



FRANNIE PEABODY CENTER
comprehensive HIV & AIDS services

2005 Programs Report

Utilization, Outcomes and Impact

Overview

The Peabody Center is committed to preventing the spread of HIV infection in southern Maine and to compassionate care for people living with HIV/AIDS. The Peabody Center promotes awareness and risk-reduction through prevention education, outreach, and anonymous HIV antibody testing services. We provide case management and support services to address the impact of HIV/AIDS on an individual, and promote housing stability through the state's only housing assistance, rental subsidies, transitional housing, and assisted living care specifically for people with HIV/AIDS.

The Peabody Center is co-chair of the Southern Maine Collaborative on HIV, STDs and Viral Hepatitis. Our staff attend and participate in a variety of networking meetings with other providers who work with people living with or at risk of HIV infection, including Maine HIV Advisory Committee, Title II Advisory Committee, Portland Continuum of Care, Portland Emergency Shelter Assessment Committee, HUD Prioritization Committee, Co-Occurring Collaborative of Southern Maine, Allied Health, Mental Health Task Force, Region I Housing, York County Dental Task Force, and the Ogunquit NAMES Project Quilt Committee.

The Peabody Center is the largest community-based HIV organization in Maine, serving half of all people living with HIV and AIDS who are engaged in case management. Case managers continue to see more people, more often than ever before. On average, clients are spending more time with their case managers than last year.

In 2005, the Peabody Center had the opportunity to compete for additional public funds for HIV prevention services. We are now able to provide outreach and testing to more high-risk populations through the entire southern region.

Our grant from the US Department of Housing & Urban Development targeting harder to house populations in Cumberland County was renewed for three years at an 11% increase in funding.

Our programs receive funding from: Title II of the Ryan White CARE Act, US Centers for Disease Control & Prevention, US Department of Housing & Urban Development/Housing Opportunities for People with AIDS program, Maine Center for Disease Control & Prevention, Maine Office of Elder Services, Maine Office of MaineCare Services, City of Portland Housing & Community Development/Community Development Block Grant program, United Way, Maine Health Access Foundation, Broadway Cares/Equity Fights AIDS, and other foundations. The Peabody Center is a United Way of Greater Portland member agency.

This report was written and designed by Tara B. Thomas, MFA; Monitoring & Evaluation Specialist/Privacy & Security Officer.

York County

In 2005, we made a concerted effort to reaffirm our presence in York County. Two new members of our Board of Directors live in York County.

Our HIV prevention program tested approximately 345 people in 2005; 58 (17%) were from York County. We offered appointment-based testing at our Kittery office, and free walk-in testing at two events in Ogunquit. In the fall of 2005, we began providing confidential STD tests in conjunction with anonymous HIV tests in Sanford and Wells as part of our Integrated HIV/STD Testing Project, funded by the Maine Health Access Foundation. We have partnered with Spruce Street Health Center, York Hospital and Maine CDC to offer one-stop access to HIV/STD/Hepatitis testing, Hepatitis A and B vaccinations, and low-barrier treatment.

New Hampshire now only provides confidential HIV testing; eight New Hampshire residents received anonymous tests from the Peabody Center in 2005.

Starting July 1, our state funding for prevention was expanded to include interventions for more high-risk populations throughout Cumberland and York counties. Between July 1 and December 31, our prevention educators provided approximately 160 hours of outreach to more than 1,400 people in Southern Maine.

Close to one-third of people living with HIV/AIDS served in 2005 lived in York County. Full-time staff traveled almost 4,600 miles for home visits and accompanying clients to medical appointments. We have hired a full-time case manager to work with residents of southern York County and enable the York County Services Coordinator to focus on management and oversight, as well as developing relationships with community providers. York County staff members each have between 10 and 12 years of experience in social services.

Of the agency's 44 new intakes, 17 (39%) resided in York County. The majority (59%) reported an income at or below the Federal Poverty Level, or \$9,570 per year for a household of one. All had an income less than 300% of the Federal Poverty Level (\$28,710 for a single person), the eligibility threshold for many financial assistance programs.

Prevention Services

Our HIV prevention and education efforts focus on targeted outreach, community education, individual risk-reduction counseling, partner counseling and referral services, and low-barrier anonymous HIV antibody testing and referral services.

