



FRANNIE PEABODY CENTER  
comprehensive HIV & AIDS services

---

## 2007 Programs Report

# Overview

---

Frannie Peabody Center (FPC) 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.

FPC is the largest community-based HIV services organization in Maine, serving more than half of all PLWHA who are engaged in case management. Our programs receive funding from a variety of sources, including: Part B of the Ryan White Treatment Modernization 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. FPC is a United Way of Greater Portland member agency.

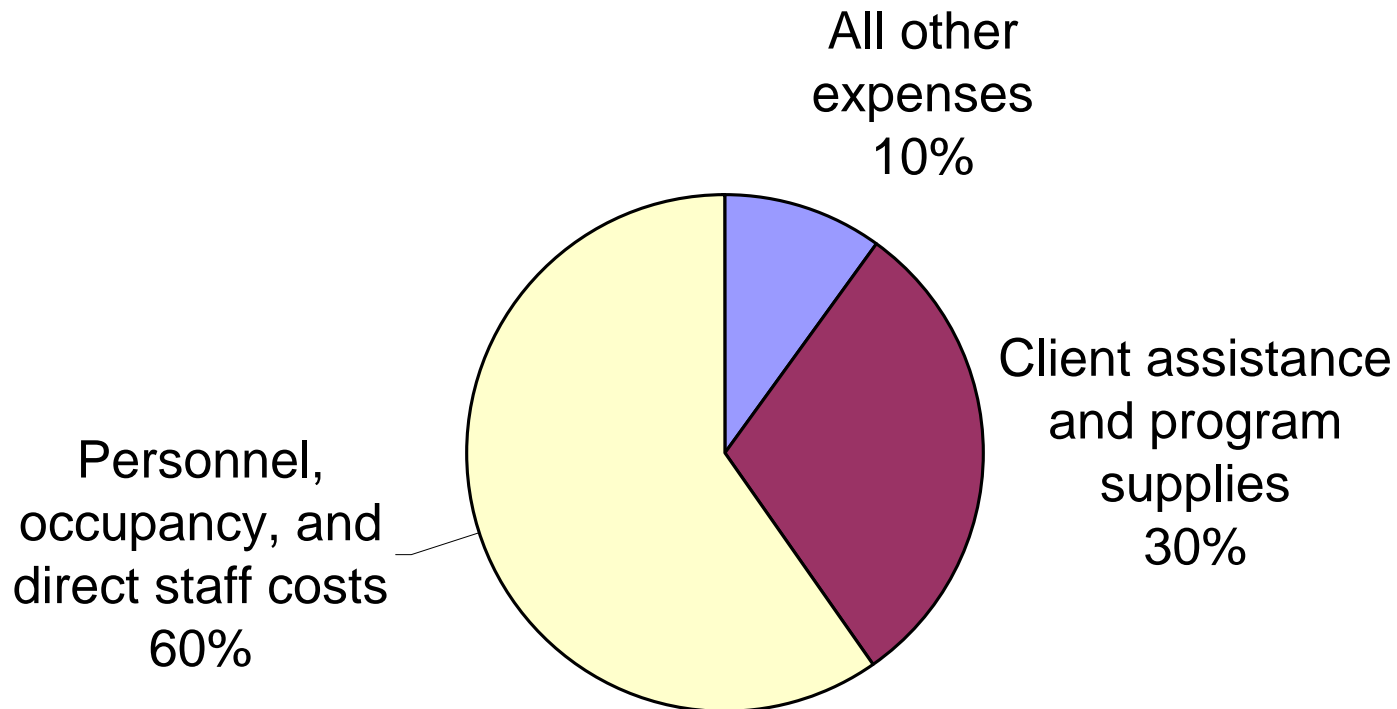
# Funding

---

- Frannie Peabody Center has an annual operating budget of about \$2.5 million (up 9.5% from 2006).
- We have 29 full-time employees and 7 part-time employees.
- About 87% of agency funding comes from government grants or programs.

# 2007 Expense Breakdown

More than \$785,000 was spent on client assistance and program supplies – including medical supplies and safer sex kits – a 12% increase from 2006.



