

# 2006 Program Outcomes



FRANNIE PEABODY CENTER  
comprehensive HIV & AIDS services

# Overview

The Peabody Center is committed to compassionate care for the community infected with and affected by HIV and AIDS in Maine.

We are dedicated to preventing the spread of HIV by promoting awareness and risk-reduction through prevention education, outreach, and anonymous HIV antibody testing services in Cumberland and York counties. We address the impact the disease has on an individual by providing case management and support services to people living with HIV/AIDS in southern Maine. Our statewide housing program provides short-term assistance, rental subsidies, and assisted living care to help people with HIV/AIDS obtain or maintain stable, permanent housing.

Our staff members 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, Maine AIDS Alliance, Ryan White Advisory Committee, ADAP Advisory Committee, HUD Prioritization Committee, Co-Occurring Collaborative of Southern Maine, and Region I Homeless Council.

The Peabody Center is the largest community-based HIV services organization in Maine, serving about half of all PLWHA who are engaged in case management. Our programs receive funding from a variety of sources, including: Title II of the Ryan White CARE Act, the US Centers for Disease Control & Prevention, US Department of Housing & Urban Development's Housing Opportunities for People with AIDS program, Maine Center for Disease Control & Prevention, 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, Maine Community AIDS Partnership, and other foundations.

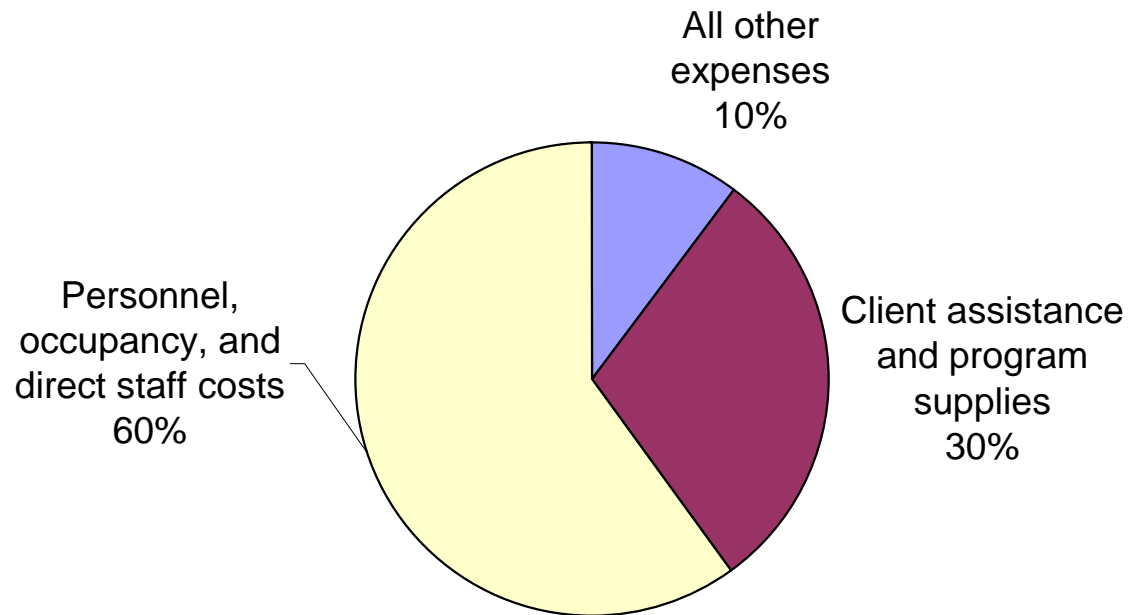
The Peabody Center is a United Way of Greater Portland member agency.

# Funding

Frannie Peabody Center has an annual operating budget of about \$2.4 million. We have 29 full-time employees and 4 part-time employees. More than 85% of agency funding comes from government grants or programs.

In 2006, more than \$700,000 was spent on client assistance and program supplies – including medical supplies and safer sex kits – a 38% increase from 2005.