- We provided information and safer sex supplies to more than 2,000 high-risk individuals.
- 224 individuals were tested at five walk-in rapid HIV antibody testing events in Portland and Ogunquit; 121 additional individuals received appointment-based tests.
- Two of the three individuals testing positive were successfully linked with our case management program, enabling these people to access the support and resources necessary to manage their infection.
- Our Prevention Services Coordinator and Men's Health Coordinator attended the HIV Prevention Leadership Conference in San Francisco in July.
- In August, we opened our new prevention office at 49 Oak Street in Portland. The storefront location allows for easy, low-barrier access to testing, information and services.

Outcomes

Our prevention services team strives to reduce risk behaviors and provide anonymous HIV antibody testing to curb the spread of HIV infection in Southern Maine. The services we provide are targeted to:

- increase awareness of HIV and how it is transmitted;
- increase individual perception of risk, increase identification of risk and ability to assess one's own risk;
- increase safer sex negotiation skills;
- encourage testing behavior to increase awareness of status and early linkage to care and secondary prevention services for those who test positive;
- avoid future complications from prolonged undetected illness;
- and, reduce stigma around HIV.

Targeted Interventions

Based on epidemiological data and state priorities, we target outreach to men who have unsafe sex with men (MSM), which includes gay/bisexual men as well as those who do not identify as gay or bisexual; injection drug users (IDU); and females at very high risk of infection (FVHR).

Outreach is a peer intervention conducted face-to-face in public areas, where high-risk groups congregate. These interventions consist of distributing condoms and educational materials and referrals for anonymous HIV antibody testing. Targeted outreach results in higher levels of access to services. In 2005, our outreach workers had contact with more than 2,000 high-risk individuals in Southern Maine, resulting in a greater proportion of high-risk individuals tested.

In 2005, our prevention staff trained staff at local gays bars to discuss HIV and safer sex and make appropriate referrals to their patrons. Special “Health Alert” posters and flyers were distributed at area gay bars regarding disease outbreaks affecting gay men.

Our Men’s Health Coordinator facilitated a weekly discussion group for gay and bisexual men from February through July on a variety of topics related to safer behaviors. About eight to ten people attended each week. We have also partnered with Portland Public Health and Merrymeeting AIDS Support Services to facilitate groups for gay men in Portland and Brunswick.

The Prevention Services Coordinator, York County Services Coordinator and Outreach Case Manager work together to provide information and outreach to IDU and FVHR receiving services from substance abuse treatment facilities, methadone clinics, homeless shelters and correctional facilities in Cumberland and York counties.

Community Education

The advent of life-prolonging treatments has led to the perception that there is a cure and a minimization of the impact of HIV on our community. In untreated HIV-positive patients, the median time between infection and development of AIDS is 10 years; yet, nearly half of the people diagnosed with HIV in Maine in the last five years have received an AIDS diagnosis within six months of their initial positive test. Prompt diagnosis is vital to protect the immune system, link an individual to care, and to prevent transmission to others; the cost effectiveness of diagnosing and treating HIV early is well documented.

The Peabody Center's public funding is geared specifically toward outreach and testing for the highest-risk populations. Tests and information provided to lower-risk individuals are supported solely by fundraising. As the largest AIDS Services Organization in Maine, we regularly receive phone calls from schools, community organizations and other providers requesting basic HIV information and training. As often as possible, we accommodate these requests by sending prevention staff, case managers, program coordinators and directors to speak about HIV transmission, risk-reduction and testing. In 2005, our staff provided approximately 65 hours of community education services. These activities are not funded, and it is becoming increasingly difficult to meet the public demand for information to reduce stigma and eliminate barriers for people who want to know how to protect themselves.

We are seeking funding for a Community Educator to complement our existing prevention education activities and augment them, meeting the public demand for information to reduce stigma and eliminate barriers for people who want to know how to protect themselves. The Community Educator would provide a comprehensive package to increase community awareness and which includes health promotion, information, counseling, and access to HIV/STD testing services.

Counseling & Testing

Our Prevention Services Coordinator developed and implemented the first protocols for rapid HIV antibody testing in Maine and has been trained by the CDC to conduct rapid HIV antibody tests. In April, we began using the rapid oral HIV antibody test exclusively. The non-invasive test yields results in under an hour and costs less than traditional tests that have to be sent to the state lab for processing.

We continue to offer free, walk-in rapid test events several times throughout the year, in accessible locations such as storefronts and community centers. All case managers undergo rapid HIV antibody test training in order to participate in events that offer day, evening and weekend hours.

