

# ANNUAL REPORT

## 2020-2021



Center for Multicultural Wellness and Prevention, Inc.  
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**Facilitating Access to Services  
in Central Florida**

***We offer services in four languages  
English-French-Creole-Spanish***

# CEO Statement & Strategic Update

## Message from Our Founder/CEO



Dear Friends of CMWP,

Many of us have had to endure different challenges and uncertainties of the Coronavirus pandemic over the past two years. The pandemic has touched our lives in so many different ways that will stay with us for a very long. Many Central Floridian have seen their lives changed either through the loss of employment, loss of a loved-one through death or even being affected directly by the virus itself. The effects have caused undue stress for all of us and have left many with mental and emotional scars that will linger with them for years to come. We are all wondering when will this end? When will we be able to get back to our normal routine? Let us continue to be vigilant as we wait on that appointed time in the future. Let us continue to pray for endurance, for faith and most of all love for all.

I want to thank all the staff, volunteers, supporters, vendors, partners, funders, and board members who contributed in making Fiscal Year 2020-2021 a successful year for the Center for Multicultural Wellness and Prevention, Inc. Without your support, we would not have accomplished the many things that we did in spite of the challenges we faced.

The fiscal year started on October 1, 2021 during the end of the first full year of the coronavirus pandemic. Plans were in place to stage a mini fund-raising event instead of staging the planned 25th Anniversary Celebration "Evening of HOPE" gala that was cancelled over the summer due to COVID-19. This mini fund-raising event had to be postponed as well due to the upsurge in infections of COVID-19.

Let me take this time to highlight some of our significant accomplishments during fiscal year 2020/2021. During the year, we were able to review and update our Strategic Plan. We were able to secure a new location in Winter Park for our Corporate office in the beginning of 2021. We were able to add two new Board members. Additionally, plans were put in place to implement a successful virtual 2021 Caribbean Health Summit (18th Annual Caribbean Health Summit) in September 2021.

Several of our programs were granted extensions for one or more years and we have made it a priority to continue recruiting additional Board members who are strongly aligned with our mission.

We value our relationship with our staff, clients, vendors, partners, sponsors, volunteers, board and funders; and as such, would like to thank you all for helping us accomplish our mission *"To enhance the health, wellness and quality of life for diverse populations in Central Florida."*

Thanks to everyone for all your support and we look forward to another successful year of working together to create healthy communities in Central Florida.

Respectfully,

A handwritten signature in blue ink, which appears to read "Marie Jose Francois".

Marie Jose Francois, MD, MPH

# STRATEGIC PLAN UPDATE

As a follow up to CMWP 2017 Strategic Plan, dates were set to assemble a team to work on new Strategic Plan goals and objectives for the next 4 years.



## Strategic Plan Update

A Capacity Building Assessment Toolkit was utilized to gather data from CMWP Board, Staff and outside vendors in February 2021. All management staff participated in the initial analysis and the data collected was used in the analysis. A two day Virtual Strategic Planning Session was set for June 3rd and 4th. Each session lasted at least 4 hours. At the end of the Strategic Planning session, Strategic Priority Teams were developed to address the Goals and Strategies to attain measurable objectives.

### 2021 Strategic Planning Session

**Vision Statement:** *CMWP envision a Central Florida without Health disparities and 100% access to healthcare services.*

**Mission Statement:** *The mission of the Center for Multicultural Wellness and Prevention, Inc. (CMWP) is to enhance the health, wellness, and quality of life for diverse populations in Central Florida.*

### CMWP CORE VALUES STATEMENTS

- Integrity** Means speaking the truth, being sincere and honest in all our dealings both inside and outside the agency.
- Loyalty** Means we will stay the course of the journey together through good times or bad times.
- Teamwork** Means we exist and grow as an agency, because we work as a team to achieve our goals.
- Compassion:** Means we exhibit compassion to each other, because we care for our staff, board members, clients and partners as family.
- Respect:** Means we honor and respect individual differences and what they bring to the agency.

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### Key Areas of Focus

**Resource Development**  
**Strategic Partnerships**  
**Program Delivery & Impact**

### Strategic Goals for 2021 – 2024



The Strategic Planning team have assembled Different Team Leaders to work with staff, Board and volunteers to accomplish goals, strategies and Action Plans through a collective team approach.

Each Team leader will get the opportunity to provide quarterly updates on their accomplishments.

So far, many objectives have been reached and many others are still being worked on. The final list of accomplishments will be presented in the next Annual Report.