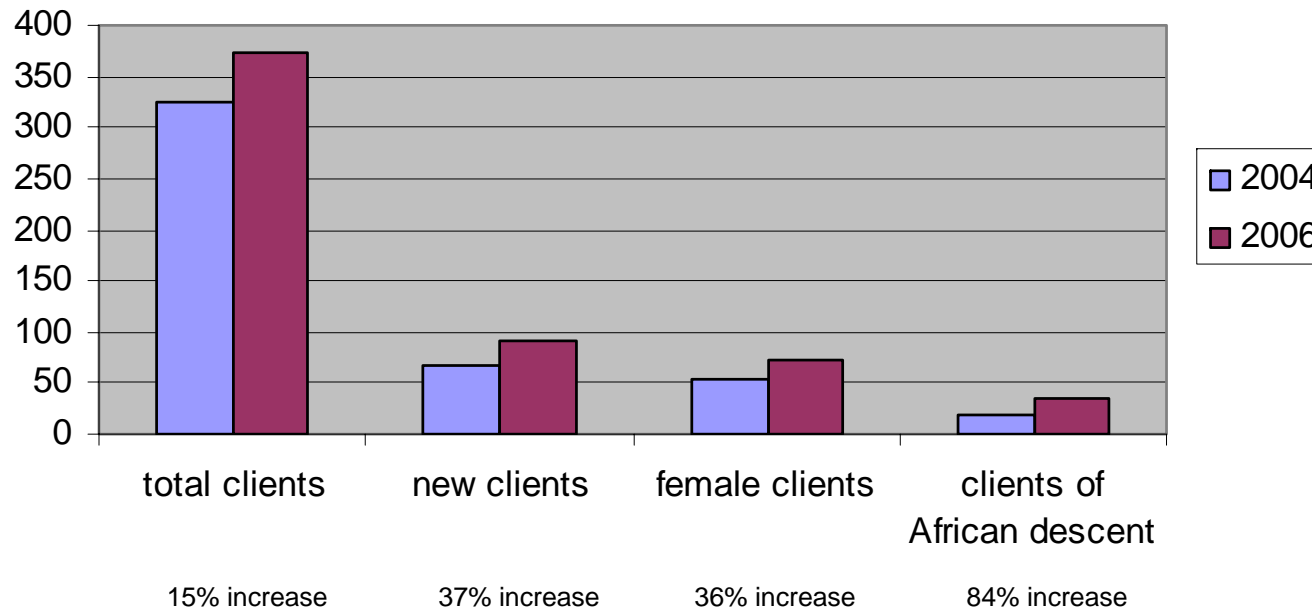
**2006 Expenses**



# New Trends

Steadily climbing intake rates have led to an increase in our client base over the last two years – there were more new case management intakes in the second quarter of 2006 than any three-month period in the last six years. While we have been serving more people living with HIV/AIDS, the demographic profile of these individuals has changed significantly. The US Centers for Disease Control and Prevention reports that women infected with HIV may soon outnumber men, and that African-Americans outnumber all other racial and ethnic groups for infection rates nationwide. Following national trends, we are seeing more women and more people of African descent.

### Demographic Comparison



# Prevention Services

Our HIV prevention services focus on targeted outreach, individual risk-reduction counseling, and low-barrier anonymous HIV antibody testing and referral services. We also offer STD/Hepatitis C testing and treatment in York County.

- Maine's HIV Prevention Community Planning Group has prioritized the following high-risk populations: people living with HIV/AIDS (PLWHA); Men who have unsafe sex with men (MSM); injection drug users (IDU); and females at very high risk of infection (FVHR).
- Prevention staff and case managers work with people living with HIV to help them reduce the risk of transmitting the virus to others.
- Outreach workers conduct face-to-face peer interventions in public areas where high-risk groups congregate.
- Our Outreach Case Manager, whose caseload includes PLWHA with a history of homelessness and incarceration, has established relationships with correctional facilities, shelters, mental health providers, and substance abuse treatment centers to provide small group or one-to-one risk reduction counseling, education, and testing to IDU and FVHR.
- Our Men's Health Coordinator facilitated our inaugural Men's Health Seminar in South Portland in October, which included workshops on dating and relationships, STDs, advocacy, and coming out.
- Our MSM Special Projects Manager facilitates GetOut Portland, including a discussion group, volleyball, lending library, and book club that give MSM an opportunity to socialize outside of bars and the Internet. Information about HIV/AIDS, literature, and safer sex supplies are provided at each meeting.
- All case managers are trained to provide HIV tests and participate in our periodic walk-in test events.
- Prevention staff and case managers provide basic information about HIV/STDs to community groups, other providers, and schools.
- We provide safer sex supplies and literature to a variety of locations in Cumberland and York counties, including bars, shelters, adult video stores, DHHS offices, and to case management clients.
- We have been searching for fixed sites in York County to provide needle exchange services and begin the licensing process to provide these services in order to help reduce the risk of HIV transmission among IDU.