# 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 Men's Health Outreach Specialists facilitate GetOut Portland and GetOut Ogunquit, which include discussion groups and social activities 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.
- 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 began the licensing process to provide syringe exchange services in York County to help reduce the risk of HIV transmission among IDU.

# Prevention Funding

---

Frannie Peabody Center receives prevention funds from the following sources:

- Maine CDC/US CDC
- Maine Health Access Foundation (MeHAF)
- Maine Community AIDS Partnership (MCAP) / Syringe Access Fund (SAF)

In 2007, prevention income accounted for 10% of agency income.

# Outreach

---

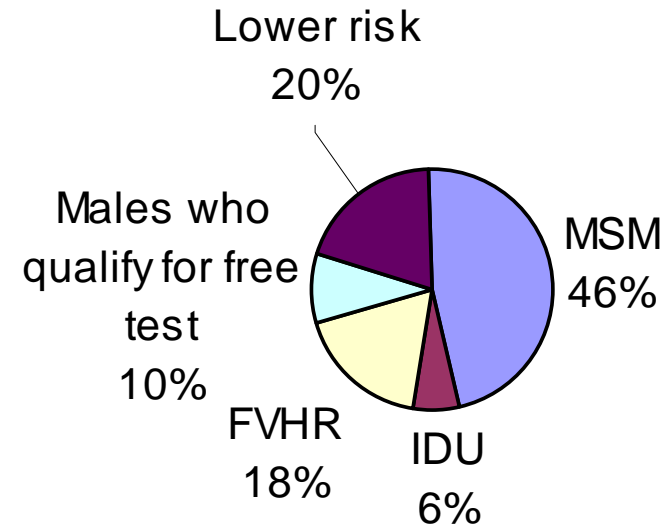
- Our prevention workers provided more than 850 hours of outreach to more than 9,000 high-risk individuals in Cumberland and York counties.
- Overall, it takes about 16 outreach contacts to get one individual to test.
- We provided outreach at Portland gay bars Blackstone's and Styxx; Ogunquit gay bars Maine Street, Front Porch, and Club Inside Out; Ogunquit beach; on Manhunt.net; at CAP Quality Care, Crossroads for Women, Deering Oaks Park, Discovery House, Maine Second Offender program, PRYSM, various Southern Maine Pride events, York Hospital's Cottage Program, Milestone Shelter, Preble Street Resource Center and Teen Center, York County Shelter; the Guy2Guy group in Brunswick; GetOut Portland; and GetOut Ogunquit.

# 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 578 people for HIV in 2007 – up 16% from 2006 and more individuals than any prior year.
- About 80% of all individuals tested were considered high enough risk to qualify for free testing.
- A total of five individuals tested positive.
- 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 and weekly walk-in hours have been established at our Portland and York offices.

## 2007 Tests by Risk Group



# 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 contracting STDs and 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.

- 64 case management clients received safer sex kits; 210 kits were distributed.
- 248 case management clients (up 12% from 2006) had one or more prevention contacts; clients accessed 146 hours of prevention counseling (up 60% from 2006).

# Prevention Outcomes

---

- 43 individuals reported that they had established a routine of getting tested by our program, up 43% from last year.
- 100% of 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.
- All individuals tested received individual risk-reduction counseling, including risk assessment and safer sex negotiation skills.

# 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.
- Our Maine CDC contract is monitored on a quarterly basis. If funds are not spent quickly enough – due to low test turnout for a quarter or a gap between one staff member leaving and a replacement being hired – the grant is reduced.

**1,130**

**Maine CDC reports that there are 1,130 people living with diagnosed HIV infection in the state.**

**Of those individuals, 51% accessed some form of case management in 2007.**

# PLWHA Served

---

- In 2007, we served 404 PLWHA statewide at a cost of about \$3,940 per person.
- 92 PLWHA only utilized housing assistance through FPC, accessing case management at one of the four other AIDS Service Organizations in the state.

