

# HIV Risk Reduction

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## Positive Impact Delivers New Beginnings

**I**n the early 1980s, Paul Plate was lounging in the den of his Atlanta home, enjoying a visit with a childhood friend.

His former Boy Scout buddy interrupted the conversation with a seemingly innocent question: “Have you heard about this?” he queried, then read a short paragraph aloud from a newspaper. The report described a disease affecting gay men; it was identified as GRID (Gay Related Immune Deficiency), later known as the early name assigned to HIV. For Plate, this became a moment that would define his life.

“I froze in place,” he recalls. “It was a moment of blackness. A cold, electrifying sensation filled my body. I felt like the future was showing itself to me, but I wasn’t sure what it was about. I had an awareness that somehow the rest of my life would be impacted by this news.”

Indeed, he was correct. Nearly three decades later, Plate is deep into a career that has been dedicated to helping people diagnosed with HIV. As executive director of the ground-breaking, non-profit organization Positive Impact, Plate, along with his board, staff and volunteers, has focused on addressing a crucial aspect of HIV prevention and treatment: mental health. Officially, Positive Impact’s mission is to facilitate culturally competent mental health and prevention services for individuals affected by HIV. The organization has helped thousands of people navigate mental health challenges and heal emotional wounds to live responsible lives to their fullest potential.

Positive Impact was founded in 1993. During the decade following that prescient moment with his friend, Plate, who is a licensed professional counselor and has a master’s degree in counseling and guidance, served as coordinator of The Bridge Family Center’s Child Abuse Recovery Unit. In 1990 he became director of the Centralized Case Management Program



*Paul Plate, Executive Director  
Positive Impact*

for AID Atlanta. The disease made its presence profoundly visible to him, while caring for too many friends and attending their funerals during these years. His personal experiences fuel his passion to help others.

The genesis of Positive Impact occurred in the mind of Chris Allers, Ph.D. On March 4, 1992, he called a group together and said, “There is a void in community HIV services; people need mental health care.” His idea was to start an agency that would recruit mental health providers to see clients on a pro bono basis.

It was a beautiful afternoon.

Plate exited the meeting and stood on a street corner talking to other participants. He recalled the dark revelation in his living room almost a decade before; today felt like its spiritual counterpoint. He realized the events of his life had been leading up to this opportunity. “I want to be director of that agency,” he declared. “It’s just perfect.” He became a board member, and by April of the following year Plate was hired as the organization’s first executive director and the only one in its 16 years of existence.

Shortly thereafter he hired a clinical director and they worked out of donated space at AID Atlanta. On New Year’s Eve 1993, the two colleagues packed the contents of their office into a pickup truck and drove to a new location. Setting up shop in the new quarters the pair welcomed the new year and made a toast to new beginnings.

In many ways, the evolution of the agency has been a microcosm of what has happened on a larger scale regarding the mental health treatment of HIV patients in the U.S. At times, Positive Impact led the way.

“We really have been a transformational agency in getting the community to understand how mental health fits into the needs of an HIV-positive individual’s life, as well as its relevance in context with other services provided to these patients,” says Plate. At the time, “the community had different opinions about what constitutes mental health -- and even counseling. There was a huge disconnect. I, personally, didn’t understand the best approaches until the agency began growing.”

It takes money to fuel growth, and financial resources were limited. Interestingly, “figuring out how to fund the agency,” says Plate, “informed us about what kinds of services we needed to provide and taught us who our clients really are.” In the early days, money was available to organizations working with the homeless, a population beleaguered with mental health issues. The agency applied for a grant, making a case that a lot of folks are at risk for homelessness because of HIV. The funds were awarded, and Positive Impact began specializing in these services.

“When we looked at the needs of homeless people and how to help them,” explains Plate, “it provided a quintessential look at community needs, because while the issues were similar; the homeless population was the most challenged.” Getting housing was one thing; having the capability to pay bills and keep it was another. Transportation was another obstacle. In addition, many homeless people are from cultures not predisposed to use mental health services, creating another barrier to care. Positive Impact discovered that much of their focus was to prepare people to embrace counseling. Another conundrum: while there was a great need for psychiatric medications, there were few psychiatrists available to diagnose, assess, prescribe and monitor meds with these clients.

It didn’t take long to discover that the original idea – to match people in need of mental health services with volunteer providers – was not simple to execute. Positive Impact began hiring mental health case managers to coordinate services. The organization also applied for – and received – grants to hire mental health staff to supplement the



professional volunteers.

Qualifying for HIV disease prevention funds was another agency milestone. “Almost everything related to prevention has a foundation in mental health,” explains Plate. It includes how to make decisions to live in a safe manner, how to negotiate sex and how to deal with issues regarding disclosure. Substance abuse is another concern that impacts judgment and one’s ability to make good decisions and live responsibly. The Georgia Department of Human Resources had funding for organizations working with prevention among HIV-negative populations; Positive Impact convinced them that money could be tremendously beneficial for programs directed to those with a positive diagnosis.

Plate estimates the agency has served thousands of people since its inception. It continually maintains an active caseload of about 300 individuals, yet reaches many thousands more through outreach, prevention, testing and training programs. He is quick to credit his talented staff for providing the outstanding services for which the agency is renowned. “They are smart, creative and they work really hard. They are really dedicated to – and personally invested in -- what they do.” At present, there are 20 full-time staff; 10 part-time and contract staff; 12 interns; seven work-study students; 60 volunteer providers and dozens of additional volunteers.

Despite the agency’s successes there also are challenges. “The most difficult thing to deal with,” says Plate, “is people who really don’t have the community, financial and individual resources

to manage life with HIV and end up committing suicide. It’s a great loss to all of us when that happens. And, every time there’s a new diagnosis, it somehow feels like personal failure. I always think, ‘wouldn’t it be great if we could have successfully intervened before this happened?’”

At the same time, he takes pride in knowing Positive Impact reaches a population that seldom utilizes mental health services. He recounts a tale that moved him deeply when the agency conducted a direct mail campaign to raise money.

“One guy sent a note back with a dollar bill saying that he appreciated being included. He said that he didn’t have any money and was going to die soon, but he wanted us to have the dollar to cover cost of the mailing. One of this man’s last acts was to give what he could afford to support the work we do.”

With the sunset of the Ryan White Care Act, and healthcare reform



*Paul Plate and Ca'Landra Blockman, Student Assistant*

looming on the horizon, it is difficult to predict the impact these factors may have on the organization. “We’re the only freestanding non-profit agency of its kind in the country,” Plate says, “and we are well-positioned in terms of providing a service that is both unique and comprehensive. At the same time, there are lots of agencies that need money and not a whole lot of money out there.” These scary times have brought the demise of other community organizations who serve similar populations. Positive Impact worked closely with some of those and has scrambled to help. In doing so, the stars may be lining up for the future.

In the spring of 2008, Our Common Welfare, an organization which provided services to African-

