

1. The narrative indicates the agency will no longer provide services for substance abuse clients. Where will these clients be referred? How many FTEs will be reduced from the loss of the substance abuse aspect of the program?

ASG will continue to provide referrals for those clients with addictive behaviors. Currently, substance abuse treatment is among the most complex needs of our clients. We work closely with Region Ten Community Services Board to ensure timely and appropriate services. Due to the end of a Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) grant, we have reduced staff from 27 to 14. We are currently negotiating with a candidate to serve as our licensed clinical supervisor who will offer in-house therapeutic mental health counseling, group support and addictions therapies.

2. Please provide evidence of measurable outcomes from Project Thrive programs in other communities.

While Project Thrive is a homegrown program and has never been implemented before, the tenets of the program have their roots in the Chronic Care Model and patient self-management programs for other chronic conditions. The most concise description of the model including evidence from three studies is available through the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov/publications/march2006/>. I am including the information directly related to self-management studies with People Living with HIV or AIDS (PLWHA).

The CCM and Self-Management

Most of the literature on the CCM focuses on a particular element or subset of the six CCM elements rather than the CCM in its entirety. The self-management support component, in particular, has received a significant amount of attention, perhaps reflecting that patients with chronic conditions need—and want—to be able to manage as many aspects of their disease as possible.

Self-management support is not synonymous with patient education (Table 1). Several reviews of studies of self-management interventions for various chronic conditions (e.g., diabetes, asthma, and arthritis) revealed that including training in problem-solving skills can lead to better clinical outcomes than providing patient education alone (Table 2).

Table 1. Traditional Patient Education Versus Self-Management Education

	Traditional Education	Self-Management Education
Content	Disease-specific information and technical skills	Problem-solving skills that can be applied to chronic conditions in general
Definition of the problem	Inadequate control of disease is the problem.	Patient formulates the problem, which may or may not be directly related to disease.
Theoretical construct underlying the education	Disease-specific knowledge produces behavior change and leads to improved clinical outcomes.	Patient's self-efficacy (learned through setting short-term action plans) leads to improved clinical outcomes.
Goal	Patient compliance with prescribed behavior changes will improve clinical outcomes.	Increased self-efficacy will improve clinical outcomes.
Educator	Health professional	Health professional or peer leader

and other patients in the group

Sources: Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. *JAMA*. 2002;288:1775-9; Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness: the Chronic Care Model, Part 2. *JAMA*. 2002;288:1909-14.

Table 2. Overview of Selected Self-Management Interventions for PLWHA

Study/Model	Study The Effectiveness of Self-Management Training for Individuals With HIV/AIDS1 Model Individualized self- management training	Study Pilot Randomized Trial of Education to Improve Self-Management Skills of Men With Symptomatic HIV/AIDS2 Model Traditional patient education and self-care skills training	Study The Impact of Improved Self-Efficacy on HIV Viral Load and Distress in Culturally Diverse Women Living With AIDS: The SMART/EST Women’s Project3 Model Cognitive-behavioral stress management (CBSM) training
Purpose	To examine the effectiveness of self-management on HIV/AIDS patients’ health and well-being related to treatment adherence and efficacy, including coping strategies for posttreatment psychological moods and health attitudes.	To evaluate the acceptability, practicality, and short-term efficacy of a health education program to improve disease self-management in patients with symptomatic HIV/AIDS.	To examine whether changes in self-efficacy in the context of a cognitive-behavioral intervention were related to changes in clinical (CD4, viral load) and psychological (depression, anxiety) indicators.
Methods	Randomization to intervention or control condition. Had 40 participants (20 intervention, 20 control); 75% White and 90% male.	Randomization to a 7-session group-educational intervention or usual-care control group. At baseline: 34 participants in the intervention group and 37 in the usual care group. 58 subjects (82%) completed 3-month follow-up and composed the analytic sample.	Randomization to the CBSM group intervention or the low-intensity comparison condition. 56 women over 18 years old; most women (65%) were African American.
Intervention	A 7-week program administered individually twice a week for 60 to 90 minutes. Program included biofeedback for relaxation; cognitive-	Positive Self-Management Program (PSMP) curriculum,* which includes modules on how to evaluate common symptoms and	A 10-week, group, expressive-supportive therapy program (90-minute CBSM and 30-minute relaxation component) that included

	<p>behavioral management skills; anxiety, anger, and depression management; coping skills; and psychoeducational classes.</p> <p>Controls in this program received standard treatment from their primary care providers; at the end of the appointment, they watched a video about nutrition and health related to HIV/AIDS, received wellness education, and were given related resources to take home. Total intervention time was 2 hours.</p>	<p>decide about seeking care, use prescribed medications, make medication decisions and solve medication-related problems, improve communication with caregivers and health care providers, use cognitive-behavioral strategies and relaxation techniques for coping with symptoms, exercise and set up a fitness program, eat well and prepare food in a healthy manner, make action plans, and set personal goals.</p> <p>Controls in this program received the usual care from the primary care physician.</p>	<p>didactic components explaining physiological effects of stress, cognitive-behavioral interpretation of stress and emotions, identification of cognitive distortions and automatic thoughts, rational thought replacement, coping and assertiveness skills training, anger management, identification of social supports, and group processing of personal issues as conceptualized within the CBSM framework.</p> <p>Controls in this program received 10 individual 2-hour sessions (45-minute educational videotape related to stress management, relaxation, and coping with HIV/AIDS and a 75-minute entertainment tape), once weekly.</p>
Outcomes	<p>Intervention participants significantly improved in mood and had significant decreases in anger, confusion, tension, depression, and fatigue. They showed significant reduction in use of emotive, fatalistic, and palliative coping styles relative to controls and had significant reductions in their rating of effectiveness of confrontive, emotive, and fatalistic coping styles. The mean number of symptoms for the two groups did not differ significantly. Similarly,</p>	<p>Primary outcome: Symptom status. Secondary outcomes: Self-efficacy and health behaviors. The number of severe symptoms decreased in the intervention group and increased in the control group. No significant differences were found in pain, fatigue, depression, stress, anger, or CD4 cell count measures between groups. Self-efficacy for controlling symptoms increased in the experimental group but decreased in the control group. A trend toward</p>	<p>Increases in AIDS self-efficacy were significantly correlated with increases in CD4 count and decreases in viral load over time but not associated with changes in either depression or anxiety. Increases in self-efficacy to medication adherence were related to decreases in log viral load. Increases in cognitive-behavioral self-efficacy also were associated with decrease in viral load, depression and anxiety but not with changes in CD4 count.</p>

	no significant effect was found for CD4 counts.	increased physical exercise, as well as greater HIV/AIDS knowledge improvement, was found in the experimental group.	
Limitations	Small sample size diminished power for some analyses, and the nonrandom sample and measures used restricted the ability to generalize. The considerable difference in total contact time for the experimental and control groups may be a confounding factor.	The study population was exclusively male, mostly White, and of a high education level, which may limit generalizability.	No significant differences between groups and no main effects of the intervention on self-efficacy were found in the sample. The study was restricted to a small subsample of a larger study and the control group was really a low-intensity intervention condition exposed to similar stress management information.

* Note: Group classes were conducted by trained peer leaders (one of whom had HIV/AIDS) using the PSMP manual. The sample was significantly immunocompromised (72% had <200/mm³ CD4 cells, and 26% had two or more AIDS-associated illnesses).

1 Inouye J, Flannelly L, Flannelly KJ. The effectiveness of self-management training for individuals with HIV/AIDS. *J Assn Nurse AIDS Care*. 2001;12(5):71-82.