We have further reduced barriers to testing by adopting a cellular testing and information line. Test appointments are usually scheduled within 24 hours of the initial call. Individuals not demonstrating risk are referred to other testing, such as their primary care physician.

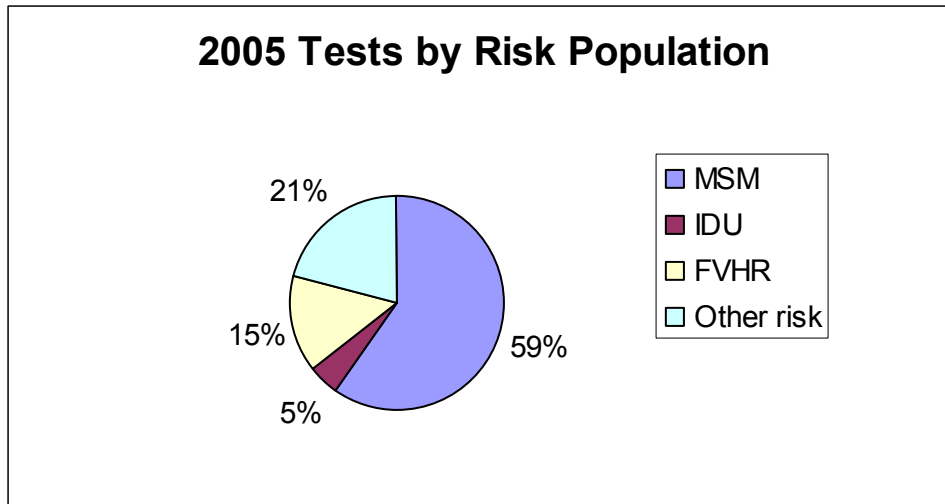
In October, we began offering integrated HIV/STD/Hepatitis testing monthly at Spruce Street Health Center in Sanford and Wells Urgent Care. This project is largely funded by the Maine Health Access Foundation.

All individuals who are tested receive risk-reduction counseling and appropriate referrals. Prevention and case management staff work together to link those who test positive to client services and to provide ongoing risk-reduction counseling and secondary prevention to clients demonstrating high-risk behaviors.

HIV Antibody Testing

The Peabody Center held five rapid HIV antibody test events in Cumberland and York counties in 2005. We also offered appointment-based testing at our offices and in the field.

79% of all people tested were among those populations at highest risk for HIV infection, up from 65% of individuals tested in 2004.



IMPACT

- All individuals who are tested receive risk-reduction counseling and appropriate referrals.
- Prevention and case management staff work together to link those who test positive to client services and to provide ongoing risk-reduction counseling and secondary prevention to clients demonstrating high-risk behaviors.
- Three individuals tested positive through our anonymous counseling and testing program in 2005. Early detection has been shown to increase quality-adjusted life years (QALYs).

Client Services

We provide comprehensive client-centered care to improve quality of life and housing stability through case management, housing, and supportive services. Our client services team worked with 371 individuals living with HIV/AIDS in 2005.

- 12 clients who had received services from the Peabody Center died in 2005; three times the number of deaths for all of 2004.
- 273 people received case management services, an increase of 7% from 2004.
- 239 people received some form of housing assistance (financial assistance or residential care), up 42% from 2004.
- 98 people accessed our supplemental food pantry, with 37% accessing the pantry at least once per month.
- 196 people received a \$35 holiday food voucher in December.
- 64% of all clients report an annual income equal to or below the federal poverty level.

Outcomes

Our client services team strives to improve quality of life and housing stability for clients. The services we provide are targeted to:

- improve quality of life by achieving client-directed goals;
- improve access to medical and housing resources through referrals and financial assistance;
- improve health by linking clients to primary and specialty medical care, dental care and insurance;
- address behaviors that put clients and others at risk for STDs and HIV;
- improve health, side effect management and combat wasting by linking clients to nutritional resources and adherence support;
- improve financial stability by linking clients to public benefits and transportation;
- provide a safe place to receive support, either one-on-one or in a group setting, so that clients may address the complexity and isolation of living with HIV/AIDS;
- and, promote housing stability by linking clients to housing resources and granting assistance to secure and maintain permanent housing.

Case Management

In the last 20 years, Frannie Peabody Center has provided case management to well over a thousand people living with HIV/AIDS in southern Maine and their families. We are seeing more clients and seeing them more often than ever before. Face-to-face client contacts increased 12% over 2004; non-face-to-face contacts increased 34%.