## PROGRAM UPDATES

### **Ryan White Part A**

The Center for Multicultural & Wellness Prevention (CMWP/Subrecipient) is monitored annually to assess the systems that provide services through the Ryan White HIV/AIDS Program (RWHAP) Part A. The site visit assesses CMWP's compliance with contractual, legislative, and programmatic requirements of the RWHAP Part A. The goals of the annual monitoring are as follows:

1. Ensure compliance with legislative mandates and program requirements including contractual, national, local standards of care and Public Health Service Guidelines
2. Review fiscal and administrative systems, processes, and internal controls
3. Assess quality management programming
4. Assess system of care
5. Client chart review
6. Identify TA needs

The 2020-2021 overall compliance scores for the records reviewed were 90% for Medical Case Management, 91% for Referral for Healthcare & Support Services and 92% for Psychosocial Support.

For the 2021 calendar year, the number of CMWP's clients on HIV Antiretroviral Therapy remained a strong 96%. Viral Suppression was down 10% to 82%. Adjusting to a system of care impacted by COVID 19 is believed to be the cause of such a significant drop. We also experienced 24% gap in medical visit which means that 24% of our consumer base visited their Infectious disease doctor once during 2021 but did not return for a follow up visit in 2021.

CMWP's Ryan White Part A client demographics for 2021 were as follows:

62% Male, 37% Female and 1% Transgender  
55% of our clients were 45-64  
31% were 25-44,  
12% were 65 or older  
3% were 13-24  
25% of our clients identified as Hispanic  
59% of our clients identified as Black  
38% identified as White  
57% of our clients were below 100% of the Federal poverty level.

CMWP's service area spanned throughout the Orlando EMA but the greatest preponderance of clients for 2021 were in Zip Codes 32805 (13%), 32808 (12%), 32839 (11%), 32811 (7%), and 32818 (6%).

### **HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS**

HOPWA – The Center for Multicultural Wellness and Prevention is the recipient of Housing Opportunities for Persons with AIDS (HOPWA) funds for the Eligible Metropolitan Statistical Area (EMSA) serving the geographic areas of Orange, Seminole, Lake and Osceola Counties. Program funds were used to assist HOPWA eligible participants in maintaining stable housing arrangements, reducing their risk of homelessness, and improving their access to care. This is done through tenant-based rental assistance (TBRA), short-term housing assistance (STRMU), facility-based housing assistance, permanent housing placement (PHP) and supportive services. Supportive services can include linkages to alcohol and drug abuse services, education, employee assistance, Ryan White case management, and mental health services.

From October 1, 2020 to September 30, 2021, CMWP provided HOPWA services to a total of 551



individuals and families. Of the 551 individuals and families who received services, 150 received Short Term Rent Mortgage and Utility assistance, 51 Deposit and First Month, 40 Tenant Based Rental Assistance, 13 Facility-Based Housing, and 297 Support Services. In addition, another 291 beneficiaries resided in the household also received assistance. A total of 842 people received housing related assistance from the agency.

The following are the demographic breakdown of the 882 individuals who received services from the HOPWA programs during fiscal year 2020 to 2021.

Black - 440  
White - 338  
Hispanic - 102  
American Indian/Alaskan Native - 1  
Native Hawaiian/other Pacific Islander - 1

#### **Gender:**

488 Males  
392 Females

## PROGRAM UPDATES

### PROJECT AWARE:

During the 2020/2021 fiscal year, the Project Aware program reached all its objectives in spite of the many challenges we faced due to the COVID-19 pandemic. Project managers worked tirelessly to compensate for the lack of turnout at the different locations identified for testing. The myths and taboos within our communities about HIV/AIDS played a role in the low participation rate at certain locations in the EMA. In order to increase the success rate of identifying individuals who are HIV+, the myths and taboo still need to be addressed.

Overall, the Project Aware program was very successful because in spite of the many challenges faced, many in the community were given an opportunity to get tested for HIV and to know their status. A big emphasis during the year was on "Ending the HIV Epidemic". We provided 574 HIV screening and testing during the year.

Various outreach activities took place during the year, where we reached 9,649 people.

We enhanced our collaborative partnership to do events with them and to provide mobile testing inside their facilities.

Below are some feedback from the project managers:

1. Getting more & more people to trust the testing process and to get Clients to get on Prep Medications and start to have the conversation with Family members about HIV/AIDS
2. Find more locations to bring HIV Testing to apartment complexes and work with them to plan and implement Mimi Health Fairs for their residents.
3. Being able to be transparent with clients and using Referral services out to different resources so they can get help they needed and did follow up with client accordingly.
4. Reach to schools to educate children on HIV and the use of condoms for those sexually active teens in high school.

### PROJECT JOY:

Educational sessions were held with 259 attendees via phone calls and via Zoom during the 4<sup>th</sup> quarter for a total of 1,124 calls for the project.