# Outreach

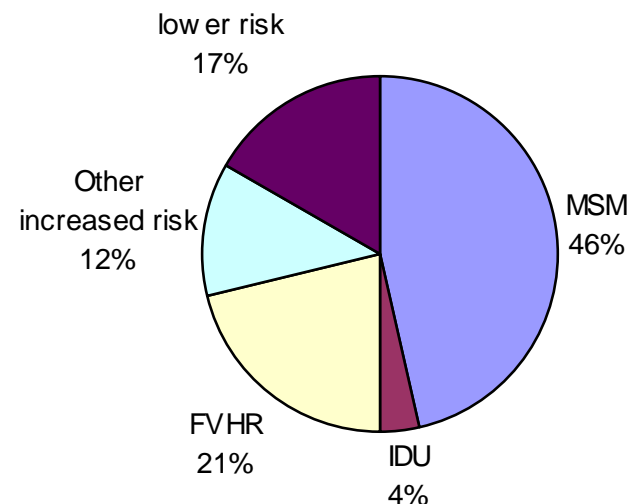
- Our prevention workers provided more than 600 hours of outreach to more than 7,000 high-risk individuals in Cumberland and York counties.
- Overall, it takes about 14 outreach contacts to get one individual to test.
- We provide outreach at Portland gay bars Blackstone's, Styxx, and Spring Street; Ogunquit gay bars Maine Street and Club Inside Out; Old Orchard Beach, Wells, and Ogunquit beaches; on Manhunt.net; at CAP Quality Care, Crossroads for Women, Deering Oaks Park, Discovery House, InterPride, Maine Second Offender program, Portland Coalition, Protea, PRYSM, Rosie's bar, the Latino Soccer Tournament at Fitzpatrick Stadium, various Southern Maine Pride events, Windham Correctional, York County Community Action Corporation, York Hospital's Cottage Program, Milestone Shelter, Oxford Street Shelter, Preble Street Resource Center and Teen Center, York County Shelter, Southern Maine Community College, University of Southern Maine, and University of New England.

# HIV Antibody Testing

One year of treatment for HIV can cost between about \$13,000 and \$35,000. Early diagnosis is a vital part of staying healthy longer, decreasing the expense of treatment, and developing the skills to prevent transmission to others. The US Centers for Disease Control & Prevention has issued guidance that HIV antibody testing should be a routine part of everyone's health care. Evidence shows that routine HIV and STD screening is highly cost-effective, even in low-prevalence areas such as Maine.

- We tested 495 people for HIV in 2006 – more individuals than any prior year.
- About 71% of all individuals tested in 2006 were MSM, IDU, or FVHR.
- For every 71 people tested in 2006, one was HIV-positive. A total of six individuals tested positive – more than any prior year and 40% higher than last year.
- We have instituted weekly walk-in testing hours in Portland and Kittery.
- We advertise a testing cell phone, allowing people to schedule appointments quickly and easily.
- Walk-in test events are held periodically throughout the year with evening and weekend hours.

**2006 Tests by Risk Population**



# Secondary Prevention

Every new HIV infection involves someone already living with HIV/AIDS. We work with case management clients to assess their risk and, as appropriate, help them reduce their risk of spreading HIV to others. Case managers offer support and referrals to prevention services, including risk reduction with our prevention staff. Safer sex kits are available through case managers and our Support Services Manager. Clients are encouraged to refer partners or friends to testing.

