosity will continue to support services to our clients in Central Massachusetts. 10. The internet, through an upgraded Web presence, will be used extensively to seek collaborations, feedback and to raise awareness of the offerings at the Institute. 11. APW will be recognized and respected internationally for its best practices as an ASO.

Year II Strategies

1. The two (2) organizations will enter formal arrangements with, and obtain commitments for support from, local educational and medical entities for interns and educators for the training Institute along with tuition and training benefits for APW Staff.
2. Local immigrant communities representing the countries served will be approached for financial assistance and translation services.
3. ASO's from across the World will be invited to assist in reviewing and developing our best practices curriculum in a culturally and socially competent manner.
4. Continuing Education Credits will be available to participants
5. The Institute will have adequate and appropriate space for its trainings, possibly through collaborations with other organizations
6. APW will be recognized and respected internationally for its best practices as an ASO.
7. Local, national and international media will regularly cover Institute events.

Year III Strategies

1. The Institute will be staffed by professionals from area colleges, universities, medical and social service agencies.
2. New contracts with Massachusetts Department of Public Health plus tuition revenues will at least equal the expenses associated with the Institute.
3. APW Staff will have a variety of new opportunities for fellowships and advanced degrees as well as consulting opportunities both at the Institute and elsewhere. In most cases bringing new knowledge back to APW.

F. Engaging with Immigrant Communities

Three Year Vision:

- **Our initial focus** will be on Sub-Saharan African immigrant; Portuguese- speaking immigrant; and the Southeast Asian and Pacific Islander immigrant communities in Central Massachusetts
- **Peer and staff from immigrant communities--** The APW Peer Support program will employ/collaborate with at least one consultant and/or Peer from each of the major immigrant communities in Central Massachusetts.
- APW's excellent connections within the Hispanic/Latino communities of Central Massachusetts **provide a model** for connecting with other ethnic communities, both for APW and for our collaborating agencies
- **Satellite space** --APW will have satellite space, whether by way of rental, collaboration and co-location or a mobile unit that will make APW services more available to different communities who may avoid our offices due to fear and/or stigma.
- **Services--** APW will, both directly and through a variety of collaborations, provide culturally competent prevention and education programs to all immigrant communities and will also have a means of providing services to infected persons from these communities, regardless of their documented or undocumented status.

- **Advisory Groups** -- APW will have established an effective collaboration with the Immigrant coalition based in Worcester. In addition, through collaborations with various organizations, APW will benefit from input through advisory groups populated by representatives of the immigrant communities we serve; provide empowerment assistance to immigrant communities; participate in social events sponsored by and for immigrant communities; and provide regular columns, spokespersons or other media fashioned messages about prevention and our services to immigrant populations through various media.
- The demographics of a combination of APW staff, collaborators and consultants will better reflect the demographics and languages of the Central Massachusetts communities we serve
- APW will have a formal relationship with a Central Massachusetts based non-profit that provides services internationally to help other countries develop AIDS Service Organizations and capacities to prevent transmission of the disease and to identify and serve infected persons (IATRCM) and will publicize our work in their home countries to related, local immigrant groups.

Strategies

Year I Strategies

1. **Connect with the Worcester Immigrant Coalition and possibly develop Advisory Groups** --APW and its collaborators help to initiate formation of one or more advisory groups made up of persons from immigrant communities, to advice APW and our collaborators around opportunities and issues associated with ongoing connections with immigrant communities
2. Identify places of worship; social spaces; and commercial spaces that will provide a more comfortable location in which to introduce diverse populations to our strategies to prevent transmission and our service for those infected and affected by HIV/AIDS, collaboration with other health and social service agencies. Our initial focus will be on Sub Saharan African immigrant, Portuguese speaking immigrant and the Southeast Asian and Pacific Islander immigrant communities.
3. Identify translation and cultural competency resources available and budget for their use.
4. **Culturally-competent media messages** -- APW and its collaborators will fashion public information media to broadcast our various messages and invitations to receive assistance to different immigrant communities through appropriate media in a culturally competent and language sensitive manner
5. **Use the internet**, through an enhanced Web site, as one portal for immigrants to access information about prevention and about testing and other services we offer in multiple languages
6. **Develop Collaborations and referral networks** -- Various social service and health service organizations have demonstrated strong connections with different Central Massachusetts cultural/ethnic communities, for instance Family Health and Social Services appears to have made connections with different Asian Communities. APW will identify and survey the resources available from these social service and health service organizations and prepare proposals for collaboration whereby APW will make available its resources around prevention and education concerning HIV/AIDS transmission to these other agencies and help to integrate the same into the services currently provided by the other agencies to their clients.

7. **APW forms and/or participates in an interagency task force to help empower recent immigrants and better integrate diverse populations into the fabric of Central MA society.** This may include joint sponsorship of English as a second language classes; homework assistance; voting and legal rights presentations; and social events (“A Taste of Worcester’s Diversity” “Soccer Tournaments”) at different locations. A ‘kick off’ (to coin a phrase) event might be to sponsor soccer teams for the Worcester World Cup event in August (2nd annual) sponsored by Pleasant Street neighborhood Center under the direction of Laura Saroviak. APW could spearhead a solicitation of other health and Social Service Organizations to each sponsor a team.
8. **Develop Advisory Groups** -- APW and its collaborators help to initiate formation of one or more advisory groups made up of persons from immigrant communities, to advice APW and our collaborators around opportunities and issues associated with ongoing connections with immigrant communities.