Discussions included heart awareness; staying healthy; stroke; healthy relationships, breast cancer, communication & living will; asthma; know your numbers; and coronavirus.

\* 10/3/20 via Zoom a 1.5 hr session on "Fam an Action" for the First Haitian Baptist Church with 25 participants

\* 12/6/20 on Radio Panic we had 15 phone calls during session, but it reaches 1,000 households.

\* 12/13/20 on Radio Panic we had 21 phone calls during the session.

Due to the Coronavirus events/face to face and group educations sessions have been postponed.

During the past 6 months we have participated in outreach activities, food give-a-way events that were conducted with different faith-based communities and community-based organizations. We have reached over 1,000 people.

For 2021 Project Joy was put on hold due to Covid.



## PROGRAM UPDATES

### Minority AIDS Initiative - Antiretroviral Treatment Access Services (MAI-ARTAS) Board of Director's Project Update

The goal of the Minority AIDS Initiative – Antiretroviral Treatment Access Services (MAI-ARTAS) Program is to identify recently diagnosed HIV+ individuals and HIV+ individuals who have been out of care for six months or more and link these consumers to medical care. The team of Care Coordinators, Non-Medical Case Managers, Peer mentors and HOPWA Case Managers strategically worked together to help identify HIV+ infected individuals and link them back to medical care. The MAI-ARTAS Care Coordinators have assisted these individuals by linking them to medical services and other community resources.

Initially as a result the COVID19 health issue the MAI-ARTAS Team were conducting telephone intakes and counseling. The COVID 19 restrictions have been reduced and on a limited basis, the MAI-ARTAS Team is conducting face to face contacts with clients pursuant to the safety standards established by CDC and CMWP. We are educating clients to follow shelter in place guidelines, to practice social distancing when they go to their medical appointments and to continue with medical adherence.

The Florida Department of Health contract requires that the MAI-ARTAS team enroll a minimum of thirteen (13) eligible clients monthly during the first eleven months along with a minimum of seven (7) eligible clients to be enrolled in the final month of the contract. A minimum of 150 HIV-infected clients must be enrolled annually. In addition, the contract requires that a minimum of 120 clients must be linked to a medical provider annually.

During the year of 2021 the MAI-ARTAS team met and exceeded all the objectives and contract deliverables. A total of one hundred and eighty-six (186) clients were enrolled in the MAI-ARTAS program and one hundred and eighty-two (182) clients were linked and seen by a medical provider. One hundred and twelve (112) of the clients enrolled during 2021 contract year were African American (Not Hispanic), thirty (30) clients were White (Not Hispanic) and the remaining forty-four (44) clients were Hispanic.

#### MALE ARTAS CLIENTS

Ninety-three (93) of the one hundred and eighty-six (186) clients were males.

- Age 1-24: 3 clients
- Age 25-35: 14 clients
- Age 36-45: 45 clients
- Age 46-55: 23 clients
- Age 56-65: 7 clients
- Age 66+: 1 client

#### FEMALE ARTAS CLIENTS

Ninety-two (92) of the one hundred and eighty-six (186) clients were females.

- Age 1-24: 1 client
- Age 25-35: 20 clients
- Age 36-45: 44 clients
- Age 46-55: 22 clients
- Age 56-65: 3 clients
- Age 66+: 2 clients

#### TRANSGENDER ARTAS CLIENT

- Age 36-45: 1 client

In addition, many of the enrolled MAI-ARTAS clients were referred to essential support services. Six (6) clients were referred to Mental Health Counseling Services; fifty-eight (58) clients were referred to Substance Abuse Treatment/Rehabilitation Services; seventy-five (75) clients were referred to Housing Assistance Services; and five (5) clients were referred to Transportation Services.

Pursuant to the MAI-ARTAS guidelines our Care Coordinators have accompanied and met our clients at their initial medical appointments. On those few occasions where clients were met, the Care Coordinators followed social distancing guidelines and educated our clients on the CDC social



## BOARD OF DIRECTORS UPDATE



### Welcome New Board members

#### **Dr. Eva Desrosiers joined the CMWP Board of Directors in January, 2021**

Dr. Eva Desrosiers, MD is a Pediatrics Specialist in Orlando, FL and has over 24 years of experience in the medical field. She offers complete health care for newborns, children & teenagers. As a pediatrician, Dr. Desrosiers functions as a primary care provider, the first point of contact when a patient is sick. Dr. Desrosiers is trained to provide well-rounded health care for children of all ages and works very closely with the patient's parents & family to make certain that the child is developing & maturing correctly.