- 52 case management clients received safer sex kits; 180 kits were distributed.
- 221 case management clients had one or more prevention contacts; clients accessed 91.25 hours of prevention counseling.

# Community Education

Treatment advances over the last decade have led to the perception that HIV is curable and a minimization of the impact HIV and AIDS have on our community. In Maine, we have seen a number of cases where people are simultaneously diagnosed with HIV and AIDS, meaning that they had unknowingly been infected with HIV for up to 10 years. Prompt diagnosis is vital to protect the immune system, link an individual to care, and to prevent transmission to others.

Our public funding is geared specifically toward outreach and testing for the highest risk populations. As the largest community-based HIV services organization in Maine, we are often asked to provide basic HIV information and training to schools, community groups, businesses, and other service providers. As often as possible, we accommodate these requests by sending trained staff or client speakers to discuss HIV transmission, risk-reduction, and testing. These activities are only supported by fundraising, and it is becoming more and more difficult to meet the public demand for information to reduce stigma, raise awareness, and eliminate barriers for people who want to know how to protect themselves.

In 2006, eight clients were recruited for our new Speakers Bureau. Three two-hour public speaking trainings were held, and clients provided a total of 30 hours of community education about HIV in schools and at community events.

Twelve staff members provided about 25 hours of HIV prevention education to students at Sanford High School, Thornton Academy, Saco Valley High School, Maine College of Art, Scarborough Middle School, Bonny Eagle High School, Westbrook High School, Catherine McAuley High School, University of New England, Windham Real School, and University of Southern Maine.

Eight staff members provided more than 13 hours of HIV prevention education at First Parish Unitarian Universalist Church in Portland, Scarborough Kiwanis, Portland City Council, Hospice of Southern Maine, Common Ground Fair, Hannaford Corporate Offices, First Parish Federated Church in South Berwick, and the York Festival of Lights.

# Prevention Outcomes

- 30 individuals reported that they had established a routine of getting tested by our program.
- Five individuals testing HIV-positive through our prevention program are currently working with Peabody Center case managers, enabling them to access the support and resources necessary to manage their infection.
- We have increased access to testing by opening our storefront Oak Street office. In the first 12 months at Oak Street, office-based testing increased 129% compared with the prior 12-month period.
- One individual with Chlamydia was diagnosed and treated through our Integrated HIV/STD Testing pilot project in York County. Partners were treated presumptively.
- Three individuals with Hepatitis C were diagnosed through our York County clinic and referred for medical treatment.
- All individuals tested received individual risk-reduction counseling, including risk assessment and safer sex negotiation skills.

# Client Services

We provide comprehensive client-centered care to improve quality of life, self-determination, and housing stability through case management, supportive services, and housing assistance. In 2006, we served 374 people living with HIV/AIDS statewide at a cost of about \$3,800 per person.

- Case managers assess clients at intake and annually thereafter to determine client needs. Each quarter, clients establish a care plan with their case managers, based on needs identified in the assessment.
- Case managers help clients reach their quarterly goals through referrals, advocacy, support, and coordination of care.
- Case managers link clients who meet income requirements with financial assistance for dental care, eye care, and unreimbursed medical expenses. All other resources must be exhausted prior to application, and an annual cap applies.
- Case managers and volunteers facilitate time-limited support groups.
- We offer periodic health education workshops.
- Clients volunteer their time contributing to the monthly client newsletter, refurbishing donated computers for client use, maintaining resource lists, and providing administrative support.
- The Ticket Connection program provides free tickets to social and cultural events.
- We hold monthly community nights to provide social opportunities for clients.
- Food vouchers are distributed and gatherings are held in Cumberland and York counties for the December holidays.
- Case managers connect clients to housing assistance through the HAVEN program. Income and eligibility requirements apply.

# Case Management – who we serve

- Case managers served 267 unduplicated clients in 2006; 50 were new intakes and an additional 29 were individuals who reinitiated services after being inactive for six months or more.
- About half of all new clients were diagnosed within a year of intake.
- One-third of new intakes were racial or ethnic minorities and one-quarter of new intakes were female.
- More than 7% of all case management clients either do not speak English or speak it as a second language.
- 77% of all clients served have mental health issues, substance use issues, or both.
- 52% of all clients have a household income at or below the federal poverty level, or \$9,800 per year for a single person.
- 80% of all clients qualify for MaineCare coverage.
- About 19% of all clients receive a rental subsidy through our HAVEN program, but the number of clients on wait lists exceeds the number of clients currently being subsidized.