# Racial and Ethnic Minorities

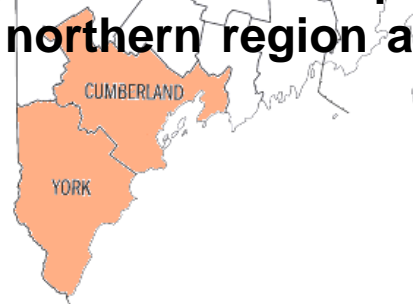
---

- 22% of PLWHA served were racial or ethnic minorities.
- Of these racial and ethnic minorities, only 63% were American-born.
- 21% of the minorities served have been immigrants or refugees from Africa. We have clients from the Republics of Burundi, Cape Verde, Congo, Kenya, Rwanda, and Sudan, as well as the Somali Republic and South Africa. Together, these clients speak at least 12 different languages in addition to English.
- Another 12% have been PLWHA from Puerto Rico, Mexico, Brazil, Nicaragua, Guatemala, or El Salvador. More than half of these clients speak only Spanish or Portuguese.

# 57%

**Frannie Peabody Center provided case management to 312 people living with HIV/AIDS in Cumberland and York counties in 2007, or 57% of people living with diagnosed infection in that region.**

**About 36% of people living with diagnosed HIV in the central region and 59% of people living with diagnosed HIV in the northern region accessed case management in 2007.**



# Case Management Services

---

We provide comprehensive client-centered care to improve quality of life, self-determination, and housing stability.

- In 2007, case managers spent more than 4,000 hours in direct contact with clients. 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 11% from 2006.
- 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 and eligibility requirements with financial assistance for medical and housing assistance. All other resources must be exhausted prior to application, and caps apply.
- Case managers facilitate time-limited support groups.

# Case Management Funding

---

Frannie Peabody Center receives case management funds from the following sources:

- City of Portland HCD-CDBG
- MaineCare
- Maine CDC/Ryan White Part B
- United Way of Greater Portland

In 2007, case management income accounted for 22% of agency income.

# Who We Serve

---

- Case managers served 312 unduplicated clients in 2007, up 17% from last year.
- There were 53 new intakes in 2007, up 6% from last year, and the highest number of intakes in a single year. An additional 22 individuals reinitiated services after being inactive for six months or more.
- 44 families were served in 2007, up 5% from last year.
- 83% of all clients served have mental health issues, substance use issues, or both.
- 82% of all clients qualify for MaineCare coverage.
- 42% of clients receive public or private disability as their primary source of income.
- 12% of all clients were diagnosed since January 1, 2006.
- 9% of all case management clients either do not speak English or speak it as a second language.
- 9% of clients are chronically homeless; an additional 18% of clients have some history of homelessness.
- 9% of clients have some history of domestic violence.
- 2% of clients are veterans of the U.S. armed forces.