She graduated from University Of Pennsylvania School Of Medicine medical school in 1998. She is accepting new patients. Be sure to call ahead with Dr. Desrosiers to book an appointment.

Dr. Desrosiers has extensive knowledge about the Caribbean community and brings a wealth of business and community health care knowledge to the organization.

#### **Dr. Asim Jani joined the CMWP Board of Directors in July, 2021**

Dr. Jani has served in many roles - hospital epidemiologist, infectious diseases clinician-educator, and public health physician working in global health, as well as in federal, state and local jurisdictions over the last 30 years. He earned his BA, MD and MPH degrees at the University of South Florida (USF) and has given more than 200 major presentations and published over 30 scholarly works. Dr. Jani brings to CMWP a wealth of Community-Based health experience.

#### **Dr. Giorgina “Gio” Pinedo-Rolon joined the CMWP Board of Directors in July, 2021**

Dr. Giorgina Pinedo-Rolon joined the CMWP Board in July 2021. Giorgina comes with extensive work experience in television, print and radio. Dr. Pinedo-Rolon served as Director of Production and Public Relations and television host for Telemundo Orlando.

Dr. Giorgina Pinedo-Rolon is the immediate past chair of the board of directors of the Hispanic Chamber of Commerce Metro Orlando and a board member of Economic Development Commission, Hispanic Heritage Scholarship Fund, Hispanic Business Initiative Fund, Crimeline and Hope Community Center.

Dr. Giorgina Pinedo-Rolon has been heavily involved with the business community and local government of Central Florida for many years and has been recognized for her work and dedication through many awards. Her work and volunteer experiences will certainly help CMWP in its mission.

Dr. Giorgina Pinedo-Rolon has a Masters in TV Production and Journalism and a PhD in Social Psychology. Gio is married and is currently the President/CEO of Gio Communications.

## Organizational Assessment Tool for Ryan White HIV/AIDS Program-funded Programs Quality Management

***GOAL: To assess the HIV program-specific clinical quality management (CQM) infrastructure to support a systematic process with identified leadership, accountability and dedicated resources.***

Three components form the backbone of a strong sustainable CQM program: Leadership, Quality Planning, and a CQM Committee.

### **Leadership**

Senior leadership personnel are defined by each organization since titles and roles vary among organizations. CQM programs should include a clinical leader (medical director, senior nurse) and an administrative leader (program coordinator, clinic manager, administrative director). Larger programs may include additional leadership positions. There may be other informal leaders in the organization who support quality improvement activities, but they are not included in this section.

Leaders establish a unity of purpose and direction for the organization and work to engage all personnel, consumers, and external stakeholders in meeting organizational goals and objectives. This includes motivation that promotes shared responsibility and accountability with a focus on teamwork and individual performance. HIV program leaders should prioritize quality goals and improvement projects for the year, and establish accountability for performance at all organizational levels. The benefits of strong leadership include clear communication of goals and objectives, where evaluation, alignment, and implementation of activities are fully integrated.

Evidence of leadership support and engagement includes the establishment of clear goals and objectives, communication of program/organizational vision, creation of sustainable shared values, and the provision of resources for implementation.

### **Quality Management Plan**

Quality improvement planning occurs with initial program implementation and annually thereafter. A written quality management plan documents programmatic structure and annual quality team goals. The quality plan should serve as a roadmap to guide improvement efforts, and include a corresponding workplan to track activities, monitor progress, and signify achievement of milestones.

### **Clinical Quality Management Committee**

A CQM committee drives implementation of the quality plan and provides high-level comprehensive oversight of the CQM program. This involves reviewing performance measures, developing workplans, chartering project teams, and overseeing progress. Teams should be multidisciplinary and include a client when feasible. Consumer representation on the committee should be part of a formal engagement process where consumer feedback is solicited and integrated into the decision making process. The committee should have regularly scheduled meetings, meeting notes to be distributed throughout the HIV program and a committee chair or chairs.



## **CMWP QUALITY MANAGEMENT PLAN**

### Description of CMWP Quality Management

The CMWP Quality Management Program is based on the HRSA Quality Management Technical Assistance Manual, the Clinical Quality Management Policy Clarification Notice (PCN) #15-02, other HRSA guidance documents and guidance from the RWHAP Part A Recipient Office. The plan outlines a collaborative effort between the RWHAP Part A funded services, the RWHAP Part B funded services, Housing Opportunities for People with AIDS (HOPWA), the Board of Directors and the clients served. This collaboration will serve to enhance the system of care at CMWP and be responsive to changing trends in the HIV epidemic.