# Case Management - services

- Case managers spent more than 4,000 hours in direct contact with clients in 2006, which works out to 1.25 hours per client per month. This does not include time transporting clients to appointments, traveling to clients' homes, or completing paperwork on behalf of clients.
- Hours of face-to-face contact increased more than 26% from 2005.
- Case managers are spending more hours with clients each day than last year.
- In most cases, case managers are seeing between 4 and 11 more clients per month than last year.
- More than 1,000 referrals resulted in successful linkage to care or services, and there were an additional 247 direct linkages to community resources and services.

# Case Management Outcomes

- All active clients who did not have medical care and/or insurance coverage at the end of 2005 currently have both medical care and insurance coverage.
- More than 95% of respondents to a state satisfaction survey reported that they liked the way they were treated by Peabody Center staff; 93% reported that services helped them; and 93% reported that they would recommend our services to others.
- There was a 47% increase in the number of clients achieving at least one goal from his or her care plan compared to 2005. Of clients achieving goals, the average was 9 goals per client for the year.
- 68% of all referrals resulted in successful linkage to care and services.
- 21% of clients are participating in new support services initiatives established to build community and give clients a greater voice.
- Only 2% of clients discharged in 2006 dropped out of care. Overall, there were half as many discharges in 2006 as in 2005.

# In clients' words

“He is outstanding with the help and programs.”

“Always helps when I have questions.”

“She has been helping me with medical issues, eye, teeth and basic health.”

“I am grateful for all the help. Thank you.”

“She listens to my concerns and helps me to find solutions to questions.”

“She has got me help with housing, HIV meds, food, basic services like that. Whenever I have needed any help.”

All quotes from the HIV Case Management Client Satisfaction Surveys conducted by Maine CDC, 2006

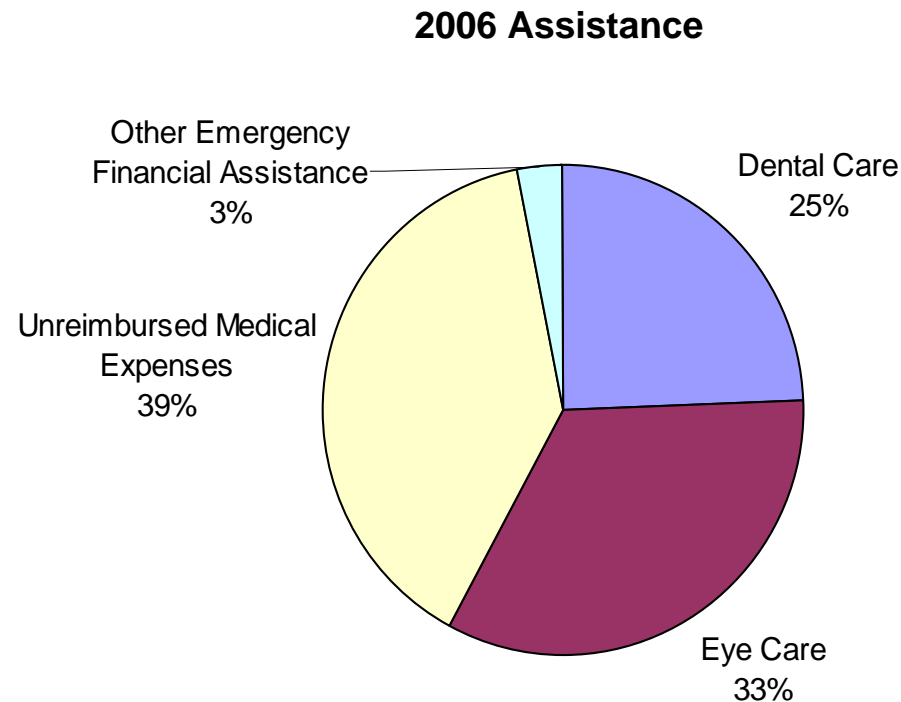
# Support Services

In November of 2005, we hired a new Support Services Manager, whose position was designed to engage clients in advocacy, social, and community activities. A total of 56 clients (21% of all active clients) participated in some Support Services initiative in 2006. These initiatives have been designed to help clients combat the isolation and stigma of HIV, to empower clients and give them a voice in services offered, and to help build community.