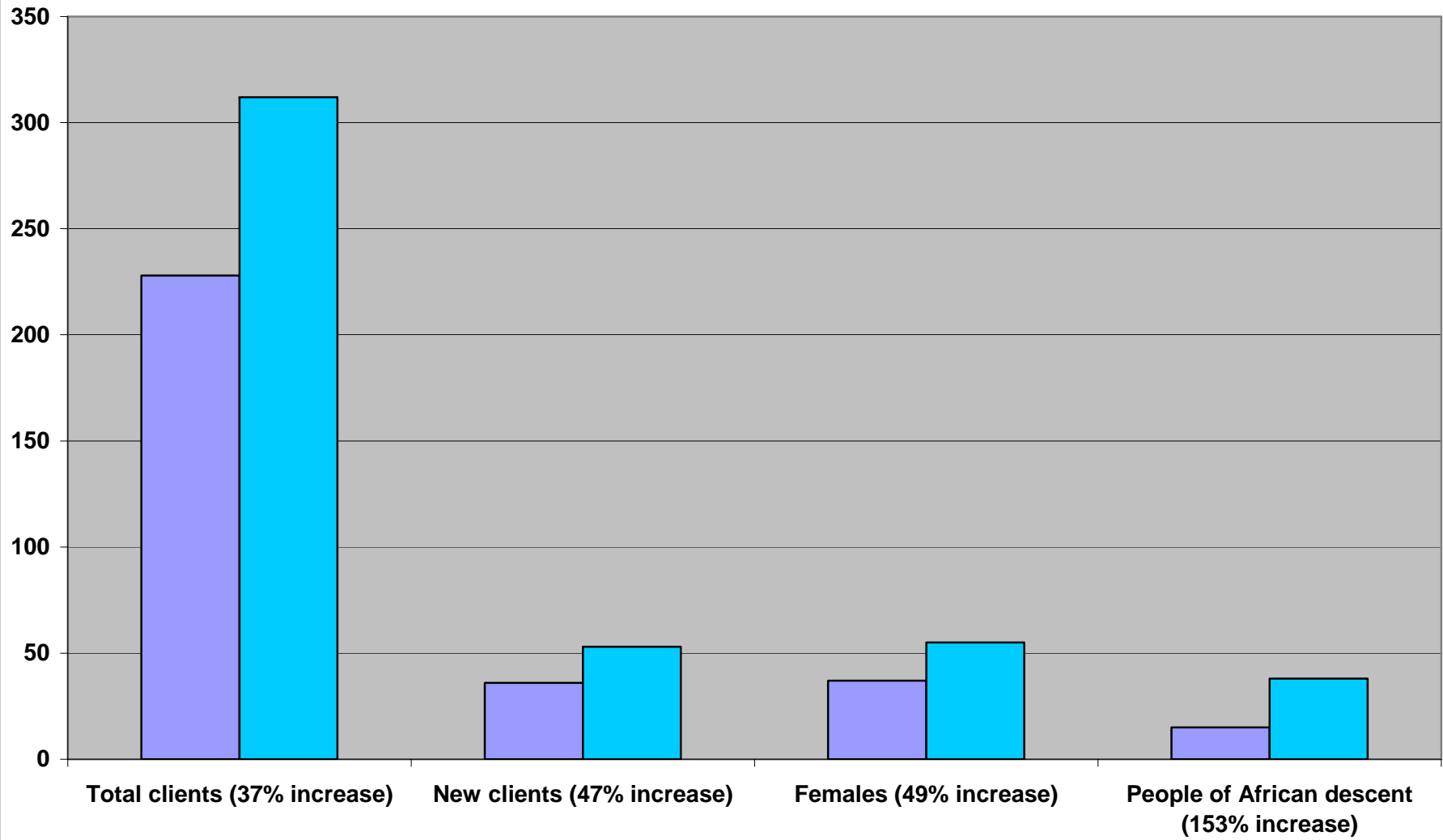
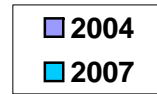
# Changing Demographic

---

**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.**

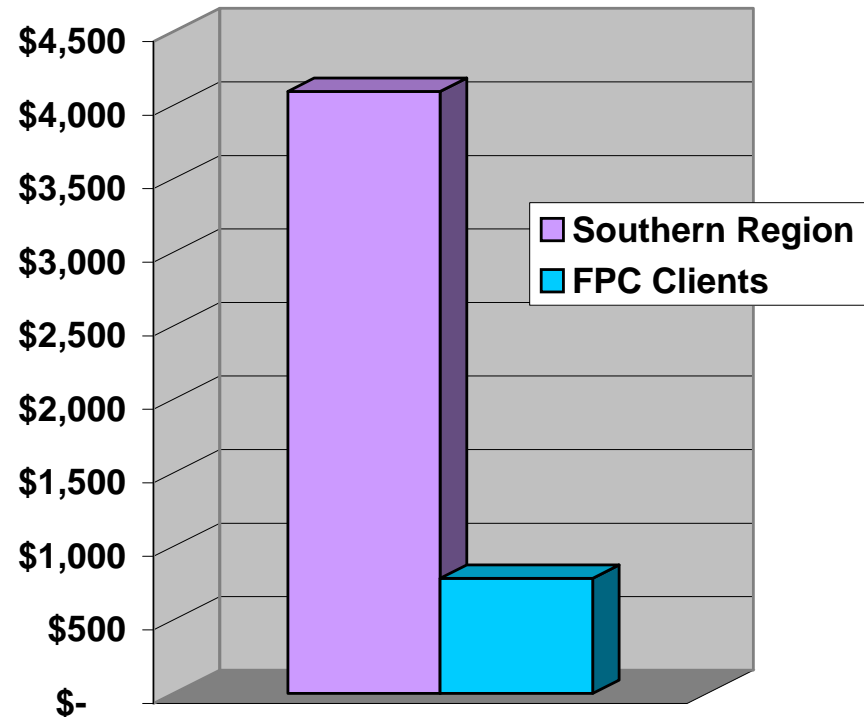
## Demographic Comparison



# The average income for our clients is \$783 per month.

- Of all the HIV case management providers in the state, FPC serves the greatest proportion of clients in the higher income levels.
- 56% of clients live on \$850 per month or less (versus 9% of all residents in Cumberland and York counties).
- 95% of clients live on \$1,430 per month or less.