Year II Strategies

1. **Translation** -- Use a combination of volunteer, professional and computer based translation services to overcome language barriers.
2. **Organize Cultural competency trainings**-- Connections already made with representatives of other ethnic groups by APW (during our external interviews for the Strategic Plan; our Internship program includes African students; our relationship with the Bishop Healy Multi Cultural Center at Holy Cross; and our relationship with Clark Universities International Studies program) and our collaborators, can be used to provide cultural competency trainings to APW Staff, Board/Advisory Board and Volunteers as well as our collaborators.
3. In addition APW will establish **formal referral networks** offering to provide services to infected persons and their families who may be clients of these other agencies. Simultaneously, APW will provide outreach to APW’s consumers and a conduit for service provision from other health and social service agencies as well as providing formal referrals to the same from our client base.
4. APW’s collaborations and connections (through IATRCM) with other countries to assist with the development of international AIDS Service Organizations (a) provides in roads into different cultures at their source and (b) encourages interaction with, and support to, APW from US based immigrants who are from the countries served.

Year III Strategies

1. The Peer Program staff will serve as invaluable educators/trainers and program consultants of non-governmental organization (NGO) staffs many of which are comprised of HIV positive persons and medical providers working outside of the US in this pandemic.

G. ENGAGING THE AFRICAN AMERICAN COMMUNITY

Three Year Vision

1. APW will work on alleviating the barriers in order to engage the African-American members of our community, as the barriers need to be acknowledged and addressed before implementing services specific to the African-American community. Barriers include:

- **Stigma** – African-Americans do not want disclose their status for fear of discrimination. The focus needs to from ‘dying from’ to ‘living with in’ order to decrease the amount of stigma.
 - Many African-Americans have said they do not want to be seen at an ASO
 - The agency name prevents African-Americans from accessing services
 - The agency states we are culturally and linguistically appropriate – we have the linguistic part but are lacking in the cultural component. We need to be sensitive to the African-American community.
2. HIV awareness within the African-American community in Worcester County will be raised. More community members will have knowledge about their HIV status, and will be involved in their treatment. Without knowledge and education infection rates will continue to increase. In addition, constituents need to be informed about the offerings at APW in order to access the services.
 3. APW will have established an effective connection with the area communities of faith and ministers who have predominantly African-American congregations. (Many infected persons are involved in faith communities, yet many of these faith communities are apprehensive about addressing the issue of HIV/AIDS.) Leaders of these faith communities will be collaborating with APW and communicating a positive message to their congregation. Consequently, congregation members (who are infected and already aware of their status) may feel validated and accepted. This will in turn give them permission or ‘blessing’ to disclose their status and access services. Once some of the stigma is lifted then we can begin to look at specific programming.
 4. Education, information and general awareness of HIV/AIDS and services will be available and accessible in all local Black-owned businesses, local chapter of the NAACP and will be incorporated in the platform of all local Black politicians.

Year I Strategies

1. Organize a **staff/board/clients team** to coordinate this work;
2. Identify a staff person and a board member to coordinate this project
3. Introduce the **issues of stigma and discrimination**, surrounding HIV/AIDS infection disclosure, to faith communities
4. Develop **relationships with collaborators** such as faith community leaders, politicians, prominent community members, minority based agencies (e.g. MLK center, HLW etc)
5. Begin to provide **training** to faith leaders, agency staff, small business owners, local NAACP chapter, politicians– (Harry Simpson, a trainer affiliated with Gilead Pharmaceuticals, may be a viable option to offer comprehensive education). Begin to offer basic training to area agencies
6. Organize a **congregate meal** event
7. Host additional **focus groups** for faith leaders, agency staff, small business owners, local NAACP chapter, politicians to determine their perspective of the pandemic

Year II Strategies

1. Provide training to area agencies
2. Host an event that will attract the African American community, not necessarily focused on HIV, but where information is available
3. Reach out to the local barber/beauty shops, Hip hop clothing stores, Black owned

<p>businesses, Black politicians to offer information and education in an attempt to decrease the stigma. Encourage them to make readily available information and literature about HIV/AIDS and services. (highly supported by retreat)</p> <ol style="list-style-type: none"> 4. Establish a strategy to reach the population not affiliated with the faith communities. Post information on United Way and other websites 5. Advertise events and services on the local access TV stations, such as channel 11
Year III Strategies
<ol style="list-style-type: none"> 1. Focus on general health--screening days through collaboration with other health agencies 2. Organize a sports (such as basketball) tournament 3. Address issues with men "on the down-low" Have local barber/beauticians volunteer to cut hair at the agency. Establish collaborative relationships with these business owners that will demonstrate they are aware of the issue and committed to decreasing the spread of the disease and are accepting of individuals who are infected. 4. Host events – comedy show, fashion show, dances. These events could focus on services such as Counseling & Testing in order to encourage people to get tested. Information on services and locations would also be available.

H. Organization Development; Staff development/Board-staff relationship

Three Year Vision:

1. **Board-Staff working relationship** -- Regular Staff meetings will include periodic Board representatives who will talk about what they do; full and open discussion of outstanding issues and new initiatives; and resolution of outstanding issues will be followed up on routinely. Staff representatives will regularly attend Board meetings to talk about what they do and about issues and initiatives.
2. **Board-Staff retreats and planning sessions** -- The Board and Staff will meet 1-2 times a year together in a retreat to review progress, ideas, Issues and Areas that need attention relative to the ongoing implementation of the Strategic Plan. They retreats will also serve to update and revise the plan, given changing environmental issues. The Board will host at least two events annually to socialize with and honor Staff. Staff will hold at least two events annually to socialize with and honor the Board and Advisory Council.
3. **APW will have a streamlined and coherent process for Development, Fundraising, Contract and Grant Management and Financials which will be transparent; provide for input from all pertinent staff; and permit competent oversight by the Board through the Finance/Audit and Development Committees.**
 - Regular reports will be made to the Board, through these Committees, regarding Agency finances, new initiatives and needs for support.
 - Payroll, credit cards etc. will be managed through a Finance Office which will report to the Executive Director.
 - Grant and Contract development will be undertaken by several Staff, commensurate with their competencies, and overseen by the Executive Director.