The goal of the CMWP Quality Management Program is to ensure continuous performance improvement in the delivery of quality HIV care and support services. The program is designed to identify client needs, such as accessibility of services, and ensure that services are delivered in accordance with the most current Service standards. The Quality Management Program will also assess the effects of the services on the health outcomes of clients, and ensure services are delivered in an efficient and cost-effective manner. The program is driven by the current Service Standards; Ways to Best Meet Needs (Directives) as defined by the Planning Council; and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Clinical Quality Management (CQM) requirements and guidelines.

CMWP Board of Directors and the CEO are dedicated to the quality improvement process and have the ultimate responsibility for assuring high quality of care through the development of a comprehensive Quality Management Program.

The purpose of this plan is to set forth a coordinated approach to addressing quality assessment and process improvement at the Center for Multicultural Wellness and Prevention (CMWP). The program has established as its mission to enhance the quality of life for diverse and ethnic populations through the provision of health promotion services.

The aim of CMWP is to improve the quality of life for Persons with HIV by providing Medical Case Management (MCM), Referral for Healthcare and Support Services (RS) and Psychosocial Support (PEER) services funded under RWHAP Part A in the Orlando Eligible Metropolitan Area (EMA) and RWHAP Part B. We will accomplish this by recognizing excellence and utilizing data based, consumer driven methods of continual improvement to attain exceptional organizational performance.

The program is designed to address CMWP's Performance & Quality Improvement content regarding the following major functional areas and important aspects of care:

- Client and Staff Education
- Continuity of Care
- Client Satisfaction
- Case Management
- Information Systems (PROVIDE INTERPRISE/CAREWare)
- Managed Care/Utilization Review

This QM program is a continuous improvement process, so regular meetings take place to measure

## WORK THAT IMPACTS OUR COMMUNITY

### Ryan White Part A Case Management

**Narrative submitted by Referral Specialist (RS) Miguel Vasquez:** Client is an adult male. Due to mental health issues, he is accompanied to eligibility determination visits by his parents. Client is diagnosed schizophrenic in addition to being HIV+ and reportedly exhibits aggressive behavior towards his elderly parents when not on his psychotropic medications. His psychotropic meds, however, makes him lethargic and forgetful. Client has a multitude of scheduled appointments between his infectious disease MD, physical therapist and psychologist. Equally important, his parents has to juggle their own medical appointments in addition to their son's. Client relies on his father and mother for assistance with reminders of when to take his meds, follow ups with health providers, as well as transportation. RS has to be flexible with this family as to best accommodate all of their appointments. Client is a respectful young man and so are his parents as they aid him in navigating the HIV and Mental Health systems of care. Client is adherent with the aid of his father. He is aware of his HIV medications and condition. Client is now more comfortable around his RS but still needs either his father or mother by his side for assistance any questions that he is unable to answer. Family is of Hispanic descent and RS has had to navigate safe sex discussions with cultural sensitivity. As a result, both client and his parents are aware of the significance of Undetectable = Untransmittable (U=U). RS has grown to understand the family better with each encounter and feel honored to work with such a strong family. Referral Specialist's 2022 focus in addition to maintaining viral suppression will be to increase the likelihood that client not only understands the concept of U=U and safer sex practices but is applying the knowledge learned.

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**Narrative submitted by Medical Case Manager (MCM) Clunie Williams:** This summary is about an African American client that have been coming to C.M.W.P. for the past 4 years off and on. Client started with a T-Cells Counts of 76 and a Viral Load over 142,000. Client was also reactive for HEP A and B. MCM for over a year have been calling and leaving client messages. MCM used every contact as an opportunity to educate about medications resistance and the threat of opportunistic infections if client didn't take care of himself, adhere to his medications and medical appointments. MCM would stress the importance of medication adherence to increase his CD4 count and decrease his viral load. Client at one point was adamant about not having even a couple hours for himself before or after work to have his labs done. He allegedly was too busy at work to make time for wellness visits. MCM would counter with "if you get sick you would not be able to go to work at all." MCM persisted in placing calls to client even when calls went unanswered in succession. When MCM did connect with client, sometimes I'd simply remind him of my availability should he need help. On one of MCM's status checks, MCM was surprise to learn that he made it to the Lab, 2 days after MCM dropped off the lab orders (MCM was having to drop off lab orders since client was not available during business hours to pick them up himself). The lab results were not good but apparently those numbers were the prompt client needed to get back into care after many months without medications. Dr. Allseits was able to give Client a 15 day sample supply along with a prescription to follow up with the pharmacy of his choice. Client shared that he was so happy, he took the pill right in front of his physician. He reiterated that this time he was serious about taking his medication and excited to do so. On his way out of the doctor's office he looked at MCM and thanked me for persevering. He also acknowledged a need to prioritize MCM's reminder calls.