Average Monthly Income



# Portland Residents

---

- 52% of clients served in 2007 lived in the City of Portland.
- 25% of families served in 2007 lived in Portland.
- The Portland Community Chamber reports that the city has a higher overall cost of living, higher tax burden, higher housing costs, and higher health care costs than comparable regions in the nation.
- 65% of Portland clients live at or below the Federal Poverty Level, which is about \$850 per month for a single person.

# Case Management Outcomes

---

- 83% of clients achieved 1 or more goals, at a rate of about 8 goals per client.
- 76% of all referrals made in 2007 resulted in successful linkage to care or services.
- All active clients who did not have medical care and/or insurance coverage at the end of 2006 currently have both medical care and insurance coverage.
- More than three-quarters of active clients who did not have permanent housing at the end of 2006 currently have stable, permanent housing.

**“My case manager is very caring and compassionate. He has connected me to services which would otherwise be unavailable. We have a comprehensive case plan that keeps me focused on that, which is important to me.”\***

---

**95% of clients who responded to a state satisfaction survey reported that the services they received helped them.**

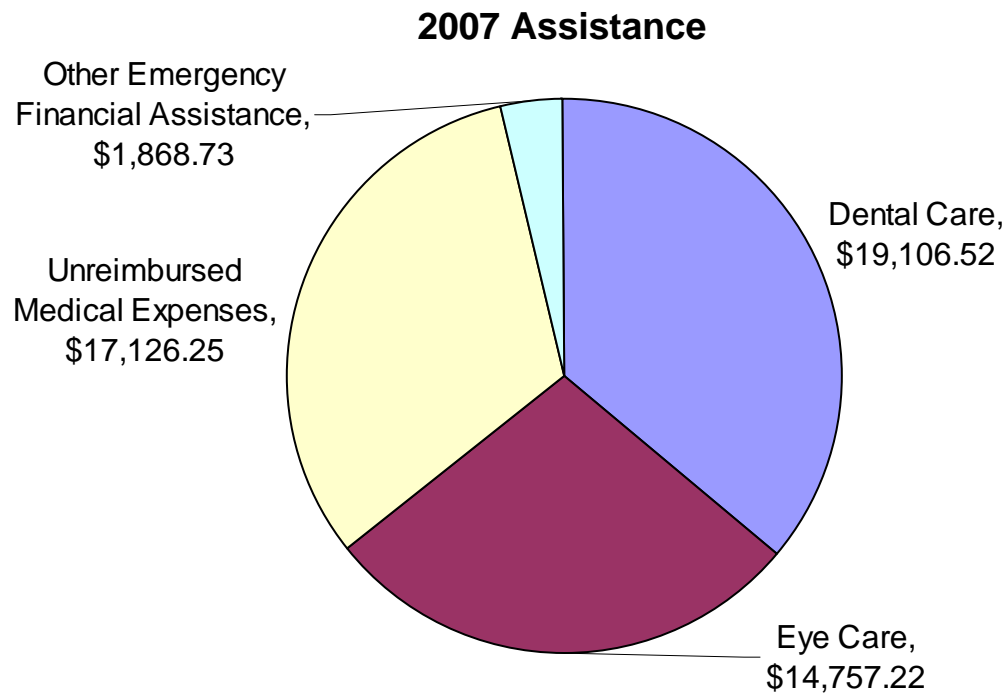
**“Everything from finding funding for my meds to helping when I was unemployed with rent, food, and electric. She is there when I need a shoulder to cry on, to being in the emergency room when I was ill.”\***

**“Get me answers and helps me get through the bureaucracy.”\***

\* From *HIV Case Management Client Satisfaction Surveys Issued July 2007* by Maine Center for Disease Control and Prevention.