2 Gifford AL, Laurent DD, González VM, et al. Pilot randomized trial of education to improve self-management skills of men with symptomatic HIV/AIDS. *J Acquired Immune Deficiency Syndromes Hum Retrovir*. 1998;18:136-44.

3 Ironson G, Weiss S, Lydston D, et al. The impact of improved self-efficacy on HIV viral load and distress in culturally diverse women living with AIDS: the SMART/EST Women's Project. *AIDS Care*. 2005;17:222-36.

Integrating Self-Management Into HIV/AIDS Care Models

Treatment improvements have made HIV/AIDS a chronic, manageable condition for PLWHA who have access to HAART. People without access to HAART and those not yet on a medication regimen also can benefit from self-management by addressing factors such as nutrition, oral health, sexually transmitted diseases, and prevention of other infections. This development has brought a shift from palliation alone to case management-focused care. Case management plays a significant coordinating role in the care of PLWHA—and of people living with many other chronic conditions. Except in the area of medication adherence, however, case management models implemented among PLWHA have not always emphasized the self-management component of the CCM. Self-management provides an opportunity to offer consumers increased autonomy and better health, and it offers providers the opportunity to provide relief to overburdened case managers, reduce investment in some case management services, and use cost savings for other critical services.

Table 2 summarizes the results of three studies in which self-management interventions were implemented and evaluated among three diverse populations of PLWHA. The first self-management training intervention resulted in significant decreases in anger, confusion, tension, depression, and fatigue.¹³ In the second study, a decrease in the number of severe symptoms was reported in the intervention group, as was an increase in self-efficacy for controlling symptoms.¹⁴ The third study, an intervention among 56 HIV-positive women, found that increased AIDS self-efficacy—that is, confidence in their ability to manage their illness and achieve their personal goals—was significantly correlated with increases in CD4 count.¹⁵ These results underscore the importance of giving increased attention to self-management skills among PLWHA.

3. What are the objectives and outcomes of the ‘Chronic Care Model’, referenced on page 6?

Again quoting from the above referenced article from HRSA HAB:

At follow-up, program participants have shown significant improvements in their health status (in terms of fatigue, shortness of breath, pain, role function, depression, and health distress), health behavior (i.e., exercise, cognitive symptom management, and communication with physicians), and self-efficacy; in addition, they report fewer emergency room visits than usual-care control subjects.

4. Please explain the significant increase for the external program evaluation referenced on Page 17, Line 20.

Investment is being made in external program evaluation to ensure the efficacy of our programs. This evaluation will be ongoing and include:

- Assessment of the program's cost and efficiency
- Assessment of the program's outcome or impact (i.e., what it has actually achieved)
- Assessment of how the program is being implemented (i.e., is it being implemented according to plan?)
- Assessment of program design and logic/theory
- Assessment of the need for the program

By utilizing an external program evaluator we hope to leverage the following benefits:

- More objective of the process, offers new perspectives, different angles to observe and critique the process
- Dedication of greater amount of time and attention to the evaluation
- Greater expertise and evaluation skills

While avoiding the disadvantages inherent in an internal evaluator:

- Less objective
- More preoccupied with other activities of the program and not give the evaluation complete attention
- May not be adequately trained as an evaluator.

5. Please provide a breakout of the budget that is specifically for Project Thrive, versus the funds for Client Services Program from FY11.

In the first half of this fiscal year United Way specifically funded:
is the financial information for the period 7/1/10 – 12/31/10:

- \$11,708 -- Salaries/benefits (portion of 2 case managers)
- \$ 1,084 -- Direct housing assistance for 3 clients
- \$ 501 -- Direct utilities assistance for 3 clients

- \$ 111 -- Direct prescription assistance for 2 clients
- \$ 120 -- Direct transportation assistance for 1 client
- \$ 101 -- Direct emergency clothing assistance for 1 client
- \$ 168 -- World AIDS Day testing event (staff travel not covered by CHT)

Total: \$13,793

In FY 2012, we project that Project Thrive will be funded thusly:

AIDS/HIV Services Group Project Thrive Budget			United Way		
Position		FTEs	Annual	Portion	
				FTE	
PROGRAM					
Director of Program	Supported through	1.00	58,000	1,450	0.025
Program Manager	Supported through	1.00	42,000	1,050	0.025
Case Manager	Ryan White Program	1.00	36,000	0	
Case Manager	Ryan White Program	1.00	36,000	0	
Case Manager	Substance Abuse and	1.00	36,000	0	
Case Manager	Virginia Department of	1.00	36,000	0	
Therapist/Clinical	Ryan White Program	0.50	51,000	0	
Testing Coordinator	Virginia Department of	1.00	32,000	0	
Educator	Substance Abuse and	1.00	32,000	0	
Outreach	Substance Abuse and	1.00	32,000	3,200	0.1
Environmental Strategist	Substance Abuse and	1.00	32,000	3,200	0.1
Program Evaluator	Substance Abuse and	0.10	100,000	0	
PROGRAM SUPPORT					
Executive Director	Supported through	1.00	65,000	1,625	0.025
Operations Manager	Supported through	1.00	38,000	950	0.025
TOTAL		12.60	523,000	11,475	0.3
Fringe					
	FICA (7.65%)			878	
	State Unemployment Insurance (3.78%)			434	
	403(b) Employer Contribution (3%)			344	
	Health and Dental (11%)			1,262	
Total Fringe				2,918	
Travel					
Program Transportation	250 miles x \$0.50 per mile driven by staff			108	
	Monthly bus pass = 100 participants x \$20 x 3 months			6,000	
Total Travel				6,108	
Equipment					
				0	
Supplies					
HIV Tests	50 x \$7 + Confirmatory processing @				Supported by Virginia Department of Health
General Office Supplies	Paper, ink cartridges, pens, notebooks, business and residential			199	
	postage, and other general office supplies -- \$498 per FTE x .4 FTE				
Communications/Marketing Materials:					
	Design = \$30 per hour x 10 hours			300	
	Printing for evaluation and training materials = \$10 per page			1,000	
Total Supplies				1,499	
Space Rental and Related Costs			Supported through a variety of other funding sources		
Other Direct Costs			10,000		
Incentives	\$100 gift card per participant x 100 participants				
	Gift cards will be keyed to specific sessions; i.e. nutrition session will include				
	a gift card to a local grocery store and a trip to the grocery store to				
	discuss healthy eating, shopping, storage and food preparation				
TOTAL				32,000	

6. Please submit the FY11 mid-year report (due 2/4/11). Please explain the exact services the current FY11 United Way funding is supporting.
Please see the attached report below.

7. The narrative states that United Way funding will supplement the Elton John Foundation grant and provide services for individuals who do not identify as gay or bisexual, however the explanation on Page 13 indicates United Way funds will support all services. Please clarify this contradiction and specify which services in the Project Thrive program would be supported by United Way funding.

The above specific Project Thrive budget should help identify specific funding. Project Thrive will inform client interaction at ASG. While there are specific aspects to the program, services at ASG will be available to all participants.

8. Who will staff Project Thrive and what is their experience?

The specific staff for Project Thrive is:

Director of Programs	Christina DelZingaro
Program Accountability Manager	Fran Lavin
Executive Director	Peter DeMartino
Operations Manager	Penny Goldman
Outreach Specialist	DeKeace Morton
Public Relations Coordinator	Hannah Green

Their resumes are attached.