- In particular, the Development and Finance/Audit Committees of the Board will engage with Staff around development events and the Budgeting process.
4. **Leadership Team**-- The Director of Client Services, focusing on the needs of infected and affected persons and the Director of Prevention and Education, focusing on preventing further infection through education will be co-equals in the eyes of staff and board as will the significance of their particular focus, with equal emphasis and equivalent resources, subject only to restrictions of funders. Minutes will be available to all staff.
 5. **Individualized Staff Development Profile and Plan, and 360 evaluation**-- Every Staff member of APW who wants one, will have an individualized Staff Development Profile and Plan constructed collaboratively between Management and each Staff person within the framework of what the Agency needs in light of the Strategic Plan and Agency objectives, and detailing a series of professional objectives and benchmarks for the Staff person and describing any special circumstances that may require Agency attention (i.e. a single parent who may need to be absent on snow days when schools are closed).
 6. **Participatory 360-degree Performance Evaluations** --The Staff and the Agency will be evaluated (360 degree evaluation is best practice) on their mutual performance (i.e. has the Agency provided the necessary resources, has the Staff person utilized the same consistent with the Profile and Plan). All APW employees will have an annual evaluation with prompt feedback. The Board will annually evaluate the Executive Director's performance. Staff will annually evaluate APW Board and Management performance. Consumers, including infected, affected and high risk for infection persons and the community at large (including members of the Advisory Council), will annually report on Agency performance as a reflection of Staff, Management and Board performance
 7. **Staff Benefits** -- APW will provide Staff benefits that include: (a) contributions to Staff 403(b) retirement plans at a rate commensurate with its means; (b) contributions to health and dental insurance at a rate commensurate with its means; (c) 'Off book' benefits including time off for child care and education and compensatory time off will be available to all Staff, based on need, with an equivalent benefit for Staff who do not have such needs; (d) a flexible spending plan will be implemented for prescription drugs, medical, dental, child care, health and fitness and other expenses that can be paid with before tax dollars, including more affordable choices for health insurance (e) Staff who are asked to work late will receive a meal or meal allowance, (f) The Board through the Personnel Committee, based on Staff and Consumer preferences, will seek to negotiate discounts for Staff and Consumers from (i) local child care providers; (ii) cellular phone service providers; (iii) insurance (auto, renters, homeowners) providers; and (iv) partner with local financial institutions to offer free checking and direct deposit; (g) APW's Management and Board Personnel Committee will have access to a Human Resources professional who regularly consults to the Board through the Personnel Committee and Agency Management about benefits and Staff development and the Agency will routinely review and upgrade benefit packages based upon such input and commensurate with its means.
 8. **Staff salaries**-- Identified disparities in pay among Staff, in light of skill sets and work load, will have been addressed through a process of increasing salaries of the underpaid Staff. Grant and Contract budgets will be written so as to maximize fringe and staff compensation, consistent with Funder guidelines. APW will seek to offer skilled Staff opportunities to provide training for remuneration at the Training Center and through collaborations with local colleges and universities. APW will have available sufficient new revenues each year to

provide all Staff with salary increases at least equivalent to any increase in the cost of living, such increases to be determined based upon Staff evaluations in collaboration with each Staff person and subject to the Agency grievance procedure.

9. **Personnel policies** will be revised and updated -- a dispute resolution process will also be included.
10. **Staff training and mentorship**-- APW will have collaborative relationships with local medical and health service providers, colleges, universities and businesses that will include an exchange of resources that will in part provide benefits for Staff (i.e. APW will serve as a supervised placement site for interns from a college and the college will in turn provide tuition waivers for our Staff). APW will have access to Staff development training opportunities at other agencies, medical facilities, like Fallon, and businesses, in exchange for access to APW Staff training programs.
11. **Staff empowerment**-- Staff including Agency Management, will continue to report that they all love their employment at APW and will report that they believe they are well informed, relevant to, and empowered regarding, the ongoing activities of the Agency towards achieving its objectives and Mission, and are able to articulate the role they play in the same.
12. **Organizational structure** -- APW will have an organizational chart that actually reflects the Agency's Staff configuration and job descriptions that accurately reflect what each staff person is responsible for. The organizational structure will be coherent and fluid and reviewed annually. Staff job descriptions will be consistent with Staff Development Plans (see #1 above). Use of back channels, rumors, gossip and undermining will be at a minimum and when such activities occur the Agency will rapidly and proactively respond.
13. **Collaborations**-- APW will have collaborative relationships with local medical and health service providers, colleges, universities and businesses that will include an exchange of resources that will in part provide benefits for Staff

Strategies

Year I Strategies
1. Strategic Planning Team to continue meeting as a new committee of Board and Staff
2. A New Marketing Committee will work with the Agency and the Development Committee to coordinate strategic marketing and information sharing thereby raising the Agency profile.
3. Design and hold 1-2 board-staff retreats per year, plus one board/staff dinner with Staff recognition
4. Continue to include key staff at Board meetings
5. Staff will host the Board at one congregated meal with Board/Advisory Council recognition
6. Board members will attend 4 Staff meetings
7. Hire HR consultant to help with year 1 strategies.
8. Review and update employee handbook- Executive Committee and Staff
9. Investigate "off the book" benefits-- time off for childcare and education
10. Research staff salaries, with goal of raising them to market rate
11. Review and determine new organizational structure based on strategic plan
12. Revise evaluation tool for staff evaluations, based on 360 model