- Thirty-seven clients were successfully linked to a variety of social and cultural events through the new “Ticket Connection” program. Tickets disbursed were valued at more than \$3,000.
- Five clients have volunteered a total of about 60 hours of service refurbishing donated computers for client use, writing columns for our monthly newsletter, developing resource guides for new clients, and providing administrative support.
- Nine clients participated on the Southern Maine Client Advisory Board; these clients were responsible for organizing the World AIDS Day service in Portland.
- 12 clients have attended the monthly “Community Night” gatherings established in the fall of 2006.
- 239 holiday food vouchers were distributed to clients; approximately 40 clients attended holiday gatherings in Portland and Ogunquit.
- We were forced to close our supplemental food pantry in August of 2006 due to a lack of funding. Between 2004 and 2006, more than 3,000 boxes of food (valued at over \$138,000) were delivered to 150 unduplicated clients.
- 19 clients have joined our listserv. The forum is moderated by our Support Services Manager, but topics are client-driven.

# 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. Although 94% of clients meet income eligibility for this program, only 68% of clients accessed these funds in 2006. More than \$50,000 was disbursed, with an average of \$300 per client. Funds were usually disbursed within four days of request.



# HAVEN

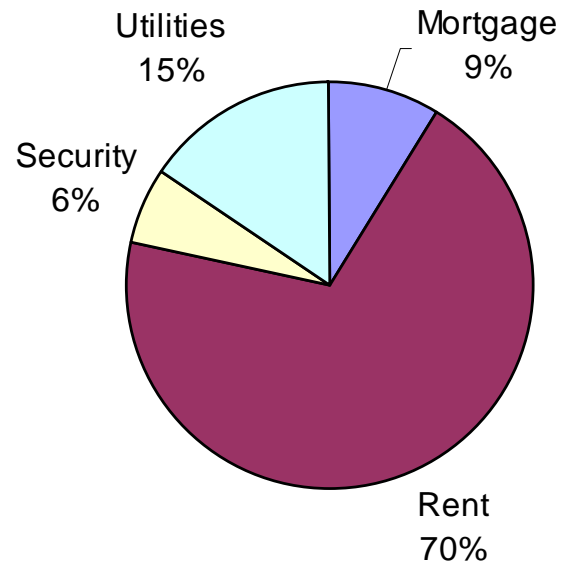
HAVEN is a statewide collaboration between Frannie Peabody Center, the City of Portland, Shalom House, and all Ryan White providers of HIV case management and medical care. HAVEN provides short-term assistance, tenant-based rental subsidies, and related support services. Services valued at about \$1.4 million per year are provided in-kind through partner organizations.

- The number of HAVEN clients has increased 44% over the last two years.
- 216 people living with HIV/AIDS statewide accessed some form of HAVEN support in 2006.
- Of clients awarded new HAVEN subsidies in 2006, the average time spent on the wait list was six months. The average time between subsidy award and utilization was three months.
- Currently, there are 69 people waiting for HAVEN subsidies statewide; some have been waiting a year or more.

# HAVEN Short-term Assistance

HAVEN provides short-term assistance with mortgage, rent, and utility payments to low-income people living with HIV/AIDS throughout Maine. More than \$100,000 in assistance was disbursed in 2006, a 9% increase from 2005. On average, funds were disbursed within 5 days of request.

**2006 Assistance**



# HAVEN Outcomes

- 14 individuals and 3 families that had been in temporary housing were able to obtain stable housing.
- 21 individuals and six families that were affected by major changes in health status or medical bills were able to maintain their housing.
- 29 individuals and 8 families affected

# Residential Services

Peabody House is a 24-hour assisted living facility providing room, board, and assistance with activities of daily living. The six-bed house serves people living with HIV who have significant medical issues that require long-term care. Our social service and nursing care providers work together to support the residents, who have varying levels of need.