FY11 United Way Mid-Year Report

Program: Client Services

Agency: AIDS/HIV Services Group (ASG)

Date: 2/7/11

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

The three main goals for the client services program are that each individual living with HIV achieves:

- Medical treatment adherence
- Development of support system and sustaining psychosocial support systems
- Financial stability including affordable housing

Medical treatment adherence requires working with the client to ensure client access to health care and follow up with clients and their providers to verify that they have what they need to remain in care. ASG staff ensure that 100% of our clients have access to health care and that clients attend scheduled appointments regularly. ASG staff work closely with medical professionals at the University of Virginia and other local healthcare providers to assure that our clients are obtaining the best medical care. Attendance to appointments is monitored; all clients sign a medical release of information form so that the ASG staff may monitor client attendance to medical appointments for any client receiving United Way assistance. United Way funds also support ancillary services that ensure that clients are able to enter or maintain access to care. These services include utilizes assistance, prescription assistance and other emergent needs.

Psychosocial support systems are developed and sustained through a coordinated effort to engage individuals and assist them in developing support networks. ASG staff work with newly diagnosed clients to help them manage their diagnosis. ASG staff assist clients in identifying additional support systems, which may include family, friends, faith-based groups, or other programs and agencies, during our intake and assessment process. Referrals are also provided to other community services, including referrals to mental health and substance abuse treatment when appropriate. ASG is currently negotiating to bring mental health services in-house under the direction of licensed clinician skilled with working with issues surrounding HIV and AIDS.

Financial stability comes through maintaining a stable living environment for clients and their families and developing all available income resources. ASG provides assistance in locating affordable housing, short and long term housing payments, utility assistance, transportation assistance (Jaunt and CTS bus passes), as well as medication and medical co-payments. During the first half of fiscal year 2010/2011, of the 153 clients served, 100% have avoided eviction. In the first half of the grant year, 44 individuals were assisted with obtaining life-saving medications, of these, 2 clients were supported directly through United Way funds. United Way

funds were also expended to ensure that three families maintain utilities at their residences. Case Management was supported for 124 individuals and families through the United Way in the first half of the grant year.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaborations or referrals with other community programs in meeting a client’s multiple needs.

Edith has a history of drug abuse, violence, illiteracy, and general lack of trust of others. She has been a client at ASG off and on since 2004. The times she was “off” generally meant she was in jail. Prior to her release in May 2010 from her most recent jail sentence, Edith was unreliable, bitter, needy, and rude. Her health in the past has been unstable because she was not adherent to her medications due to her substance abuse.

Working with her since May, we have seen an entirely new person. Having a team approach between our staff has allowed more than one person to support this client and has allowed another set of resources to be utilized. Today, this client is employed full time; she opened her own bank account; and she is planning on moving into her own apartment before Christmas. Edith is adherent to her medications and her attitude has taken a completely new turn in a positive direction. While ASG cannot take full credit, Edith did tell us this week that working with a case manager at ASG made all the difference to her. She had someone who was consistent in her life, who she could talk to, and someone who could help her figure out what to do and be her advocate when she could not advocate for herself. We have high hopes for Edith!

Collaborations:

Region 10 – substance abuse treatment and emergency services

UVA – (Infectious Disease Clinic) – medical, psychiatric, and substance abuse treatment

Women of Restoration – Faith-based Organization providing peer support

Thomas Jefferson Area Coalition for the Homeless – housing and volunteer opportunities

3. Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year to date.

<i>Projected Number of Intended FY11 Primary Beneficiaries:</i>	160		153	<i>Actual Number of Primary Beneficiaries:</i>
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Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
Outcome # 1: Medical Treatment Adherence	A. PLWH/A currently not in care nor ASG clients will be identified by self- referral, referral from another agency or internal referral.	A. Target: 18 (11%) Actual: 16 (10.5%)

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
	B. Clients maximize health by attending scheduled appointments.	B. Target: 160 (100%) Actual: 153 (100%)
	C. Clients meet individualized health care plan goals including medical treatment adherence which may include obtaining health care services and maintaining health care regimens.	C. Target: 152 (95%) Actual: 145 (95%)
Outcome # 2: Psychosocial support system	A. Clients will increase self sufficiency by being able to identify or describe a growing or stable support system, which may include individuals, other agencies, and programs.	A. Target: 152 (95%) Actual: 150 (98%)
	B. Clients meet individual service plan goals that focus on psychosocial support system development, which will include referral to substance abuse treatment and mental health services when appropriate, attending support group meetings and accessing other supportive services from additional agencies.	B. Target: 152 (95%) Actual: 145 (95%)
Outcome # 3: Financial Stability	A. Clients maintain utilities without interruption for one year.	A. Target: 144 (90%) Actual: 148 (97%)
	B. 100% of clients who need additional help with nutrition will access food pantry.	B. Target: 104 (65%) Actual: 85 (53%) 100% of those who identified a need accessed the food pantry.

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
	C. Client maintains safe and affordable housing without assistance for one year.	C. Target: 128 (80%) Actual: 108 (67%) 100% of clients maintained safe and affordable housing without eviction for one year.
	D. Client receives assistance in accessing state and federal entitlement programs to assist in maintaining financial stability.	D. Target: 152 (95%) Actual: 150 (98%)

4. Impact Report. We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

Community Needs or Issues Your Program Addresses -- please include at least 3 local issues/statistics and cite your source

Affordable Housing: The need is great for low income and subsidized housing in Charlottesville and the surrounding area. In the city of Charlottesville, there are 715 families on the waiting list for public housing, and the average wait period is 426 days. The waiting list for the elderly/disabled units is slightly shorter, at 399 days. The Housing Choice Voucher waiting list for the city of Charlottesville was opened in September 2008 for the first time in five years and received 786 applications. After a routine purge of applications in September 2009, 391 households remained active on this list. The city only has approximately 287 vouchers available for this program so the waiting list moves slowly.

In an area where the median household income is \$72,800, 82% of our clients earn less than 30% of the median income. The level of poverty of ASG's clients and the lack of affordable housing for extremely low-income families, makes obtaining stable housing, which is essential for those living with HIV in the Charlottesville area extremely difficult. Stable housing is essential for persons living with HIV or AIDS (PLWHA). Providing stable supported living environments has been demonstrated to enhance medical status, quality of life, as well as longevity for HIV infected people. Also, being close to where clients receive their medical care increases appointment compliance, an important outcome measure for client success. Currently, 100% of our clients are permanently housed. Three (3) homeless clients have been housed in the last 6 months. ASG currently provides long term tenant based assistance to 18 households and was able to serve an additional 35 clients with United Way and other leveraged funds to keep them in safe, stable, and affordable housing.

Sources:

- Rebecca Weybright, Housing Manager, Charlottesville Housing and Redevelopment Authority
- FY05-06 Action Plan for the City of Charlottesville and the Thomas Jefferson Home Consortium
- 2008 Consolidated Plan for the City of Charlottesville and Thomas Jefferson Home Consortium

Dental Care: In March, 2008 IMPACT identified dental services as one of the pressing problems in the Albemarle and Charlottesville area for low income individuals. The dental clinic at the Charlottesville Free Clinic currently has a waiting list of between 400 and 500 individuals, down from a 1,000 in 2008. The current wait time for an emergency extraction is approximately 1 month. In addition, the Virginia Department of Health identified dental care as their #2 priority service for the fiscal years 2009-2012 for people living with HIV/AIDS (PLWHA).

ASG provided financial support for 30 individuals to receive dental care, many of whom needed partial or full dentures. Good dental hygiene means a lower rate of possible infections for individuals who are immuno-suppressed. Clients who received dentures improved their nutrition, assisting them in maintaining their overall health. Both of these outcomes can decrease the need for additional medical attention.

