The Aliveness Project NWI – Lake County
HFI Monthly Report

Grantee Information

Grant PI	Tammy Morris, CEO	Grant IDs	Bridging Hope- Infectious Disease Program
Core Service	Infectious Disease Prevention	Reporting Month	April 2025
		Reporting Date	May 20, 2025

Progress and Action Items

Progress	Status
Conduct outreach/testing events reaching at least 1,000 individuals per year.	In progress
Train staff in advanced harm reduction and case management practices.	Partial Completion
Begin tracking additional client metrics for program evaluation	In progress
Link 95% of positive cases to care within 30 days of diagnosis.	In progress
Distribute 2,500 harm reduction kits.	In progress
Conduct 6 prevention education workshops.	Completion
Achieve viral suppression rates of 90% among clients living with HIV.	On Target
Reach 3,500 individuals through testing and outreach.	In progress

Comments

Qualitative Data –

The month of April marked the launch of our HFI-funded activities, and we are encouraged by the initial progress made in reaching and engaging our priority populations. In our first month, we facilitated 11 workshops across the designated service area, reaching a total of 113 individuals. These sessions focused on education around harm reduction, HIV prevention, and linkage to care services. This early outreach represents

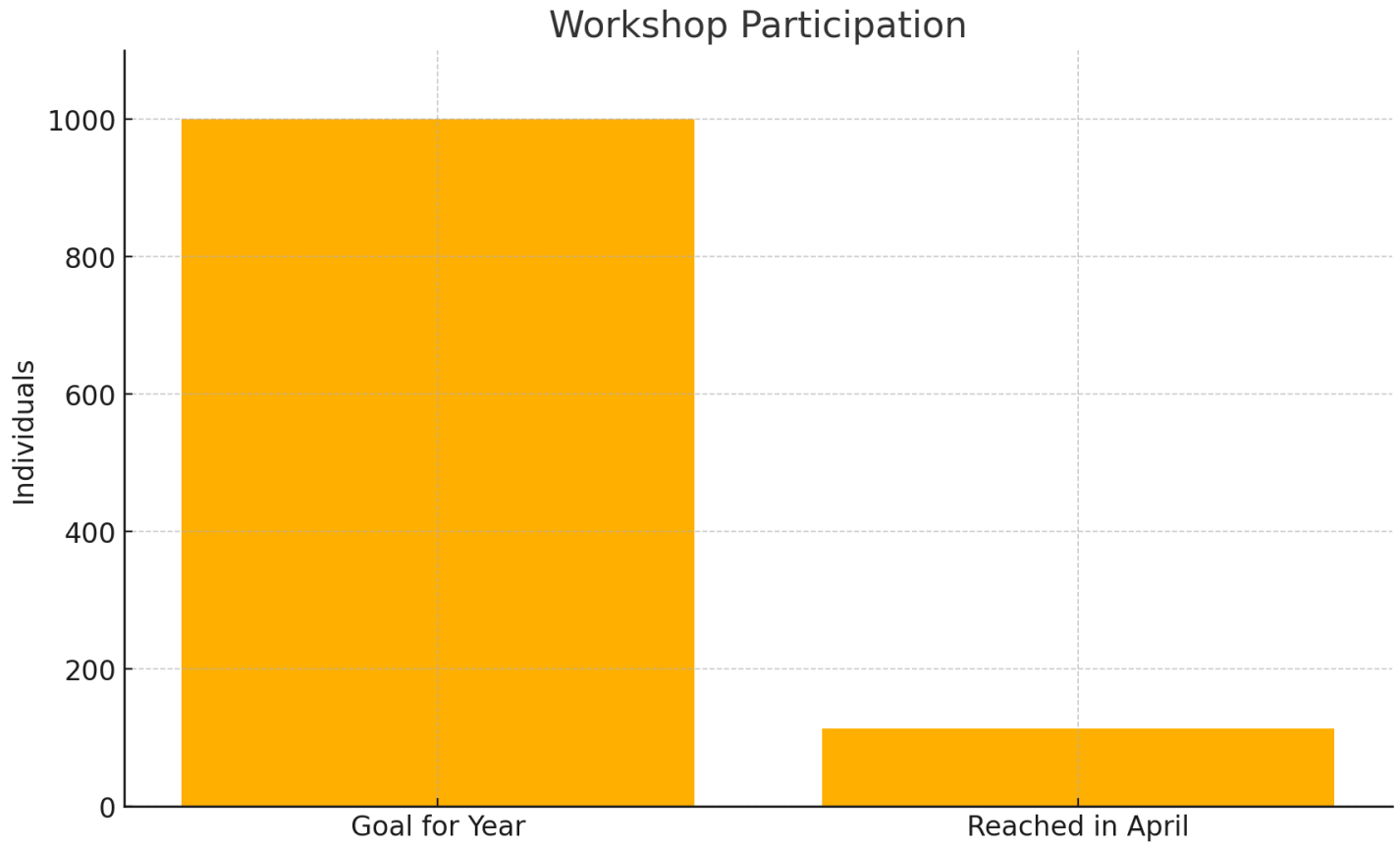
meaningful momentum toward our annual goal of educating 1,000 individuals, and we have already received positive community feedback about the relevance and accessibility of the information shared.