We continued to build our infrastructure in 2005. In the second quarter, we implemented a system for tracking successful linkages from case management referrals.

The Cumberland and York County Services Coordinators attended the Social Work Response to HIV and AIDS Conference in May. Case managers attended a number of local trainings throughout the year. New case managers serving Cumberland and York counties joined the team in 2005. The client services team is made of up individuals who have diverse social work and medical backgrounds, including individuals with experience in pediatric HIV, Methadone treatment, immigrants and refugees, and a case manager who has been working with people living with HIV for 17 years.

Several staff members serve on the state's Quality Assurance work group for HIV case management, which has been working to establish protocols for service delivery and oversight.

NEW TRENDS

Beginning in October of 2004, we have been seeing record-setting numbers of new clients. We completed 44 intakes in 2005, an increase of 19% from 2004.

People of African descent make up 9% of our case management case load in 2005, versus 7% of our 2004 case load. More than 5% of clients (14 individuals) either do not speak English or speak it as a second language.

Case Management Impact

- The Health Resources and Services Administration (US Department of Health & Human Services) lists case management with medical care and drug reimbursement among the essential services for people living with HIV.
- Clients received almost 2,500 hours of direct contact in 2005; this represents an increase of one hour per client per year from 2004.
- A total of 33 clients who had been inactive for at least six months chose to reinitiate services in 2005. Of those, clients who had been inactive for all of 2004 now average monthly contact with a case manager. Clients who had 11 or fewer contacts in all of 2004 now average twice monthly contact with a case manager. This data indicates that by eliminating our level system, we have reengaged a number of clients in more consistent and active care.
- At least 70% of referrals made between April 1 and December 31 resulted in successful linkage to services, such as medical and dental care, housing resources, and social services.
- Case managers traveled more than 5,000 miles to visit clients at home to ensure low-barrier access for people who live in rural areas or are unable to travel. Case managers traveled almost 4,000 additional miles accompanying clients to medical appointments.

Financial Impact

One year of treatment for HIV can cost between about \$13,000 and \$35,000. Many clients report disability as their primary source of income, and few are able to return to work. Those who are employed, often work seasonal jobs with sporadic income.

- According to the 2000 Census, 10.9% of all Maine residents have a household income at or below the federal poverty level, or \$9,570 per year for a household of one. In contrast, 59% of our case management clients meet this threshold.
- 92% of all case management clients meet the income eligibility requirements for financial assistance, or \$28,710 per year for a household of one. There is an annual cap per client to ensure equitable distribution of funds.
- Case managers serve as clients' link to Direct Client Assistance Funds, the MCD Co-Pay Program for clients who have limited benefits under the MaineCare waiver program, and HAVEN assistance. On average, clients receive a check within five days of request. These funds are used for unreimbursed medical expenses, rent, mortgages and utilities.

Direct Client Assistance

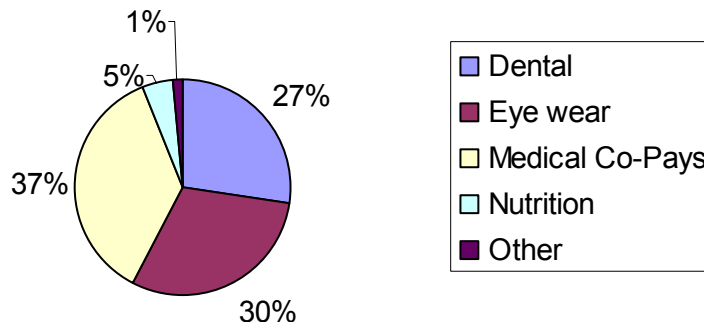
Direct Client Assistance Funds are used as a last resort to help low-income clients pay for a variety of unreimbursed medical expenses. Direct Client Assistance accounted for almost 26% of total agency expenses in 2005, up from just over 23% in 2004.

- 92% of case management clients meet the income eligibility requirements for Direct Client Assistance Funds.
- A total of 133 clients accessed these funds in 2005 and more than \$40,000 was paid out.

IMPACT

- 112 clients who had no other source of paying their co-pays received assistance, enabling them to maintain adherence to their medications.
- 41 clients who had no other source of payment for dental care were able to access dental care locally or through the Boston University Dental School.
- 46 clients who had no other source of paying for eye wear were able to access these funds to pay for glasses and eye exams.