Sources:

- IMPACT
- Charlottesville Free Clinic
- Virginia Department of Health – 2008 Statewide Coordinated Statement of Need

Transportation: There is little public transportation in the ASG Service area except for in Charlottesville and parts of Albemarle and Greene counties. Lack of transportation will prevent some individuals from being able to travel to areas where they can earn a higher wage. Transportation is also a barrier to maintaining health care for many PLWHA. Living close to the hospital increases a client's ability to keep a scheduled appointment.

ASG provided CTS bus and Jaunt tickets to 46 (28%) unduplicated clients.

Sources:

- 2000 Census
- City of Charlottesville

Your Program's Solutions that United Way Community Impact Funds Support

Actual Results - based on your stated outcomes; please use percentages and numbers served to help show outcomes

The chart included in question # 3 outlines our outcomes

Financial Impact of Donations -- (i.e., \$3/week provides...; \$5/week provides...; \$10/week provides...; \$20/week provides....)

\$10/week provides emergency utility assistance to prevent utility interruption for one client.

\$15/ a week provides one month of emergency housing assistance to prevent eviction for one client

\$15.50/ week provides comprehensive case management services for one client. This includes an assessment of client medical, financial, social, and emotional needs; and assists clients in accessing medical care, medical financial assistance, and community referrals.

CHRISTINA DELZINGARO

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SUMMARY OF QUALIFICATIONS

Energetic, entrepreneurial human services executive. MBA and 20 years of success in community development, organizational capacity-building and establishing alliances. Values-driven with a commitment to creating an environment that is exceptionally supportive to clients, staff and the bottom-line. Proven record of visioning, strategic planning and financial management to support program innovation. Respected for leadership, interpersonal skills, teambuilding and advocacy. Appreciated for kindness, humor and grace under pressure. Unique ability to communicate a vision that inspires exceptional performance.

EXPERTISE

- collaboration & partnership
- clinical & operational policy development
- budget planning, development & control
- Board development & support
- internal & external customer relations
- coaching, mentoring & staff retention
- strategic planning & execution
- outcome-based program assessment
- fund & resource development
- passionate & informed advocate
- program development & start-up
- risk management & compliance

SELECTED ACCOMPLISHMENTS

- At Goodwill, restructured mission services increasing fee for service revenues by 145% and grant revenues by \$2.5 million in 18 months, expanding the service budget from \$2.5 million per year to \$5 million. Developed and established four new community employment centers, bringing total community outreach centers to seven. Increased number of clients served in mission programs from 7,500 in 2006 to a projected 24,000 in 2009.
- Increased The Arc's agency capacity by 455% and revenues from \$300,000 to \$4.5 million in five years by identifying new services and funding sources. Provided leadership, training, technical assistance and encouragement to Board of Directors in the development and execution of the mission-based strategic plan that reinvigorated the agency after a long period of stagnation.
- Strengthened community network of infant early intervention services by establishing a home visiting collaborative with four child-serving, health and poverty-prevention agencies; facilitated the creation of the Partnership for Children, bringing together 15 governmental and non-profit agencies to develop cooperative community strategies to improve outcomes for children; collaborated with other agencies, established two intergenerational centers to support adults with disabilities in fully integrated settings.
- Mentored and instructed staff, creating a positive work environment and improving staff retention from industry-average of 29% to 68% for direct care staff. Assembled an exceptionally talented and loyal senior management team, realizing retention rate of over 90%. Agency nominated for Family-Friendly Employer of the Year.

PROFESSIONAL EXPERIENCE

Consultant

Sage Strategies

Richmond, VA

April 2006 – Present

- Finance management, development of financial systems and QuickBooks consulting for human service organizations
- Facilitate Board and staff strategic planning and visioning for non-profit organizations

Director of Career Development and Support Services

Goodwill Industries

Richmond, VA

February 2007 –November 2009

- Provide comprehensive operational oversight for Goodwill mission services in Central and Eastern Virginia, preparing operational plans and budgets to serve in excess of 24,000 clients per year
- Develop and maintain strong relationships with partner agencies and organizations, working to build capacity through collaborative efforts and community interaction
- Establish and communicate performance standards to monitor and improve efficiency and effectiveness, developing continuous improvement plans

Executive Director

The Arc of the Piedmont

Charlottesville, VA

1994 – 2006

- Manage all aspects of finance, administration, fundraising and clinical operations, including program development, human resource development and strategic planning for this \$4.5 million multi-jurisdictional human services agency
- Provide community education, community development and leadership, utilizing extensive knowledge of child development, early intervention, child welfare and social services funding, Medicaid and poverty prevention programs to bring about systems change in the areas of early childhood education and community-based services for adults with intellectual disabilities

Director

Richmond County Department of Social Services

Warsaw, VA

1992 - 1994

- Responsible for full agency administration, including financial reporting, clinical programming and compliance to promote self-sufficiency and protection for county residents
- Provided technical assistance in the form of grant writing, program development and organizational development, co-founding four health and human service non-profits

Personnel and Quality Assurance Coordinator

Central Virginia Community Services Board

Lynchburg, VA

EDUCATION

MBA

Averett College
Danville, VA

BA International/Developmental Economics

Randolph-Macon Woman's College
Lynchburg, VA

COMMUNITY ACTIVITIES

State Human Rights Committee – Appointed by the Department of Mental Health, Mental Retardation and Substance Abuse Services Board in 2006; Vice-Chair since 2007

Charlottesville Redevelopment and Housing Authority – Appointed as Commissioner by City Council 2005-2007; Chair of Finance Committee 2005-2007

Virginia Public Guardian and Conservator Advisory Committee – appointed by Gov. Gilmore in 2002, re-appointed by Gov. Warner 2005-2007; Chair of Development Committee 2003-2005, Chair 2005-2007

Jefferson Area Disability Services Board – Board member appointed by Nelson County 1995-2006; Vice Chair 2003-2004, Chair 2004-2005

JAUNT – Board member appointed by Nelson County 1994-2006; Treasurer 1996-2002, Vice President 2002-2004, President 2004-2006 (paratransit and rural public transit)

Partnership for Children – member 2000–2006; Vice-Chair 2005-2006

Blue Ridge Institute for Southern Social Services Executives – member since 1992; member of Program Committee 1998, 2001, 2004 and 2005; Board of Directors since 2002, Secretary 2003-2005, Housing Chair 2007

The Arc of Virginia – Board member 1994-2006; member of Executive Committee and Finance Committee 1994-2001, Treasurer 1999-2001

Virginia Association of Executives of The Arc – member 1994-2006; Chair 1995-2000

JABA 2020 Long-Term Care Partnership – core leadership member 2004-2006 (Robert Wood Johnson Planning Grant)

Medicaid Mentor – Community educator and advocate 2000-2007

Western State Local Human Rights Committee – member 1997-2004; Chair 1999-2003

COMMUNITY ACTIVITIES, cont.

Mid-Atlantic AIDS Education and Training Center – represent the Virginia Primary Care Association, Advisory Board 1997-2002

Leadership Charlottesville – graduate 1997

Charlottesville Free Clinic – volunteer Clinic Supervisor 1994-1997

Virginians Against Domestic Violence – Board member and member of the Public Awareness Committee and Rural Women’s Caucus 1992-1998

Family Focus of Richmond County – Board member 1992-1994; Chair of Housing Committee and member of the Haven Committee (domestic violence program) 1992-1994, Secretary 1993

Northern Neck Health Action Group – founding member 1992-1994; member of the Health Access Committee, member of the Free Clinic Taskforce, member of the Community Health Center Taskforce

Richmond County Habitat for Humanity – founding member and Secretary 1993-1994

Northern Neck HeadStart Alliance – founding member 1993-1994

Three Rivers AIDS Coalition – founding member and President 1993-1994

Peninsula AIDS Foundation – Board member 1994

The Blue Ridge Medical Center – Board member 1988-1992; Chair of the Quality Assurance Committee 1988-1990, member of the Fundraising Committee 1988-1992, Vice President 1990, Treasurer 1991

REFERENCES

Available upon request

Francis I. Lavin Jr.