13. Take regular minutes of Management Team and Board meetings and distribute to all staff to increase transparency
14. Develop new collaborations for additional resources to support the staff and work, e.g. interns, pro-bono supervisors
15. Fallon through Randi Nichols will be the first and a model for the collaborations that follow.
16. APW will hire a full time Development Coordinator/Director and possibly a Development Consultant
17. APW through Janet Rivard will organize an effective budget monitoring system through Peachtree for Staff to monitor line items and monthly grants reports will be available to the Board/Advisory Council
18. One third of the Staff who want it will have an individualized Staff Development Profile and Plan constructed collaboratively between Management and each Staff person within the framework of what the Agency needs in light of the Strategic Plan objectives, and detailing a series of professional objectives and benchmarks for the Staff person and describing any special circumstances that may require Agency attention.
19. Implement revised 360 evaluation process for ED and three Directors (Client Services, Prevention and Education, Development)
20. Identified disparities in pay among Staff, in light of skill sets and work load, will have been addressed through a process of increasing salaries of the underpaid Staff.
21. Grant and Contract budgets will be written so as to maximize fringe and staff compensation, consistent with Funder guidelines.
22. APW will have available sufficient new revenues each year to provide all Staff with salary increases at least equivalent to any increase in the cost of living, such increases to be determined based upon Staff evaluations in collaboration with each Staff person and subject to the Agency grievance procedure.
23. APW will have an organizational chart that actually reflects the Agency's Staff configuration and job descriptions that accurately reflect what each staff person is responsible for. The organizational structure will be coherent and fluid and reviewed annually. Staff job descriptions will be consistent with Staff Development Plans (see #1 above).

Year II Strategies

1. Investigate and implement additional health insurance choices including the 125 plan
2. Integrate Client services and Prevention and Education to a greater degree and Director of Client Services and Director of Prevention and Education as equals.
3. Increase staff salaries (also into year 3)
4. Implement revised 360 evaluation process for all management Staff
5. All of the Staff who want it will have an individualized Staff Development Profile and Plan constructed collaboratively between Management and each Staff person within the framework of what the Agency needs in light of the Strategic Plan objectives, and detailing a series of professional objectives and benchmarks for the Staff person and describing any special circumstances that may require Agency attention.
6. APW will seek to offer skilled Staff opportunities to provide training for remuneration at our own Training Center and through collaborations with local colleges and universities.
7. Staff job descriptions will be consistent with Staff Development Plans (see #1 above).
8. Use of back channels, rumors, gossip and undermining will be at a minimum and when such activities occur the Agency will rapidly and proactively respond.

Year III Strategies

1. APW will have collaborative relationships with local medical and health service providers, colleges, universities and businesses that will include an exchange of resources that will in part provide benefits for Staff (i.e. APW will serve as a supervised placement site for interns from a college and the college will in turn provide tuition waivers for our Staff; APW will have access to Staff development training opportunities at other agencies, medical facilities, like Fallon, and businesses, in exchange for access to APW Staff training programs).

I. Strengthening the Board and Advisory Council

Three Year Vision:

BOARD:

1. APW will have a Board of twenty members that reflect the racial/ethnic and other diversity of the communities and constituency we serve.; The Board will include representatives from different segments of our community who can make a sufficient commitment to APW, including communities of faith, institutions of higher education, municipal government, the medical field, business communities, the legal field, banking and accounting as well as no less than five consumers. We are also seeking members who have experience in fundraising, especially in individual donor campaigns. There will be both young and old; men and women; and persons with various sexual orientations. Each Board member will be expected to make a contract with the Board that will include: (a) a promise to attend meetings; (b) participate on at least one committee; (c) attend events relevant to APW and/or events sponsored by the Board and/or Staff and/or Consumers; (d) act as active ambassadors to the community at large regarding APW and our prevention and education message; (e) maintain confidentiality of APW's Consumers; (f) make a personal financial contribution to APW according to personal means, and (g) participate in fundraising, especially in soliciting individual donations for APW.
2. The APW Board will be a "minority Board" permitting the Agency to obtain SOMBWA certification and opening up new revenue resources.
3. Board meetings will average attendance by at least 75% of the total members.
4. Every Board Member will serve on at least one of the following Committees: (a) Executive Committee that will include personnel and board development/nominating responsibilities/ (staffed by APW's managers); (b) Development (staffed by APW's development specialist(s)); (c) Finance/Audit (staffed by APW Finance specialist(s)); (d) Strategic Planning (including an equal number of Board members and a cross section of APW Staff); and (e) Marketing. Committee meetings will occur 6 -12 times per year at the discretion of the committee chair. Minutes will be kept and a summary will be provided the Board president well prior to the Board meeting to be circulated to the Board.

5. Committee Chairs will ensure that the committees are meeting regularly and that the Board receives bulleted summaries of their committee's work that month, prior to the Board meeting. There should also be in regular communication with the Board president to convey key committee issues that need a decision or discussion by the Board to be included in the Board meeting agenda.
6. Board members will receive minutes of the prior Board meeting in advance of the Board meeting. Board members will receive a list of upcoming events of relevance for Board member attendance prior to each Board meeting. Board members will receive an agenda of items for discussion and/or vote in advance of the Board meeting.
7. Board meetings, reflecting best practices, will focus on active discussion and decisions, rather than a place for verbal reporting. The agendas will focus on several key governance issues facing APW and/or the Board. The agenda will include a "consent agenda"-- that is all reports will be in writing and voted on up front, in order to minimize any verbal reporting. (Board members can raise questions regarding reports and ask that an agenda item be created for important committee issues). The agenda may also include a presentation by one staff person and/or consumer about their work and/or experience with the Agency.
8. Board meetings will be scheduled monthly, 10 – 11 times a year. Meetings will be held at the Agency from 5:30-6:30 p.m. In the event it appears to the Board President that a meeting may exceed the one hour block, a light meal will be provided.
9. Board members who miss three meetings or more per year (including Board and Committee meetings) will be invited to a meeting with a member of the Executive Committee to discuss alternatives, including joining the Advisory Council..