Medical Case Managers must be persistent and have patience. Modeling how to team with your Provider to take charge of one's health, worked well to bring this client into care. MCM continuing to model health literacy will hopefully keep him in care and increase his confidence in communicating with his provider.

### HOUSING IMPACT THAT WORKS

This summary is about a single 34 year old white female living with her two teenage daughters. Client first accessed the STRUM (Short-Term Rent Utility and Mortgage) housing program in November due to COVID-19 affecting her part-time job that was supplementing her income. Client has always worked a Full-time job, plus a part-time in order to pay her own rent and utility.

Housing Case Manager received a Referral stating that client is in need of emergency housing assistance. At the time that Housing Case manager contacted client, client had just received a Three-Day Notice, her electricity was shut off and her phone was about to be disconnected. Client was overwhelmed and was worried about her and her teenaged daughters being evicted and in the streets. Housing Case Manager calmed client down and explained the process, areas she can expect to receive assistance and how soon the assistance will be completed. Housing Case Manager completed an assessment, collected the relevant documents and submitted check request for client's rent and utility. After receiving approval from Housing Director that both rent and utility will be paid, Housing Case Manager wrote Letters of Guarantee to the Property Management and the Utility company that client's past due amount would be paid at a future date and that no further action should be taken.

During the interim, client suffered a panic attack and ended going into the hospital. During this time client's phone was disconnected, client was not working her regular job and the bills started piling up again. Housing Case Manager contacted Housing Director to brainstorm on the areas and steps to take to assist client. Housing Case Manager also contacted client's Medical Case Manager to find out if contact was made with client. Housing Case Manager and Housing Director contacted client while she was still in the hospital and assured her that she would be assisted with her November and December rent. Housing Case Manager also provided client with several other resources, such as Crisis Assistance Program, Christian Service Center, Jewish Family Services, Salvation Army, and the University of Central Florida Community Counseling Center.

Client is now out of the hospital and back at her Full-Time work. Client is looking to start another Part-Time job soon. The long-term goal for this client, as discussed with Housing Director, is to transfer client into the tenant-based housing program if her financial situation should arise in the near future.

### **MAI-ARTAS SUCCESS STORIES**

The success story involves a client that the Care Coordinator (CC) had known for many years but did not know his HIV status. The client and his wife were both HIV+, abusers of illicit drugs and had been out of medical care for over a year. The CC met with the client and his wife and explained how the use of illicit drugs and not taking your HIV medication can be extremely dangerous. The couple had a feeling of hopelessness and despair. During the initial contact visit the CC explained available services in the Orlando area. The client was referred to the various services and now has a renewed spirit of wanting to survive. The client and his wife have stop using illicit drugs and have made remarkable progress to medical adherence.

February success story involves a HIV+ client who has been out of medical care for two years. The CC knew the client because of his outreach services in community health programs. The client previously worked as a sex worker but was ashamed of her HIV status. Client was hesitant to seek medical care or apply for employment because of the bad stigma associated with being HIV+ and a former sex worker. The Care Coordinator initiated a Strength Based assessment and linked her to a medical provider that she would feel safe and secure about her privacy. Client agreed and scheduled an appointment with a medical provider. At second contact visit client was excited and came out of her shell. She applied and was accepted for a part-time position at Walmart.

During the month of December 2021, The Care Coordinator met with an African American male who has been out of care for over a year and a half. He acknowledged that his current situation is not beneficial to his health and wants to make a change especially during this COVID pandemic. After providing HIV education and the type of HIV services offered by CMWP, the client stated that he wanted to enroll into the ARTAS program. He wants to turn his life around and make productive steps for himself, his health, and family. The client now understands that he is not alone in his fight with his status; he has access to an organization that can assist him with the quality of his life.

The success story is about a HIV+ transgender sex worker who has been out of medical care for over a year. He recently loss his mother to COVID and wants to get his life back together. He is no longer a sex worker and wants to be connected to a medical provider. Client has enrolled in the ARTAS program. The client was apprehensive about getting medical care because of his lifestyle. At the second visit strength-based methods of staying in medical care were discussed and client said he will utilize this method because he really has strong desire to stay in medical care after the loss of his mother.



## 2021 Caribbean Health Summit

### **“A Healthy Lifestyle Begins With You”**

Over the past 26 years, the Center for Multicultural Wellness and Prevention Inc. (CMWP) has had tremendous impact in the Central Florida community by changing thousands of lives for the better and focusing on our mission. The agency continues to affect lives in the Central Florida community by implementing a yearly Health Summit where individuals who are unemployed, under-employed and without insurance can access free Health screenings.