- Peabody House served a total of 8 individuals living with HIV in 2006.
- Three residents have been living at Peabody House for more than two years and another resident has been living at the house for more than three years.
- In 2006, Peabody House clinical staff began doing weekly medical assessments of residents.
- Four residents participated in alternative therapies – including reiki, chiropractic care, and massage – based on their individualized service plans.
- Three residents quit smoking.
- 11 resident meetings were held in 2006, attended by 8 unduplicated residents.
- There was an 85% decrease in reported medication variances in 2006 compared to 2005.
- The program social worker had a 100% success rate in linking residents to substance abuse services, medication assistance, and legal services in 2006.
- Residents were also successfully linked to alternative therapies, community activities, dental care, mental health counseling, housing opportunities, social services, and support groups. Three of five residents participated in a Harvest Moon open house party in the fall, and six of six residents participated in the holiday open house party in December.

# York County

For the past two years, we have been working to educate the York County community about Frannie Peabody Center. In the fall of 2006, our Case Management Coordinator and Prevention Services Coordinator planned a networking event to promote awareness of Peabody Center programs and services.

In November, we expanded HIV/STD testing services in York County to include weekly walk-in anonymous HIV testing and monthly HIV/STD screenings in our Kittery office. STD screenings include gonorrhea, Chlamydia, syphilis, and Hepatitis C. We continue to offer monthly walk-in HIV/STD screenings at York County Community Health Center in Sanford, where we offer a full range of STD testing, vaccination for Hepatitis A and B, Hepatitis C testing, and pregnancy testing. All services are free. This project is funded by Maine Health Access Foundation.

On December 2, several Peabody Center staff marched in the Festival of Lights parade to promote awareness of World AIDS Day.

The Peabody Center is a member of the following York County organizations: Allied Health Network, Mental Health Task Force, York County Dental Task Force, Ogunquit Chamber of Commerce, Greater York Chamber of Commerce, and the Ogunquit NAMES Project Quilt Committee.

# York County Prevention Services

- 101 York County residents were tested for HIV.
- More than 30 individuals were tested for STDs and/or Hepatitis C.
- 1,609 individual outreach contacts occurred in bars, at Wells and Ogunquit beaches, at York Shelter, and at York Hospital's Cottage Program.
- 34 hours of secondary prevention services were provided to people living with HIV/AIDS in York County.
- Educational sessions were held at York Shelter, York Hospital's Cottage Program, and Sanford High School. Prevention staff traveled more than 11,000 miles to provide outreach, education and testing services.
- We collaborated with Gay Men Fight AIDS, York County Community Action Corporation, York Shelter, and York Hospital.

# York County Client Services

- 72 people living with HIV/AIDS in York County accessed case management services and accounted for 27% of all active clients.
- 27 York County clients live in the Kittery-Eliot-York-Ogunquit-South Berwick (KEYOS) region.
- More than 850 hours of direct case management services were provided to York County clients, which works out to about 1 hour per client per month. This does not include staff travel time or administrative activities such as paperwork. Case managers traveled more than 3,000 miles for home visits and accompanying clients to medical appointments.
- 14 York County clients (18% of York County residents served) received a HAVEN subsidy during the year, totaling more than \$90,000 in assistance.
- 17 York County clients (24% of York County residents served) accessed short-term assistance with rent, mortgage and/or utility payments through the HAVEN program, totaling \$17,306 in assistance.
- 50 York County clients (69% of York County residents served) accessed direct client assistance funds for unreimbursed medical expenses (such as dental care and eye wear), totaling \$18,830 in assistance.
- 250 successful linkages to services and assistance occurred, and 596 short-term goals were achieved among York County residents.
- York County residents accounted for 20% of new clients in 2006.