ADVISORY COUNCIL:

1. APW's Advisory Council will include representatives from all parts of the Central Massachusetts community that can help us implement priorities described in our strategic plan, including clergy, educators, professionals, representatives of different immigrant communities, representatives of municipal government and State government, representatives of the medical community, representatives from various businesses and young, old, men and women with various sexual orientations. Use the connections APW has within our own staff board and advisory council and build relationships with people who would be effective members.
2. More than one Advisory Council members will (a) serve on a standing Board Committee; (b) manage a discrete APW event; and all Advisory Council Members will attend at least one APW event per year.
3. APW will benefit from input through advisory sub-groups populated by representatives of the immigrant communities we serve. In exchange for serving on the Advisory Council and, through collaborations with various organizations and municipal governments, APW will be a part of an interagency group that provides empowerment assistance to immigrant communities; participates in social events sponsored by and for immigrant communities; and provides regular columns, spokespersons or other media fashioned messages about prevention and our services to immigrant populations through various media.

4. APW will benefit from input from advisory sub-groups populated by youth; the elderly; communities of faith; municipal governments; persons of various sexual orientations; business leaders; leaders from various professions; and leaders from institutions of higher education.
5. At least four members of the Advisory Council shall have accepted full Board membership (Martha is our first crossover Advisor so we need three more over the next three years).

Strategies:

Year I Strategies:

1. The Board will include twenty (20) Members by December, 2007.
2. The Board will be a "minority Board" by December 2007.
3. All Committees will have Chairs and all Board Members will participate in at least one Committee
4. One Advisory Board Member will participate in Board meetings, one Advisory Board Member will participate in at least one committee
5. All Committees will provide reports at least one week prior to Board meetings
6. Board agendas and Committee Reports will be circulated to Board and Advisory Board at least one week before meetings
7. Board Advisory Board Members will be provided opportunities for training via circulating offerings from local Training services and making some level of tuition assistance available.
8. Attendance at Board meetings averages 65%

Recruitment

9. APW's Executive/ Committee will establish a grid for both Board and Advisory Council recruitment and invite Board and Advisory Council members to identify people. Special attention will be paid to making the various sub-groups of the Advisory Council inclusive of different points of view.
10. Board members will be assigned specific recruitment responsibilities for other Board members and Advisory Council members
11. The internet, through an enhanced Web site, will be used as one portal for all persons, including Board, Advisory Council and potential volunteers to access information about prevention and about testing and other services we offer in multiple languages and to interact with the Agency and with each other in a supervised chat/blog format.
12. The Board will sponsor Board and Advisory Council members to attend various leadership development programs offered in the community (i.e. through Greater Worcester Community Foundation).
13. The Board, in conjunction with Agency Staff and Consumers, will annually recognize the work of key members of the Board and Advisory Council at a Board sponsored dinner.

Committees

The Board Committees will have specific responsibilities as follows:

EXECUTIVE COMMITTEE

The Board officers serve as the members of the Executive Committee. The Executive Committee shall regularly update the Executive Director's job description and conduct performance reviews of the Executive Director on an annual basis. It will also review the performance of the Agency as a whole. The Executive Committee will also assume Board recruitment and development and personnel responsibilities.

Except for the power to amend the Articles of Incorporation and Bylaws, the Executive Committee shall have all of the powers and authority of the Board of Directors in the intervals between meetings of the Board of Directors, subject to the direction and control of the Board of Directors.

The Executive Committee will also regularly review human resource policy, make recommendations to the Board regarding various personnel policy matters (i.e, benefits, salaries) and shall be the final arbiter in the event of a staff grievance.

The Committee will also assume board development responsibilities, including regular review of the Board's performance and functionality, assess individual participation, and evaluate committee functioning, Board recruitment and orientation of new members. The Manager of the Agency serves as principal Staff to this committee.

DEVELOPMENT:

The Development Committee provides leadership for involving the Board in fund raising and works with Staff to develop the fundraising plan. The Development Committee also works with Staff and the Board to help maximize Agency interaction with the community we serve and on rebuilding APW's image in the Central Massachusetts Community based upon the marketing and communication strategies set forth in the Marketing, Communications and Fundraising Plan. The Committee's responsibilities include:

- With Staff, develop an annual fund development plan for the organization
- Helping to develop policies and procedures for Board action related to gift solicitation and recognition, including planned gift guidelines if no planned giving committee exists;
- Ensuring that the case for support is strong by reviewing the organization's mission and goals with the staff and appropriate Board committees;
- Helping to develop plans and procedures to involve the entire Board in fund raising;
- Helping to develop strategies for involvement and cultivation of major gift prospects;
- Serving as a source of information on the environmental factors affecting fund raising among the organization's constituencies;
- Helping to evaluate the potential of prospects for increased levels of contributions;
- Helping to develop an expectation for financial contributions from all members of the Board, sensitive to resources available to various Board members and providing leadership by making their own gifts;
- Soliciting gifts at the various levels required for annual, special, and planned giving programs; and
- Involving other board members and volunteers in the cultivation and solicitation processes.
- Looking for other possible revenue streams (i.e. sub let and rental; fee for service;

training center)

- Reviewing press releases and announcements
- Interacting with the Agency Speakers Bureau
- Helps to coordinate and oversee the active community-building role of the rest of the Board, particularly with the target immigrant communities described in the strategic plan.