The 18th Annual Caribbean Health Summit took place on Monday, September 20 to Friday, September 24, 2021 through a virtual Speaker Forum from 6:00pm to 7:00pm. The major theme of the event **“A Healthy Lifestyle Begins with You”** highlighted the fact that everyone can take control of their health by simply focusing on preventative measures, especially during the height of the COVID-19 pandemic. Plans were put in place to stage the event virtually via Zoom to effectively deliver our message to our target audiences. The plans were to have the target audience have a better understanding of the Coronavirus and to eventually motivated everyone to get vaccinated.

The planning committee selected various topics that they felt would be of interest to our target audience, such as “Myths of COVID-19 & Vaccines, update of COVID-19 in Orange County, Colorectal and Prostate cancer, COVID-19 & HIV/STI, COVID-19 and Pregnancy and the effects of COVID-19 on the mental health of the family and children.

The committee was also able to secure key speakers to deliver on each topic. The event took place daily from September 20 to September 24, from 6:00pm to 7:00pm. Local County and City officials provided video Welcome Address followed by the presentation of the day’s topic. Sponsors (7) were also highlighted through a slide presentation 15 minutes before the start of the event each day.

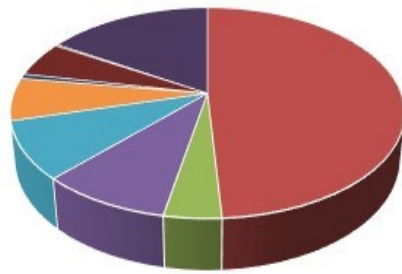
Overall, the 18<sup>th</sup> Annual Caribbean Health Summit – Virtual Speaker Forum on COVID-19 attracted a total of 185 individuals throughout the week. Most days the Q&A had to cut-short due to the enthusiasm showed by the audience in addressing many questions to the speakers. The moderator, Monica May, kept the audience well informed and attentive each night.

An event like the 18th Caribbean Health Summit could not have taken place without the help from many of our community funding partners. The 2021 Virtual Caribbean Health Summit was well supported by the following funders who provided funding for a successful event; Advent Health, Florida Blue, OUC, Humana, City of Orlando and Morehouse School of Medicine.

Thanks to everyone who contributed to this successful event. Look forward to next year’s event which will take place on September 24, 2022.

# FINANCIAL SUMMARY

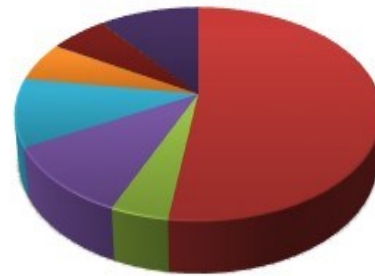
## Program Revenue 2020-2021



■ Program Revenue 2020-2021

- HOPWA
- RW-PEER Mentor
- RW-MCM
- RW-RS
- MAI/ARTAS
- Health Summit
- Project Aware
- Fundraising
- Admin/Other

## Program Expenses 2020-2021



■ Expenses 2017-2018

- HOPWA
- RW-PEER Mentor
- RW-MCM
- RW-RS
- MAI/ARTAS
- Health Summit
- Project Aware
- Fundraising
- Admin/Other

### Program Revenue 2020-2021

|                |                     |
|----------------|---------------------|
| HOPWA          | 1,028,898.00        |
| RW-PEER Mentor | 83,385.00           |
| RW-MCM         | 190,372.00          |
| RW-RS          | 184,403.00          |
| MAI/ARTAS      | 137,500.00          |
| Health Summit  | 15,500.00           |
| Project Aware  | 113,983.00          |
| Fundraising    | 5,582.00            |
| Admin/Other    | 339,299.00          |
| <b>Total</b>   | <b>2,098,922.00</b> |

### Program Expenses 2020-2021

|                |                     |
|----------------|---------------------|
| HOPWA          | 1,095,333.00        |
| RW-PEER Mentor | 91,102.00           |
| RW-MCM         | 222,502.00          |
| RW-RS          | 215,989.00          |
| MAI/ARTAS      | 126,982.00          |
| Health Summit  | 2,464.00            |
| Project Aware  | 122,400.00          |
| Fundraising    | 1,165.00            |
| Admin/Other    | 220,985.00          |
| <b>Total</b>   | <b>2,098,922.00</b> |

## HOW CAN YOU HELP?

Almost 98% of the revenue we receive on a yearly basis comes from Local, City, County, State, and Federal grants. On many occasions, we have continued to provide services to our client, even though the grants have ended. To help us continue to provide the highest level of services to our clients in the Central Florida communities, you can assist us financially in several ways:

- ♦ **Cash Contribution** – A cash contribution is the simplest and most direct way of contributing to the continuation of programs and services at CMWP.
- ♦ **Appreciated Securities (Stocks & Bonds)** – Gifts of appreciated securities that you have owned for more than one year is a way to help us in the continuation of programs and services and capitalize on the tax benefits.
- ♦ **Personal Property** – Any personal items that you own, such as cars, antiques, and collectibles may be donated to CMWP as tax deductible items.
- ♦ **Life Insurance** – If you have a fully paid up Life Insurance policy, the proceeds may be donated as an asset to CMWP.
- ♦ **Bequest** – Gifting money or personal property by will to CMWP

## OUR SUPPORT TEAM

### 2020 – 2021 CMWP Board of Directors

#### Officers

Michael Dey, Chairperson  
Dwight Randolph - Secretary  
Dr. Swannie Jett - Treasurer

#### Directors

Dr. Leslie Lieberman  
Wendy Roman  
Susan Hoover  
Vannette Augustin  
Dr. Giordina Pinedo-Rolon  
Dr. Asim Jani  
Dr. Eva Desrosier

### 2020 – 2021 CMWP Management and Program Staff

**Dr. Marie Jose Francois** - President/CEO  
**Melanie Campbell** - Office Manager  
**Jean Garcon** - HOPWA Housing Director  
**Karen Wint** – Ryan White Part A Project Manager (MCM/RS/PEER)  
**Keith Gooden**—Development/Marketing Director  
**James Keller** - MAI/ARTAS Program Coordinator  
**Raj Bergalowski** - Bookkeeper  
**Myrleine Paul** - Receptionist  
**JeAnn Rosario-Lopes**—Receptionist

#### HOPWA Staff

Angela Allen  
Beatrice Innocent  
Emily Arroyo  
Dutchie Morris  
Keith Gooden

#### RW- Medical Case Management

Clunie Williams  
Osvaldo Vazquez

#### MAI/ARTAS

Marie Harley  
Gabriel Osirus  
Eddie Williams

#### RW—Referral Specialist

Miguel Vazquez  
Emile Mathieu  
Gina Philippe  
Kachiro Santiago  
**Project AWARE**  
April Johnson  
Alexis Johnson  
Contractors

#### RW—PEER Support

Juanita Taylor  
Yolanda Jones  
Ricky Pettigrew  
Anthony McNeil

### Thanks to Our Funding & Community Partners

**2020-2021 Government Program Grantors**» City of Orlando, Orange County, Florida Department of Health-Orange County, State of Florida; Department of Health, Florida Hospital, Orlando Health, American Cancer Society, Florida Blue.

**2021 Annual Caribbean Health Summit Sponsors**» Florida Hospital, Orlando Health, Florida Department of Health in Orange County, Advent Health, Victoria Siplin - Orange County Commissioner District 6, Commissioner Regina I. Hill –City of Orlando Commissioner District 5, STAR 94.5 -Monica May, Caribbean American Passport Magazine, Caribbean American Chamber of Commerce of Florida, Greater Haitian American Chamber of Commerce of Orlando, Florida Blue, Humana, City of Orlando, OUC and Morehouse School of Medicine.

## **OUR MISSION**

The mission of the Center for Multicultural Wellness and Prevention, Inc. (CMWP) is to enhance the health, wellness, and quality of life for diverse populations in Central Florida.

We will accomplish our mission by addressing health disparities, promoting health equity, and encouraging behaviors that facilitate positive health outcomes.

## **OUR VISION**

We envision a Central Florida without health disparities and 100% access to social and healthcare services for all Floridians.

CMWP is a 501 (c) 3 non-profit agency

**EIN#59-3368679**

Visit us at  
[www.cmwp.org](http://www.cmwp.org)



### **CMWP MAIN OFFICE**

1685 LEE ROAD, SUITE 200  
WINTER PARK, FL 32789

PHONE: (407)648-9440

TOLL FREE: 1-866-648-9440

FAX: (407)648-8879

FAX: (407)237-3062

### **HOURS OF OPERATION**

Monday to Friday

8:30 AM to 5:30 PM

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### **CMWP (Lake County)**

4400 North Highway 19A, Suite 10  
Mount Dora, FL 32757

Phone: (352)483-9138

Fax: (352)483-9137

### **HOURS OF OPERATION**

Monday-Wednesday & Friday

9:00AM to 5:00PM

Closed Thursdays

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### **CMWP (Osceola County)**

600 North Thacker Avenue  
Suite D57 & D59  
Kissimmee, FL 34741

Phone: (407)994-2760

Fax: (407)994-2761

### **Hours of Operation**

Monday-Wednesday & Friday

9:00AM to 5:00PM

Closed Thursdays

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