2624 Kendalwood Lane
Charlottesville, Va. 22911

434-960-8039 (cell)
fl4m@virginia.edu

Career Goal

Experienced business executive desires to fulfill life-long ambition to use his energy and management skills in a role more consistently aligned with community services, healthcare services, academics, and non-profits. A great problem solver that enjoys developing people and building organizations.

Education

Masters in Public Health Sciences, University of Virginia, Charlottesville, Va. (*candidate*)

Non-profit Management Certificate, University of Virginia SCPS, Charlottesville, Va. (May, 2009)

PGTL, Endorsement in Elementary Education, Mary Baldwin College, Staunton, Va. (2005)

MBA, Finance, Loyola University, Chicago, Ill. (1980)

BA, Political Science and a concentration in Accounting, Western Michigan University, Kalamazoo, Mich. (1975)

2009-2010

- Candidate for Masters in Public Health Sciences with probable completion fall 2010
- Adjunct lecturer for one day seminar in “Fundamentals of Management” at the School of Continuing Professional Studies at UVA, fall 2009 and fall 2010
- Writing procedures and policies for the Charlottesville Free Clinic in their efforts to become accredited with the Virginia Association of Free Clinics
- Supporting the Community Obesity Task Force (COTF) in their efforts to bring awareness to this critical health issue
- Continuing to support and coach youth soccer for SOCA

Elementary School Classroom Teacher

Albemarle County Public Schools, 2005-2008

B.F.Yancey, Crozet, and Woodbrook Elementary Schools, 4th and 5th graders

- Leading and nurturing the minds, habits, and behavior of 15 to 25 ten year olds.
- Preparing unit and lesson plans to match state and county curriculum.
- Design lesson plans to engage different learning styles and ability levels.
- Enhanced student academic growth by using a variety of teaching strategies including whole group, small group, individual, teacher modeling, etc. Integrated technology into daily lessons.
- Supported a balanced interdisciplinary reading program through guided reading of fiction and non-fiction, and through independent reading integrated into literature circles.
- Actively engaged learners by employing kinesthetic learning tools in science and math.
- Use of formative and summative assessments to determine student performance toward SOL goals.
- Experienced high rate of success with SOL tests.

General Management

MicroAire Surgical Instruments/Precision Edge Surgical Products. Charlottesville, Va, 1994 - 2003

President. Provided leadership to these autonomously run companies of more than 200 employees. Designed, manufactured and distributed powered surgical instruments and accessories in the orthopedics market. Responsible for all functional activities: Sales, Marketing, Engineering, Operations, Regulatory, Quality, Human Resources, and Finance.

- Directed day-to-day activities, and executed long-term strategic plans for these businesses.
- Relocated MicroAire from CA to VA from groundbreaking of new facility to recruiting a new workforce.
- Significant operational problems inherent to the business in CA were aggressively eliminated.
- The business in VA obtained a high level of operational performance, cost and inventory reductions.
- Built a first class global distribution network. Doubled sales over a 6-year period. Created a strong customer focus.
- Spearheaded 2 acquisitions, folding these into MicroAire/Precision Edge.
- In 1995 Precision Edge began a period of high growth by embracing CNC automation and internally training employees by developing a program for machine operators to obtain their journeyman’s card.
- Over a 9-year period, successfully launched new products, product lines, and product systems.

Strato Medical, Beverly, Massachusetts, 1992-1994

President. Provided leadership to this high tech medical devices company, which designed, manufactured and distributed implantable ports and long term tunneled catheters.

- Eliminated significant sales backorder of \$1M. Completed business integration and start up for new product line. Reduced product cost \$1M. Inventory reduction of 20%.
- Reoriented senior management to be customer focused/sales driven, resulting in sales growth, improved earnings and a new product pipeline.
- Eliminated sales force turnover. Introduced basic sales management tools. Sales growth climbed to double digits.
- Emphasized new product pipeline obtaining FDA approval for 8 new products. New product line opportunities identified.

Infusaid, Norwood, Massachusetts, 1991-1992

President. Provided leadership for this high tech company, which designed, manufactured and distributed implantable pumps for delivery of insulin, morphine, and chemotherapy.

- Reduced headcount 33% while improving manufacturing yields from below 50% to above 90%.
- Diagnosed severe quality control problems. Complied with GMP's and GLP's.
- Realigned staff to focus on quality and manufacturing systems. Implemented total quality management.

Auto Syringe, Manchester, New Hampshire, 1987-1991

President. Provided leadership for this high tech medical devices company, which designed, manufactured and distributed microprocessor driven syringe pumps for microdosing life supporting medications.

- Converted losing operation to profitability by eliminating 2 unprofitable product lines, which represented 40% of sales, 55% of plant activity and 35% of headcount.
- Increased business 50% over a 2-year period by developing a customer driven mentality.
- Introduced the "flexible platform" accelerating product development.
- Diversified into 2 new markets: adult intensive care and anesthesia.

Finance, Accounting, IT Systems, and Human Resources

Auto Syringe, Controller, Manchester, NH, 1982-1987

- Complete P&L and Balance Sheet responsibility.
- Hired an IT person to manage IBM System 34, which was used to automate financials.
- Evaluated, selected, and installed enterprise system to manage engineering BOMs and the entire inventory and manufacturing cycle including customer shipments.
- Completed annual budgets and strategic reviews. Prepared management reports.
- Promoted to General Manager.

Baxter Corporate Finance, Analyst, Sr. Analyst, Project Manager, Deerfield, Ill, 1978-1982

Hertz Truck, City Controller, Franklin Park, Illinois, 1977-1978

Canteen Corp., Staff Accountant, Chicago, Illinois, 1975-1977

Community Affiliations

- Soccer Organization of Charlottesville-Albemarle: Coaching all levels from 1995 to 2009.
- Piedmont Virginia Community College Foundation: Board Member 1996-1997.
- Charlottesville Chamber of Commerce: Manufacturers Business Round Table 1996-1999.
- Manchester North Youth Soccer League: Board of Directors 1987-1992; President 1990-1991.
- Manchester United Soccer Club: Founding Member, Board of Directors 1992-1993; President 1993.