Direct Client Assistance Utilization 2005



HAVEN

The Housing Assistance and Volunteer Enlistment Network (HAVEN) program was established in 1994 through the first of two competitive grants through HUD's Housing Opportunities for People with AIDS (HOPWA) program. We work with low-income people with HIV to maintain safe, secure, sustainable permanent housing.

More than 90% of HAVEN clients were able to obtain or maintain stable, permanent housing as a result of assistance.

About 70 low-income individuals living with HIV/AIDS statewide utilized a rental subsidy through the HAVEN program. Almost one-quarter of Peabody Center case management clients have a HAVEN subsidy or are on a wait list for one.

About 43% of subsidies awarded in 2005 were not utilized due to a lack of available housing that met rent standards, particularly in the metropolitan areas of Portland and Bangor.

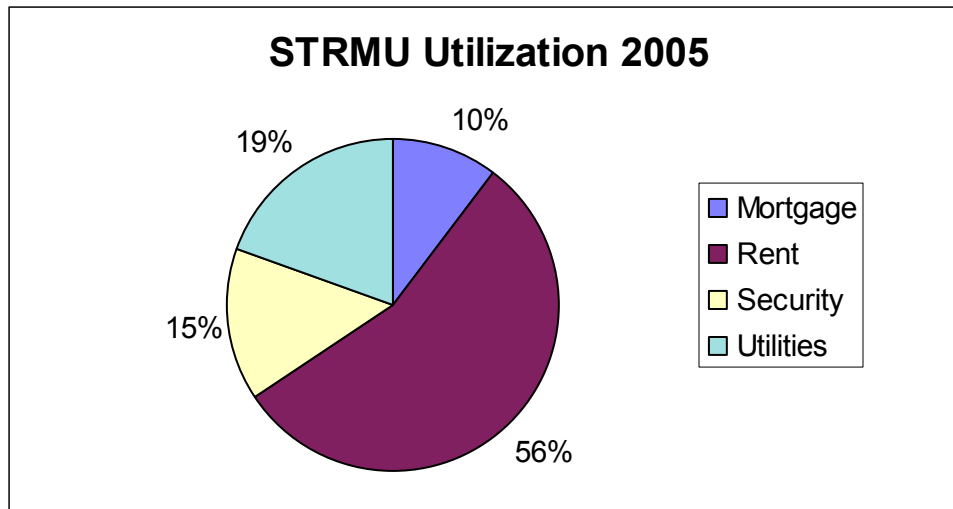
More than 100 low-income people living with HIV statewide accessed short-term rent, mortgage, or utility payment assistance in 2005. This represents 30% more clients than 2004.

Nine residents stayed in our four-bedroom transitional house since it opened in January. Seven people living with HIV who also had significant medical issues resided at Peabody House in 2005.

HAVEN Financial Assistance

The HAVEN Program provides assistance with short-term rent, mortgage, and utility payments (STRMU) to low-income people living with HIV/AIDS statewide.

115 clients throughout Maine accessed STRMU funds in 2005 and more than \$94,000 was paid out, 74% more than what was disbursed in 2004.



IMPACT

- 34 individual clients and 9 clients with families who had no income or disrupted income were able to maintain stable housing.
- 10 individual clients and one client with a family were able to avoid eviction or foreclosure.
- 6 individual clients and 3 clients with families were able to avoid utility disconnections.
- 5 individual clients and one client with a family who had been homeless or living in temporary housing were able to obtain permanent housing.
- 6 individual clients and 2 clients with families were able to maintain their source of heat despite rising fuel costs.

Support Services

We hired a Support Services Manager in November to oversee adjunct but often essential client services, such as the Client Advisory Board, supplemental food pantry, client newsletter and advocacy opportunities.

The Peabody Center hosted and co-facilitated five meetings and an open house for the Southern Maine Client Advisory Board in 2005. Six clients served on the advisory board and additional members were recruited at the December meeting.

Based on client surveys and needs assessments, we opened our supplemental food pantry in 2002. We have recruited volunteers from among the clients who use the pantry to assist in identifying needs and trends, making requests for donations from area businesses, weekly trips for food, and stocking the shelves.