# Greater Portland Collaborations

- The Peabody Center is acting as project sponsor for the City of Portland's new federal housing grant targeting racial and ethnic minorities living with HIV/AIDS in the city.
- The Peabody Center employs two full-time case managers who are placed at the city's Positive Health Care clinic. In 2006, these case managers provided services valued at about \$139,302.
- Our staff members attend and participate on the following Portland-area committees: Southern Maine Client Advisory Board, Portland Continuum of Care, and Portland Emergency Shelter Assessment Committee.
- We have ongoing collaborations with AIDS Lodging House, Blackstone's, CAP Quality Care, Community Housing of Maine, Crossroads for Women, Discovery House, Health 2000, Merrymeeting AIDS Support Services, Milestone Shelter, Portland Public Health, Positive Health Care, Preble Street Resource Center and Teen Center, Protea, PRYSM, Shalom House, Spring Street, Styxx, University of New England – Westbrook campus, Virology Treatment Center, and Windham Correctional.
- The Peabody Center was voted best nonprofit by Best of Gay Portland 2006.
- The Peabody Center hosted a service at First Parish Unitarian Universalist Church on May 21 to commemorate the International AIDS Candlelight Memorial.

# Program Planning & Evaluation

The Program Planning and Evaluation (PPE) team is responsible for quality improvement planning, monitoring and assessment; data collection and management; strategic planning for programs; outcomes evaluation and reporting; programmatic compliance and program policy development. The team supports program coordinators in leading, implementing, and evaluating new and existing initiatives.

- Our quarterly reporting system gives us a greater ability to monitor performance against annual goals and accurately describe the work done by our staff.
- Using the available data to monitor trends, we are more prepared to plan program activities and develop new initiatives.
- Our PPE team has provided hundreds of hours of statewide technical assistance and participated in a national initiative to develop training materials for annual federal housing reports.

“Without the proper infrastructure, quality management efforts will not be effective or sustained over time. Critical infrastructure supports include allocation of resources for quality activities, formal oversight of the quality management program and provision of training and technical assistance.”

- *Quality Management and the Title II Program: Critical Success Factors, Barriers, Challenges and Opportunities for Enhancing Quality Management in Title II Program*  
HRSA HIV/AIDS Bureau

# Challenges

- We have found significant barriers to comprehensive HIV/STD/Hepatitis care while implementing our Integrated HIV/STD Testing Project in York County. Finding a location for a Needle Exchange Project has also been difficult. We seek to reduce stigma and barriers to allow safe, easy access to public health services such as these in York County.
- The Ryan White Treatment Modernization Act of 2006 calls for more medically-focused case management services, while clients continue to identify other areas – such as social opportunities, food, housing assistance, and support – as priorities.
- More than three-quarters of clients have mental health issues, substance use issues, or both. These issues can create obstacles for clients as well as the case managers working with them. Referrals to outside providers are often declined by clients, and we continue to strategize about reducing barriers to harm reduction services. Changes in regional drug use, such as increased prevalence of crystal methamphetamine and crack cocaine, have an impact on client demographics and the services we provide.
- MaineCare's Limited Benefit for People with HIV is up for reauthorization. If the federal government does not reauthorize this program, approximately half of our MaineCare clients will lose their coverage. This could create wait lists for the state AIDS Drug Assistance Program and substandard medical care for many of our clients.

# Challenges, cont.

- Despite small increases to case management funding, we continue to struggle with ever-increasing case loads and developing outside resources – including United Way, HOPWA, and city funds – to hire additional staff. Our case managers have diverse social work and medical backgrounds, including experience in Methadone treatment, immigrants and refugees, and a case manager who has been working with people living with HIV for 18 years.
- Given high caseloads and narrowly focused funding, we are not able to provide as much outreach in rural communities, such as Bridgton.
- We are aware that there are unmet housing needs for people living with HIV/AIDS in Maine, but we need additional information about the nature and scope of need to pursue additional funding or programmatic changes. We are collaborating with AIDS Housing Corporation of Boston to conduct a statewide housing and residential care needs assessment for people living with HIV/AIDS.
- Our federal housing grants incur about \$40,000 per year more in direct administrative and evaluation costs than the grants allow for reimbursement.
- Peabody House has needed several structural improvements, including a new deck and a new roof. We have had to seek donations of labor and supplies to cover these costly repairs, which are not included in the program's cost reimbursement structure.