APW Board involved Fundraising has included:

The Walk for Life – annually.
Direct Mail Solicitation – Fall/Spring.
Art for AIDS Sake - every other year.
Other events (i.e. Masked Ball with Worcester Light Opera)

The Agency development Staff serve as Staff to this Committee.

FINANCE/AUDIT:

The Treasurer is chair of the Finance Committee, which includes at least three other Board/ members. The Finance Committee is responsible for developing and reviewing fiscal procedures, and annual budget with Staff and other Board members. The Board must approve the budget, and all expenditures must be within the budget. Any major change in the budget must be approved by the Board or the Executive Committee. Monthly reports are required to be submitted to the Board showing income, expenditures and pending income. The financial records of the Committee are public information and shall be made available to the Consumers, Staff, Board and Advisory Council members and the public. The Finance Committee shall also supervise the Agency endowment, including managing the investment and making recommendations for disbursement to the Board. The Finance Committee shall assemble an internal Audit Committee as needed and oversee our annual audit.

The Agency finance Staff serve as Staff to this Committee.

STRATEGIC PLANNING:

The Strategic Planning Committee oversees the implementation of the Strategic Plan, and ensures regular review and updating of the plan so that it becomes a living document that guides the work of APW over the next few years. This committee will be made up of an equal number of Board/Advisory Committee Members, Staff and Consumers and will seek to be a continuation of the collaboration between Staff and Board that has resulted in the Strategic Plan. The committee will regularly discuss changes in the environment and implications for APW and the strategic plan and make recommendations for changes. In addition, it will facilitate and or ensure there are regular, inclusive discussions of these issues with the Board, Staff and Consumers.

The Committee's responsibilities include:

- Regularly evaluates the Strategic Plan and discusses changes in the environment that have implications for APW and the plan; makes recommendations to the Board for revisions
- Facilitate Board, Staff and Consumer discussions about current and future program

priorities

- Receive and review policy/procedure advice from the Consumer Advisory Board and forward appropriate recommendations to the Board of directors.

Year II Strategies

ADVISORY COUNCIL:

1. Two Advisory Council members will attend Board meetings from time to time
2. One Advisory Council member will commit to Board membership
3. One Advisory Council member will sit on a standing committee of the Board

Year III Strategies

BOARD:

1. The diversity objectives for the 20 member Board may not be achieved until year 2
2. Attendance at Board meetings averages 75%

ADVISORY COUNCIL:

1. Diversity objectives may not be achieved until year 2.
2. Two Advisory Council members sit on a standing committee
3. One more Advisory Council member will commit to Board membership

J. Fundraising and Communications/Marketing Plan

Objectives:

1. Strengthen the agency's presence in the community and the state
2. Increase awareness of what the agency stands for – known as “brand awareness”, to allow the agency to take its rightful place in the nonprofit world. This includes gaining recognition for the work, the consistency, and the staff of the agency. Increase awareness of APW specifically within immigrant and African-American communities.
3. Develop financial support.

I. Web Based Promotions

APW will have a state of the art Web site which is regularly maintained and permits both information sharing and interactive communications with all stakeholders. The web is the fastest and least expensive way to promote, while realizing the greatest number of ‘eyeballs’.

1. Expand current web site
 - a. Increase depth of the background of the agency (increase layers)
 - Add personal draw: stories, pictures, press releases and news articles
 - Incorporate mechanism to register for events, donate money, volunteer
 - Add biography of key staff
2. ‘What’s New’ section: add a “client only” section of the site to further support clients. This will be especially valuable for those who seek anonymity.
3. Create a blog for members
Weekly update from staff which may include the story of a new drug routine, background of an event, new service that has been added or will soon be added, etc. Some articles such as clients’ stories may be done upfront and ‘banked’ for future insertions. To a great extent, let this section be client run, letting clients post their message, keeping censorship to a minimum.

II. General Promotion

1. Develop tag line
2. Build distribution method for brochures that will better spread the message: faith communities, other social service agencies, City Hall, Chamber, etc.
3. Add to the special interests groups with dedicated time for meeting at the agency *and other locations*.
4. Develop membership list and mailing capabilities to allow regular and steady updates and mailings.
5. Re-establish newsletter by end of the year.
6. E-Newsletter distributed through Constant Contact
7. Use new logo on stationary, envelopes, brochures, etc
8. Ask key billboard companies to donate a site for 2 months. (Cost will be \$3-\$4,000 for material). If there is the opportunity for multiple sites during AIDS Awareness month, ask City Health Dept., State and/or Boston to share sites and expense by using one message with sites of agencies noted.

III. Special Events

1. Use membership list that is updated/expanded under promotion to have regular and steady mailings of events. (including a calendar of events) (use newsletter to post also)
2. Develop VIP list for regular updates, recognition of support and invitations to events not necessarily for the general public.
3. Expand on special interest group meetings and communicate the meeting via media recommendations.
4. Build a calendar of special events that will provide regular and consistent newspaper postings, web updates, and invitations to members, VIPs and general community. The agency is currently hosting many of the events but not utilizing them as publicized ways to garner support. Events will also allow the agency to publicize the little known aspects of what we do; for example supporting families and children. Special events may include but not be limited to:
 - a. The Walk for Life
 - b. Art for AIDS
 - c. Back-to-school backpack donations
 - d. Thanksgiving food baskets:
 - i. Donation drop-off
 - ii. Handing out baskets
 - e. Christmas gift collection
 - f. African American, Latino, GLBTQ AIDS events
 - g. Cultivation events for current and prospective donors – goal 2 per year. May be educational, informative in nature featuring a medical speaker, author etc.
5. Use Special Events to build volunteer data base. (i.e. when posting the event note volunteers are needed)
6. Use community-specific media to promote APW within immigrant communities (Spanish-language radio, etc)

IV. Advertising

No additional advertising is recommended except for key special events and for listing in Yellow Pages. Instead, consistently spread the word of the agency's work through prudent use of public/medial relations.