UTILIZATION

- 98 individuals accessed the supplemental food pantry in 2005, including 19 families.
- 37% of those utilizing the supplemental food pantry accessed it at least once per month.
- According to a recent survey of clients who access the food pantry, the most often attained items are canned goods, coffee, laundry supplies and items that are not available through food stamps.

IMPACT

Without the supplemental food pantry, “I most likely would be 20 pounds thinner.”

“It helps me when times are hard.”

The supplemental food pantry “fills an important gap.”

“As a client, it helps me. I meet with my case worker and go there at the same time.”

Peabody House

In its 10-year history, Peabody House has served nearly 70 people living with HIV who have significant medical issues that require long-term care. Peabody House is a six-bed facility that provides room, board and assistance with activities of daily living. A team of social service and nursing care providers work together to provide 24-hour care and support to residents of varying levels of need.

Residents attend monthly meetings to give feedback and receive program updates. There was a 70% attendance rate for 2005.

Between February 1 and December 31, residents were linked with more than 70 outside resources, including community activities, support groups, and alternative therapies.

Most of our residential aides have been on staff for two or more years. Beginning in August, a Jesuit Volunteer was placed with Peabody House to add capacity and provide a link to our Support Services program.

Our nurses instituted a system for tracking and discussing medication variances in 2005. As a result, there were 65% fewer variances in the fourth quarter than the first.

IMPACT

Staff treatment and attitude received the highest average score among the categories in a resident survey conducted by the Peabody House Social Worker in the spring of 2005. Residents rated total average satisfaction 4.5 out of a possible 5.

“Since day one, I have not only felt but known that Peabody House is a special place.”

“I honestly don’t think there is a better place for me to be living at this time in my recovery and transition.”

Program Planning & Evaluation

Our Monitoring & Evaluation Specialist attended CDC's Evaluation Institute in June and is currently designing a new database to make analysis of prevention data more effective and timely.

We have a greater ability to monitor and accurately describe the work done by our client services team using Ryan White CAREWare, a software program developed by the US Health Resources and Services Administration. In 2005, the Monitoring & Evaluation Specialist became a registered consultant through HRSA's technical assistance provider, BETAH Associates, and provided about 48 hours of on-site assistance to all of the HIV case management agencies in Maine. In addition, we provided free assistance and resources valued at almost \$1,600 to these agencies, Positive Health Care, and Maine CDC.

We have implemented monthly and quarterly monitoring reports for case managers and supervisors. We are in the process of integrating data collection at Peabody House into the existing system for client services.

Using the available data to monitor trends, we are more able to plan program activities and development of new initiatives, including an Evaluation Plan to address systemic and data integrity issues related to each individual program.

The Monitoring & Evaluation Specialist participated in a national pilot program testing HUD's new Annual Progress Report, to provide training materials for the technical assistance providers at AIDS Housing of Washington in Seattle.

Challenges

We have found through implementation of our Integrated HIV/STD Testing Project in York County that there are more significant barriers to care than we had anticipated. It has been a challenge to provide accessible, culturally appropriate care to people seeking HIV/STD/Hepatitis testing.

We have been awarded funds from the Syringe Access Fund to complete a needs assessment and pursue licensure for a needle exchange program in York County. Stigma related to injection drug use is a barrier to providing this public health service to those who need it.

Case management funds have been steadily decreased for the last three state contracts, going back to 2003. We continue to struggle with the fact that we can only bill MaineCare for one contact per week, regardless of a client's level of need. In addition, services provided to clients who are incarcerated or receiving care from a hospital, nursing home or hospice, cannot be billed. We are reimbursed approximately \$47 per billed contact up to a cap of about \$74,000. The result is that only about 27% of all case management contacts in 2005 were reimbursed through MaineCare.

The number of case management clients served increased 8% in 2005 and a steady increase in new client intakes and reactivations indicates that case loads may surpass maximum capacity in 2006. Other Maine AIDS service organizations have already been forced to adopt wait lists.

The reporting burden for our housing grants has tripled for the coming year, yet funding for these required activities has been cut from new contracts. We anticipate further cuts as we prepare to renew our statewide housing grant in 2006. In light of this, we are undertaking a statewide housing and residential services needs assessment for individuals, couples, and families living with HIV through the HOPWA program and AIDS Housing Corporation of Boston.

The spike in heating costs has been a particular challenge at Peabody House, where the gas bill was up 33% in the winter. Essential renovations, such as sealing the basement to prevent mold and replacing carpets, are not included in the cost reimbursement structure for the program.