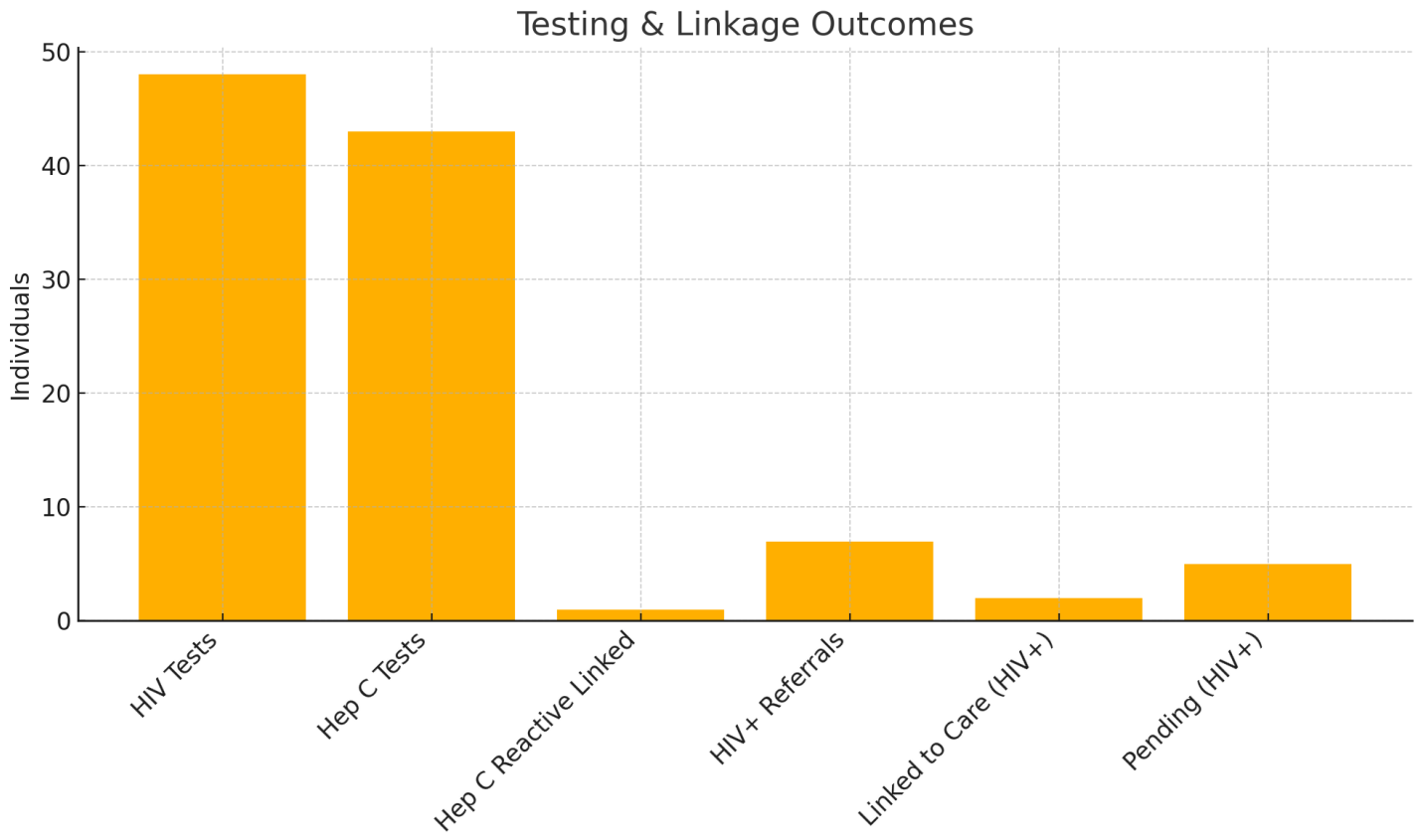
Our testing efforts are also well underway. We conducted HIV testing for 48 individuals and Hepatitis C testing for 43. One client tested reactive for Hepatitis C and was successfully linked to care within seven days demonstrating our team's responsiveness and commitment to timely service coordination. In terms of HIV-positive referrals, we received seven during the month. Two individuals were linked to care and case management within the 30-day target. The remaining five are engaged with our team and in the process of securing required documentation to complete insurance enrollment, which is a necessary step before full linkage to care can occur. These cases underscore ongoing challenges related to documentation barriers and system navigation, which we continue to address through client-centered support and advocacy.