V. Public Relations

1. Build list of organizations in the area for directors to make regular presentations on the agency. Build PowerPoint presentation for universal use. Include photos from web files. Rotary, Chamber of Commerce, Kiwanis, Faith Communities, etc.
2. Pitch semi-annual stories to WTAG, WOMAG, Channel 13, WCIN
3. Produce media list by category, with key contact information. Include Boston media.
 - o General
 - o Medical
 - o Social Service
 - o Arts
2. Generate template for press advisories. press releases, and public service announcements
3. Write backgrounder and standard closing paragraph
4. Develop “30 second elevator speech”
5. Quarterly “op-ed” pieces on controversial subjects and planned media responses (proactive) to issues related to HIV/AIDS

Measurements of Progress to Goals

Measure progress to goals by:

1. Presence: measure the brand awareness after one year to measure the community’s understanding of the agency’s work
2. Mentions, articles, features in all press
 - Measure local, regional, national and international
3. Grants/donations/non-member financial support: track amounts and numbers of grants, donations

Year I Marketing/communications Strategies
<ol style="list-style-type: none"> 1. Secure phonebook listing 2. Develop names of various “centers”, e.g. GLBTQ center 3. Develop tag line 4. Expand web site; hire webmaster 5. Re-establish quarterly newsletter by this Winter 6. Make introduction to CBS affiliate 7. Conduct public outreach - Marketing Committee, Executive Director and Board President to: <ul style="list-style-type: none"> • WTAG – Jordan Levy • Hank Stolz, WICN 830 am • Author an As I See It guest editorial in T&G • T&G editorial board meeting • Spanish speaking radio stations • World AIDS Month. Ask City Council to proclaim World AIDS Month in Worcester. In conjunction with Boston, ask Legislature/governor to proclaim World AIDS Month throughout the state.

Fundraising Plan

A. Infrastructure – required for a successful fundraising program

- Create a Development Office with at least one Staff person and possibly a part time consultant
- Donor Software/Recordkeeping Method that can be easily manipulated to pull out target individuals
- Well developed mailing list that includes a wide range of supporters, prospective supporters, opinion makers and clients.
- Acknowledgement process – goal to send thank you within 48 hours.

B. Expanding Individual Donors

1. Direct Mail

- 3-4 letters per year Year End also coincides with AIDS Awareness Month (December), April and Fall, One other time may be added
- Newsletters – send out a newsletter at least two times a year with a donation envelop

2. Special Events (should be culturally diverse)

- Walk for Life
- Student Sponsored Events
- Cultivation events for current and prospective donors like an Annual city-wide event (e.g., awards dinner)
- 20th Anniversary Event(s) like a Dinner (Spring 2008) (Should consider paid advertising for these events)

C. Major Donors

- Identify current donors who give or have given gifts of \$500 or more and who have the capacity to give more
- Create special cultivation event(s) for major donors
- Set goal and identify areas of special giving interest
- Train solicitors and implement one-on-one solicitation strategy
- Identify prospective major donors

D. Endowment

- Set goal and management strategy (GWCF or other)
- Fundraise specifically for endowment
- Add up to 3% from net assets annually
- Planned giving

E. Government Contracts

- Federal, Commonwealth, City
- Obtain SOMBWA certification and apply for set asides

F. Grants

- Provide monthly grant reports to the board
- Corporate Foundations – Local and national, Drug companies
- Private Foundations – Local and national
- Business/Service Organizations – Rotary, Lions, CPAs etc.
- Religious Organizations

G. Earned Income

- Training Institute
- Pharmacy Rental
- APW Calendar to sell at events and on web site.
- Art for AIDS Sake online sales of Art

Year I Strategies
<ol style="list-style-type: none"> 1. Hire Develop Coordinator/Director and possibly a consultant 2. Appeal letter-fall 3. Events-- walk 9/29/08; Air to AIDS Sake 11/2/07; Anniversary Dinner - April/May 2008 4. Expand and formalize endowment 5. Feasibility Study for a Capital Campaign to renovate new space
Year II Strategies
<ol style="list-style-type: none"> 1. Commence a formal endowment campaign 2. Commence a Capital Campaign

K. PROPOSED SPACE FOR APW

Three Year Vision:

Additional sites:

- APW will have several additional locations from which services may be provided through a combination of co-locations; a mobile unit; and/or rented and donated satellite space, for GLBTQ space, youth space, training space, and possible additional space accessible to immigrant communities.