Francis Lavin

434-960-8039 (cell) or fl4m@virginia.edu and franlavin2010@aol.com

Peter G. DeMartino

963 Second Street SE
Charlottesville, VA 22902

434.979.7714
peter.demartino@asgva.org

Experience

AIDS/HIV Services Group (ASG) – Charlottesville, VA

Executive Director

June 2010 – present

- Manages a varied portfolio of HIV care and prevention services totaling \$850,000 annually
- Supports the development and day-to-day operations of a diverse staff of ten professionals
- Responsible to the Board of Directors for planning, organizing, directing and evaluating agency activities and programs while executing the Board policies in accordance with agency vision and mission
- Providing leadership, management, human and intellectual skills and conviction necessary to the agency while focused on delivering results to ASG clients, community and funders
- Ensures that ASG is fiscally and administratively sound and that its programs are of the highest quality and meet the changing needs of the community served
- develops and implements the strategic direction of ASG
- advocates on behalf of the HIV/AIDS affected community and ensures that the needs of the community are communicated to the Board, staff and community at large
- participates in strategic partnerships with the community, health and human services agencies and develops and strengthens coalitions with other AIDS Service Organizations and institutions

Desert AIDS Project – Palm Springs, CA

Program Development Manager

July 2008 – June 2010

- Participates with management team and Board of Directors in developing and implementing strategic objectives to meet the needs of stake holders, clients and community while assuring financial responsibility and responsiveness of programming in relation to agency mission and vision
- Advance institutional funding procurement strategy including letters of inquiry, grant proposals, budget development, grant implementation and reporting on the national, state and local levels for public and private resources including Ryan White HIV/AIDS Treatment Modernization Act of 2006 Parts A, B, C and MAI (averaging \$3.8 million in successful grant applications annually)
- Establish policies and procedures and recruit and mentor staff and volunteers in Public Policy, Quality Improvement and Grant Writing Departments; develop and manage budgets for same
- Advise management team, Board of Directors and local officials on program development, national best practice and patient outcome improvement according to strategic objectives
- Convene and moderate interdisciplinary teams to develop programming based on efficacy, quality management protocols and patient satisfaction tactics while maintaining fiscal objectives
- Assures compliance with pertinent federal, state and local codes and regulations relating to programming
- Maintain membership with The California State Office of AIDS California Planning Group; Communities Advocating Emergency AIDS Response (CAEAR) Coalition (current Board Member; Resource Development/Membership Committee Chair; Transitional Grant Area [TGA] Caucus, Chair; PLWHA Caucus), National Association of People with AIDS (NAPWA) and local advocacy and healthcare policy groups including membership in the Association for Healthcare Quality and Healthcare Assessment Resource Center (HARC) steering committee.

Public Policy Coordinator

May 2006 – July 2008

- Develop and manage an active grassroots network of community-based HIV organizations and individual activists to participate in a broad range of HIV policy advocacy activities
- Conduct outreach, recruitment and training activities related to Desert AIDS Project mission, healthcare policy and community development

Peter G. DeMartino

- Meet with elected officials, legislative staff, and various administrative agency staff to provide education and advocate for priority issues
- Act as primary liaison and information source on federal and state healthcare policy, community organizing and policy advocacy strategies
- Conduct regional healthcare trainings in coordination with local and national partners
- Manage database of service providers, advocates, elected and appointed officials
- Implement empowerment series to activate people living with HIV/AIDS (PLWHA) and those affected into personal and social transformation
- Advise the Desert AIDS Project Community Action Newsletter (DAPCAN)
- Mentor Desert AIDS Project Client Committee, Women's Committee and Legislative Action Committee
- Organize *A Positive Life: the series*, an on-going patient education program developed in 2006

Senior Development Associate

December 2004 – May 2006

- Mobilized community partners in support of agency mission
- Maintained funding streams through grant procurement and management
- Represented Desert AIDS Project at area functions and in the media, promoting community involvement, volunteer and philanthropic opportunities
- Coordinated and designed interdepartmental projects and marketing materials for advertising campaigns and public events
- Incorporated national and international trends in HIV/AIDS healthcare and advocacy into development strategies
- Coordinated corporate and organizational partnerships in support of events including major media contracts and cash sponsorships
- Organized major events raising over \$600,000 in revenue
- Rallied and managed volunteer teams as large as 60 persons

Development Associate

October – December 2004

- Developed funding procurement strategy including grant proposals and grant reporting
- Secured cash and in-kind corporate sponsorship in accordance with fundraising goals

Education

*The University of Chicago
Chicago, Illinois, 2004*

- Ph.D., Slavic Languages and Literatures
Concentration in Cultural Studies, Rhetoric and Theory

*Dickinson College
Carlisle, Pennsylvania, 1994*

- B.A., Russian
Magna cum laude
Departmental Honors

Presentations

Extensive experience presenting to diverse audiences at agency meetings, local and national events including workshops and panel participation. Highlights include:

“Creating Prevention Prepared Communities and Health Care Reform - Substance Abuse Prevention and Mental Illness Minority AIDS Initiative (MAI) Cohort 6 Grantee Transition Meeting, Atlanta, GA, July 2010

“Engaging Consumers in Quality Improvement (with Key Findings from the National Survey) – The National Quality Center, webinar, July 2010

Ryan White and Health Care Reform – Inland Empire HIV Planning Council, August, 2009

Centers for Disease Control and Prevention Division of HIV/AIDS Prevention Capacity Building Branch – Special Emphasis Panel (SEP); Funding Opportunity Announcement PS 09-906; Capacity Building Assistance (CBA) to

Peter G. DeMartino

Improve Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-risk and/or Racial/Ethnic Minority Populations, Atlanta, GA

Positive Leadership and Advocacy Planning – 2nd Annual Virginia Ryan White All-Grantee Meeting, March, 2009

Strategic Planning for the Chronic Care Model – 2008 SAMSHA Mental Health HIV Services Collaborative Annual Grantee Evaluation and Clinical Training Meeting, Tucson, AZ

Finding the Power of “We”: *Personal Strategies for being a Positive Advocate*- United States Conference on AIDS 2008

The Denver Principles: Birth of Our Movement – Inland Empire HIV Conference 2008

Policy as Development: the interaction of advocacy, policy and funding – United States Conference on AIDS 2007

Second Generation: identity and community among younger positives – United States Conference on AIDS 2007

Navigating the System: Mapping self-efficacy through MediCare, MediCal, Medi-Gaps – A Positive Life: the Series, Desert Regional Hospital, Palm Springs, California

Beyond Ryan White: developing effective and fundable programming – Desert AIDS Project Directors’ Meeting

Beyond Ryan White: living with a “chronic condition”- Desert AIDS Project Directors’ Meeting

Beyond Ryan White: medicalization, normalization and super-capitalism – Desert AIDS Project Board of Directors’ Strategic Planning Meeting

Caring for Health; a Policy of Caring – Cathedral City Healthcare Town Hall Meeting, Cathedral City, California

Women and HIV – Women’s Health Fair, Desert AIDS Project 2006

Computer Skills

Broad understanding of Windows based programs including Microsoft Office, Donor Perfect and Adobe Creative Suite. Proficient with Internet based research systems and applications including I-Wave PRO (Prospect Research Online) and ESRI Geographic Information Systems and Mapping Software. Experience with Electronic Health Records systems and AIDS Regional Information and Evaluation Systems (ARIES).

Writing

Successful grant proposals, corporate sponsorship submissions, data analysis and strategic planning documents available on request.

Other professional writing samples, including published manuscripts, academic CV and teaching history, also available.

Penny L. Goldman
1870 Hamilton Road
Louisa, Virginia 23093

(540) 967-2888 (Home) (434) 989-9199 (Cellular) (434) 979-7714 x 244 (Office)

SUMMARY

Versatile, results-oriented manager with over 25 years experience in communications and service industries. Self-starter and excellent communicator with the ability to motivate, elicit interest, and obtain results using a common sense approach. Proven experience in startup situations, authoring technical and training documentation, program and training management, corporate transitioning, and revenue generating techniques. Effective leader and developer of people.

PROFESSIONAL EXPERIENCE

AIDS/HIV SERVICES GROUP, Charlottesville, VA

Feb 2008 – Present

Operations/Human Resources/Volunteer Manager

Mar 2010 – Present

Operations: Work with other members of senior management to improve the operational systems, processes, and policies in support of the organization's mission; Manage and increase the effectiveness and efficiency of Support Services (HR/IT) through improvements to each function, as well as coordination and communication between support and business functions. Play a significant role in long-term planning, including an initiative geared toward operational excellence; Manage all aspects of the agency's operations to include the ordering and monitoring of supplies, office equipment. Work with external vendors to negotiate the best rates for services.