Additionally, we trained seven staff members in harm reduction strategies, expanding our team's capacity to deliver trauma-informed, evidence-based services. This internal investment strengthens the quality of care offered across all program components.

We are currently working with the Indiana Department of Health to initiate STI testing for Chlamydia, Gonorrhea, and Syphilis. This expansion will allow us to provide more comprehensive sexual health services and respond to the broader health needs of the community.

Overall, April laid a strong foundation for our HFI programming, and we remain committed to improving health outcomes, building trust, and reducing barriers to care for high-risk populations**.**





Lessons Learned (April)

- Early engagement is key. Our ability to reach 113 individuals through workshops in the first month shows that communities are eager for education when outreach is timely and culturally responsive.
- Documentation remains a barrier to care. While we successfully linked 2 HIV-positive clients to care, the remaining 5 illustrate how lack of identification, insurance, or legal documents can delay services. We are now identifying strategies to help clients gather what they need more efficiently.
- Staff training enhances service delivery. Training 7 staff members on harm reduction principles has improved our team's preparedness to work with high-risk populations, laying the groundwork for expanded services.
- Collaboration with public health agencies is essential. Our ongoing work with the Indiana Department of Health to initiate STI testing reflects the value of strong state-level partnerships in expanding services.

Goals for Next Month (May)

- Increase the number of HIV and Hep C tests conducted and begin capturing pre- and post-test counseling outcomes for quality improvement.
- Finalize onboarding and workflow for Chlamydia, Gonorrhea, and Syphilis testing in collaboration with IDOH.
- Support the 5 pending HIV-positive clients with document retrieval and complete linkage to medical care and case management.
- Continue community outreach and education with a goal of reaching at least 100 new individuals in May through workshops and tabling events.
- Begin data collection on workshop satisfaction and knowledge gained to evaluate program effectiveness.

Quantitative Data: (Contract Metrics)

Testing Metrics	**Outcome**	**Counseling Metric**	**Outcome**
Number of people provided HIV testing	48	Number of referrals to counseling and/or care for HIV	48
Number of people provided Hepatitis C testing	43	Number of referrals to counseling and/or care for Hepatitis	43
Number of people provided Syphilis testing	0	Number of referrals to counseling and/or care for Syphilis	n/a
Number of people provided Chlamydia Testing	0	Number of referrals to counseling and/or care for Chlamydia	n/a
Number of people provided Gonorrhea Testing	0	Number of referrals to counseling and/or care for Gonorrhea	0
Treatment Metrics			
Number of individuals treated for HCV/HIV/STI (not including syphilis)	3	Referred to Healthlinc for Hep C HIV treatment to various IDS providers based on insurance	
Number of individuals treated for syphilis	0		
Number of people educated on HIV/HCV/STI	48		

Concerns

-None at this time.