Improved current site:

- APW will have prominent and public signage including the full name of AIDS Project Worcester
- APW will have a new entrance visible from Green Street, with an awning; the reception area will be refurbished and will include a handicapped accessible bathroom. There will be an inviting lounge area and handicapped accessible bathroom just off reception for all consumers.
- APW will have subletted space at its main offices to a pharmacy in exchange for rent of not less than 33% of the rent paid by APW to its landlord.
- Carpeting and interior paint throughout APW's main office will be no more than one year old and will be inviting and warm.
- There will be space available to APW's infected consumers (whether at APW's main offices or at another site) for (a) trainings in resume writing and employment counseling (including computer terminals); (b) massage and other alternative treatment models; and (c) various arts and crafts and other means of self expression. Space available will generally be warm and inviting. Part of our space will be flexible and available for adaptation to small or large area (moving curtain wall) events.
- The Agency will have access to a kitchen sufficient to serve as a training facility and dining area sufficient for congregate meals and food service trainings

- Staff will have access to both a comfortable break room with a table and chairs, refrigerator, microwave and toaster oven as well as a sofa and stuffed chair. Staff and consumers will have an accessible and hygienic shower facility.
- Heat and air conditioning will be adequate and properly balanced throughout the Agency office. APW will have a second, public entrance.
- The Agency budget will include a capital budget for replacement and repair for equipment and space commensurate with Agency needs.

Year I Strategies

1. Change sign on Green Street to include the full name of the organization, its logo and entrance location
2. Investigate the use of the 2nd floor of the current building
3. Improve the current entrance by an awning;
4. Refurbish the reception area so that it is inviting and includes an accessible bathroom.
5. Create an inviting lounge area just off reception for all of our Consumers.
6. Paint and carpet interior throughout the Agency's main office so that it is inviting and warm
7. Create a break room for staff with a table and chairs, refrigerator, microwave and toaster oven as well as a sofa and stuffed chair.
8. Ensure that the heat and air conditioning is adequate and properly balanced throughout the APW office
9. Create space available to APW's infected Consumers (whether at APW's main offices or at a co-location or other site) for (a) trainings in resume writing and employment counseling (including computer terminals); (b) massage and other alternative treatment models; and (c) various arts and crafts and other means of self-expression. Space available will generally be warm and inviting (into year II)
10. Sublet space at its main offices to a pharmacy in exchange for rent of not less than 33% of the rent paid by APW to its landlord.
11. Include a capital budget for replacement and repair for equipment and space commensurate with organizational needs within APW budget.

Year II Strategies

1. There will be satellite spaces, including the GLBTQ space, possible youth, training space.
2. Install a handicapped accessible bathroom off the reception area
3. The Agency will have a second, public entrance, visible from Green Street
4. Part of our space will be flexible and available for adaptation to small or large area (moving curtain wall) events
5. Install an accessible and hygienic shower facility for staff and consumers

Coordination of Implementation

Strategic Area	Coordination of work	Participation
Adopting to Living Center Model/Peer program	ED/Directors team/Peer Coordinators	Staff, Board, and Consumers & Strategic Plan Committee
Youth program	Director of Prevention and Education	Staff & Strategic Plan Committee
Engaging the GLBTQ community	Director of Prevention and Education will coordinate	Advisory committee and larger GLBTQ community & Strategic Plan Committee
Training Institute	<u>IATRCM</u> with a separate board of directors will coordinate (overlap in membership with APW board)	In close collaboration with APW Board, Staff, peer leaders, Consumers & Strategic Plan Committee
Engaging the immigrant community	Strategic Planning Team and Marketing Committee	Immigrant coalition and ad hoc advisory groups
Engaging the African-American community	Strategic Planning Team and Marketing Committee	Ad hoc staff group who developed proposal, with Key board participation
Organization development/Staff dev	ED/Directors team, Executive Committee	Staff/Board and ad hoc advisory groups & Strategic Plan Committee
Strengthening Board/Advisory Council	Executive Committee-board	Full Board/ED & Strategic Plan Committee
Marketing/communications	Marketing Committee	Board and Staff, consumers & Strategic Plan Committee
Fundraising	Development committee & new DD or consultant	Board, Staff, Consumers, Marketing Com. & Strategic Plan Committee
Women's HIV Initiative	Michelle, Christina, and other staff	Collaboration of other organizations & Strategic Plan Committee

VII. Evaluation of outcomes, Monitoring and Updating Process

This Strategic Plan is intended to be a “living document” that is flexible and continually revised depending upon external and internal changes, new needs and unforeseen developments. It is intended to be a working, management tool that the Staff at all levels will use on a consistent basis to assist in program development, implementation, and outcome measurement. The Staff will discuss sections of the Strategic Plan at both Staff and Management team meetings and Staff representatives will serve with Board members on the Strategic Plan Committee.

The Board is responsible for not only oversight of the Strategic Plan, but perhaps more importantly, to use it as a guide for its role in implementing the Strategic Plan. It should be reviewed at least on a quarterly basis. See appendix for recommended questions for the quarterly evaluation. The plan will serve to assist the board in moving into its next stage of

development—one where board members become “ambassadors” for RESPOND and are more involved with major donor development and relationship building with the community. At least four times a year, the board will review the organization’s progress with implementation.

The Strategic Planning committee will meet on a regular basis and can reconvene as needed to make revisions, as determined by the retreat or Board based on Staff input.

At the end of each year of the Plan, the Board and Staff will come together in a retreat setting to review outcomes of the Plan, both successes and challenges. The group will also discuss environmental and organizational changes that have implications for APW and based on those implications, shall update the Plan and if needed set priorities for the upcoming year.

At the conclusion of each year of the plan, the Executive Director, Management Team, Staff and Strategic Plan Committee will develop an implementation plan for the upcoming year of the Strategic Plan, approved by the Board. In addition, at the end of each year, the Board, Advisory Board, Staff, Volunteers, and Clients will come together in a retreat setting to review outcomes and progress with the plan, discuss environmental changes that have implications for APW, and update the strategic plan.

APPENDICES

- A. External Interviews and Internal Interviews Overview (Summary of Consumer Survey)
- B. Implementation plan for year I
- C. Strategic Assessment report
- D. Full list of Key Strategic Issues
- E. Executive Summary Women’s HIV Initiative
- F. Quarterly review questions