Human Resources: Manage all Human Resources-related processes to include recruiting, interviewing, job postings. Assist department managers with training, development, employee counseling, and performance management. Conduct orientation programs for staff and volunteers to guide them toward the agency's goals. Maintain contact with recruitment agencies, local organizations, educational institutions, etc. Guide management and staff in the areas of career development, staffing initiatives, employee relations, and workplace ethics. Act as a bridge between management and employees in order to facilitate smooth functioning of the operations of the agency. Identifies areas of improvement to improve company policies; assists department managers with performance reviews, ensuring that everyone is reviewed and that the appropriate paperwork is completed and disseminated to all appropriate parties. Future goal is to author new Policies and Procedures manual, Employee Handbook, and design an employee incentive/appreciation program.

Volunteer Manager:

Assist people inquiring about volunteer opportunities by providing them telephone, e-mail, and written information about volunteer possibilities. Help to facilitate decision-making processes whereby an inquirer is able to make an informed commitment to participate in ASG programs, or general office support. Qualify prospective volunteers and assist them in finding suitable volunteer positions. Coordinate and facilitate orientations and ongoing trainings for volunteers if/when required. Conduct outreach to local colleges and universities to recruit prospective volunteers. Develops and maintains relationships with contacts at colleges and universities. Future goal is to organize annual volunteer-appreciation event if/when appropriate.

Office Manager

Feb 2008 – Mar 2010

Responsible for the day-to-day administrative operations of the office, to include management of front office, monitoring and ordering of HIV testing and prevention supplies, office supplies, and office equipment. Initial contact and flow coordinator for testing. Created and manage internal HIV testing schedule. In addition, act as the point of contact for the agency's vendors, and building management. Other responsibilities include supervising volunteers, handling media for special events, and coordinating with other core staff to provide ongoing programmatic and managerial support for all departments. Developed system for managing agency vehicles, and provide support to the Executive Director. Completed the following trainings: Ora-Quick HIV Product Training, Comprehensive Risk Counseling Services, Facts and Fundamentals of HIV Prevention Counseling, and Fundamentals of Waived Rapid HIV Testing and Prevention Counseling.

ROY WHEELER REALTY CO., Charlottesville, VA - Realtor®, Residential Sales

Sept 2008 - Present

KELLER WILLIAMS REALTY, Charlottesville, VA - Realtor®, Residential Sales

May 2004 – Sept 2008

In our first year with Keller Williams, my partner and I did over \$2.5 million gross sales, which enabled us to reach the company's goals and put us in a position to earn 100% commission. The trend continued through 2007.

ROY WHEELER REALTY CO., Charlottesville, VA - Realtor®. Residential Sales

Jul 2003 - May 2004

SECTOR MARKETING GROUP, LLC, Silver Spring, MD
(Formed subsequent to the sale of Snyder Direct Services)

Nov 2000 – Apr 2002

Consultant, Client Services

Sep 2001 – Apr 2002

Responsible for new business development in the areas of telemarketing, customer service and survey programs. Consulting services included recruiting new clients, preparing proposals, and working with Sector's executive and operational personnel to develop and implement new programs.

Director, Program Management

Nov 2000 – Aug 2001

First team member selected by the former Executive VP of Sales of BRANN to help build a new organization, Sector Marketing Group. Assisted in hiring top level and line staff. Created and implemented a variety of sales programs such as Long Distance, Cellular Service, Satellite TV, and Payment Transaction Equipment and Services. As primary client interface, oversaw and developed sales and operational requirements for each program to include: the creation and implementation of operational policies and procedures, training, creation of sales tools, reporting (client and in-house for sales tracking and business analysis), database development, sales commission development, client invoicing, and personnel management.

BRANN (A Division of Snyder Direct Services), Rockville, MD

Apr 2000 – Nov 2000

Developed and implemented a telesales program for one of the nation's Top 4 communications companies. Program encompassed both internal and Independent Sales Contractor campaigns. Areas of responsibility included: daily client and sales agency interface, the creation of training and sales materials, development and implementation of operational policies and procedures, reporting (client, agency, and in-house for sales tracking, business analysis, and commissioning), database development, and personnel management.

QWEST COMMUNICATIONS INC., Arlington, VA
(Successor via merger and acquisition of LCI Communications, Inc.)

May 1997- Apr 2000

Manager, Training and Documentation

July 1998 – Apr 2000

Created and organized a team to facilitate management, staff-level, process, and software training. The group successfully completed a management training program for Supervisors, Managers, and Senior Managers, as well as training modules targeted to staff-level employees. Special projects included the creation of a divisional employee recognition program, and the repackaging and promotion of the corporation's order entry system. Selected by divisional Vice President to participate on a nine-person task force to strategize and develop implementation plans to more effectively process the company's service orders. Authored sales training documentation in support of the project, and worked with sales division in the development and implementation of corporate-wide order entry training. Responsible for developing support and communications portions of the project.

Manager, Product Implementation, Local Services (Resale)

May 1997 – July 1998

Responsible for the end-to-end implementation of new local products, as well as the integration of new and existing long distance products with local services offerings for business customers. Responsible for the successful launch of the PBX/T-1 product, "DigiT-1." Oversaw the project from inception to bill production, and authored sales training documentation in support of the product.

WINSTAR TELECOMMUNICATIONS, INC., Vienna, Virginia

Nov 1996 – May 1997

Consultant, Billing Operations

Established a department for processing service orders for commercial long distance and local resale service for this telecommunications company. This entailed the review and financial approval of contracts to ensure compliance with pricing, rates, and other contractual data. Responsible for quality assurance, process documentation, and all facets of data entry into the billing system. As one of Finance's primary interfaces with the company's (external) billing company, worked day-to-day issues and participated in the review and approval of customer invoices. Also managed two accounting/entry personnel, and was involved in the development of an in-house order entry system. Interacted with all levels of personnel and management, as well as sales organizations throughout the country. Instrumental in implementing billing for the company's customer base, which grew from 40 to well over 1,000 accounts during the last five months of my employment.

ONCOR COMMUNICATIONS, INC., Bethesda, Maryland

Jul 1988 - Apr 1996

(Successor via merger and acquisition of National Telephone Services, Inc., Telesphere Communications, Inc., and International Telecharge, Inc.)

Senior Account Manager, Info Services, Inc. (Subsidiary of Oncor Communications)

Sept 1994 - Apr 1996

Manager, Customer Contract Administration

Mar 1993 - Sept 1994

Customer Inquiry Resolution Analyst, MIS

Feb 1992 - Mar 1993

Manager, Sales Support Administration

Jun 1989 - Feb 1992

Agency Program Manager

Nov 1989 - Jun 1991

Supervisor, Public Pay Phone Contract Administration

Jul 1988 - Nov 1989

PROVIDENCE SAVINGS AND LOAN ASSOCIATION, F.A., /KEYSTONE FINANCIAL AND SERVICE CORPORATION, INC., Vienna, Virginia

Apr 1984 - Jul 1988

Executive Assistant (Providence); Secretary/Treasurer (Keystone)

TECHNICAL SKILLS

Working knowledge of Microsoft Office Suite and various other software packages, as well as some familiarity with Sequel Server, VAX and AS400 applications, systems, databases, and the Internet.

EDUCATION

Henderson College of Business, Calgary, Alberta, Canada. Business Administration Program, 1981 - 1983.

Basics of Accounting (Via Correspondence), 1986

Principals of Real Estate, Richmond, VA 2003; Continuing Education 16 Credit Hours/Year.

TRAINING

The Facts of HIV (VHARCC)

Fundamentals of HIV Prevention Counseling

The Fundamentals of Waived Rapid Testing

Comprehensive Risk and Counseling Services [CRCS] (VHARCC)

Ora-Quick Rapid Testing

REFERENCES FURNISHED UPON REQUEST

Tue, March 4, 2008 1:19:03 PM

De'Keace Morton
279 Kingsville Rd
Farmville, VA23901
804-477-5028
dekeacesimone@yahoo.com

Objective

To obtain a position that would utilize my knowledge, skills, and abilities working with children with emotional, behavioral, and learning disabilities.

Work History

February 2008-Present, Health Educator/Outreach Worker, Aids Services Group (ASG), Charlottesville, Virginia

Facilitate "SISTA" Groups that empowers women and enhance their self-esteem, facilitate teen program, provide HIV testing, manage Walk and Talk groups, work with pregnant teens, educate the community on HIV, safe sex, and prevention of STD's and STI's, work with batter women and provide guidance on healthy relationships. Facilitate groups in the Piedmont Jail

January 2006-February 2008, Residential Services Manager, Strath House, Richmond, VA

Assists Program Director, Establishes and maintains permanent files, including employee, resident and billing information and files and retrieve files as requested. Work with residents from the ages of 13-21 years old.

February 2003- January 2006, Support Teacher /One to One, GEARA, Richmond, VA

Assisted in presenting lessons, provided students with individual attention, assisted in behavior management of the classroom, redirected students as necessary, and developed classroom incentives for behavioral and academic progress. Ages 13- 21 years

March 2000 – January 2003, Sergeant First Class (Part-time), Kenbridge, VA,

Supervised camp counselors, led counseling groups on anger management, supervised drill instructors, maintained weekly and quarterly activity logs. Ages 12-18 years

October 1997 –June 2000, Teacher's Assistant, Prince Edward County, Farmville, VA

Stated as a substitute teacher, advanced into a teacher's aide. Assisted in presenting lessons, provided students with individual attention, assisted in behavior management of the classroom, redirected students as necessary, and developed classroom incentives for behavioral and academic progress. Ages 13- 21 years

February 1997- October 2000, Correctional Officer, Buckingham County, Dillwyn, VA

Dillwyn Corrections Facility, took daily counts, supervised inmates in living facilities, supervised in daily job activities, worked boulevard and recreational areas, man tower with AR15 and shotgun, rovin patrol with a pistol.

Education

Virginia State University, Petersburg, VA, May 1996

Major Hotel/Restaurant Management

CDL License

Certified Massage Body Worker

Certified SISTA Facilitator

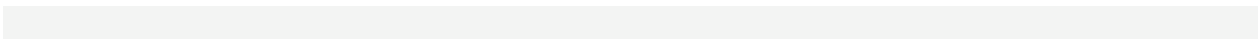
Certified HIV Tester

Certified CPR & First Aid

References

References are available on request.

No virus found in this outgoing message.
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Version: 7.5.516 / Virus Database: 269.21.4/1310 - Release Date: 3/4/2008 8:35 AM



Hannah Marie Green

105 A Shamrock Rd ▪ Charlottesville, VA 22903 ▪ 703.795.2016 ▪ hmg5n@virginia.edu

EDUCATION

Frank Batten School of Leadership and Public Policy, University of Virginia, *Master of Public Policy 2010*

- One of 30 students selected for the second entering class of this dual enrollment BA/MPP program, GPA 3.68/4.0
- Coursework included Econometrics and Program Evaluation, Cost Benefit Analysis, Research Methods and Statistical Analysis, Contemporary Debates in Human Rights, and Anthropology, Health and Development
- Thesis: Health Care Enrollment Strategies: Maximizing the Benefits of Health Reform and Caring for Vulnerable Populations. Consulted for: Families USA

University of Virginia *BA, Foreign Affairs* May 2009 Major GPA 3.5/4.0

- Focus on African Studies; course work included Racism, Nationalism, and Multiculturalism, Macro and Micro Economics, Academic and Professional Writing, Multicultural Education
- Dean's List Honors six out of eight semesters; President's List James Madison University Spring 2006

EXPERIENCE

Thomas Jefferson Foundation, Charlottesville, VA, *Special Events Assistant*, Fall 2010 – present

- Public relations work includes: drafting proposals for prospective clients; extensive market research on wine festivals and weddings
- Co-coordinated planning and execution of events including VIP visits, private dinners, tours, and executive lunches
- Wrote site rental descriptions for client marketing materials; compiled past and future budget forecasts

Families USA, Washington, DC *Intern*, Summer 2009

- Completed an original policy analysis, "International Long-Term Care: Best Practices and American Alternatives"; conducted interviews, explored international research, and formulated policy alternatives for providing accessible long-term care insurance in the U.S.
- Researched and explored key health policy issues, especially regarding low-income consumers, to formulate advocacy tools for the field including working on an "August Recess Tool Kit" and summarized new health policy reports relevant to policy and activism (one report per month, published for e-advocacy). Researched and assessed emerging trends in health care policy and health care reform.
- Worked within the Publications department to respond to urgent deadlines for reports and web-based updates during health reform; responsibilities included fact-checking, copy editing, content-editing, and editing charts for clarity

Virginia Organizing Project, Charlottesville, VA *Intern, Civic Engagement Project*, Summer 2008

- Canvassed Charlottesville and surrounding counties talking to residents about health care reform and voter registration and rights; resulted in end-of-summer public forum on health care reform with local officials.
- Encouraged civic participation and engaged people about their health care experiences; exposure to Charlottesville politics
- Project management experience through working closely in a team of five to co-ordinate canvassing activities; enjoyed contact with diverse Virginia residents including low-income citizens, felons, and immigrants

Mission to the World, San Ignacio, Belize *Team Leader*, Summer 2006; *participant*, Summer 2005

- Engaged in community service activities such as youth nights for twenty local teens and construction and renovation projects; planned a week long vacation camp for local children and led a canvass to encourage participation and adapted the program for the needs of the community by working with 4 to 5 local leaders
- Promoted personal growth and reflection among the young teen girls on the trip through supervision and delegation of responsibility; fostered creativity and active participation in service activities

PUBLIC SERVICE & LEADERSHIP

AIDS Service, Awareness, and Prevention (ASAP) – 2007-08 Executive Director

- Led Executive Board and General Body meetings; served as primary University and community liaison; through creative agenda-setting, led events including World AIDS Day programming, AIDS Quilt display, free, on campus HIV testing (trained on-campus HIV tester in conjunction with AIDS/HIV Services Group), and coordinated Holly Edwards as a speaker for "Lose the Shoes" HIV/AIDS fundraiser

University of Virginia Women's Club Ultimate Frisbee – Captain 2009-2010, team member 2005-2010

- Managed, trained, and coached 30 - 40 student athletes with four practices per week and five weekends of travel per semester; planned practices, tournaments, identified strengths and weakness of team members; help manage a "B" team
- Led initiative to receive a growth-based sponsorship from Ultimate apparel company FIVE Ultimate

Axis of C'Ville 2009 Ultimate Player's Association Club Mixed Team National Champions – *team member*

- Member of national champion, co-ed Ultimate Frisbee team; comfortable in a high-pressure, diverse environment
- Recognized by C-VILLE as one of "25 Famous Locals You May Not Have Heard of" World Ultimate Club Championship Team Member 2010

Westhaven Community After School Program– 2008-09 After-school tutor and Volunteer Assistant Supervisor

- Chaperoned field trips for outdoor adventures, fostered positive attitudes about school, taught basic grammar, read to children