# 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. Only 48% of those eligible accessed these funds in 2007. More than \$50,000 was disbursed, with an average of \$367 per client.



# Support Services

---

A total of 75 clients (24% of clients) participated in Support Services programs in 2007. These initiatives have been designed to help clients combat the isolation and stigma of HIV, to empower clients and give them a voice, and to help build community.

- 28 clients were successfully linked to a variety of social and cultural events through our Ticket Connection program. Tickets disbursed were valued at almost \$2,500.
- Several clients volunteered their time contributing to the monthly client newsletter, refurbishing donated computers for client use, maintaining resource lists, and providing administrative support.
- Six clients participated on the Southern Maine Client Advisory Board.
- 11 clients attended our Community Night gatherings.
- 267 holiday food vouchers were distributed to clients for the December holidays.

# Transportation

---

- Transportation is frequently listed in needs assessments, particularly among clients in more rural areas.
- In 2007, 311 bus tickets were distributed to clients who did not have MaineCare bus passes to access medical appointments.
- Case managers spent almost 166 hours transporting clients to appointments; 80 clients were transported.

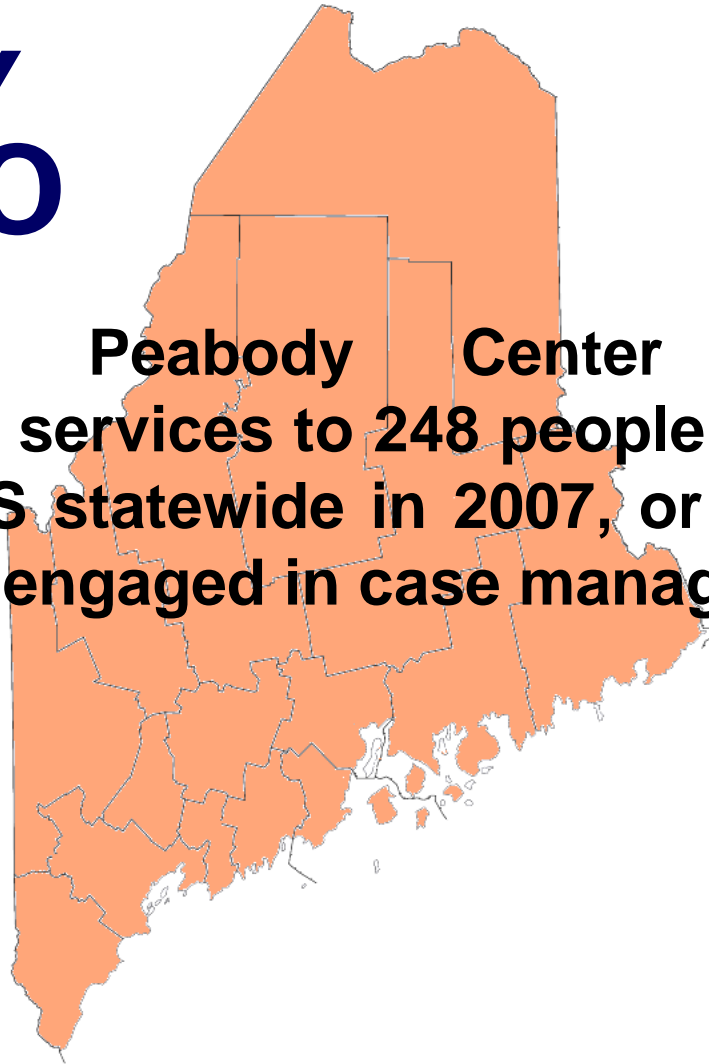
# Challenges

---

- 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 83% 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.
- Given high caseloads and narrowly focused funding, we are not able to provide as much outreach in rural communities, such as Bridgton.

# 43%

**Frannie Peabody Center provided housing services to 248 people living with HIV/AIDS statewide in 2007, or 43% of all PLWHA engaged in case management.**



# 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.

- 248 people living with HIV/AIDS statewide accessed some form of HAVEN support in 2007, up 15% from last year.

# HAVEN Funding

---

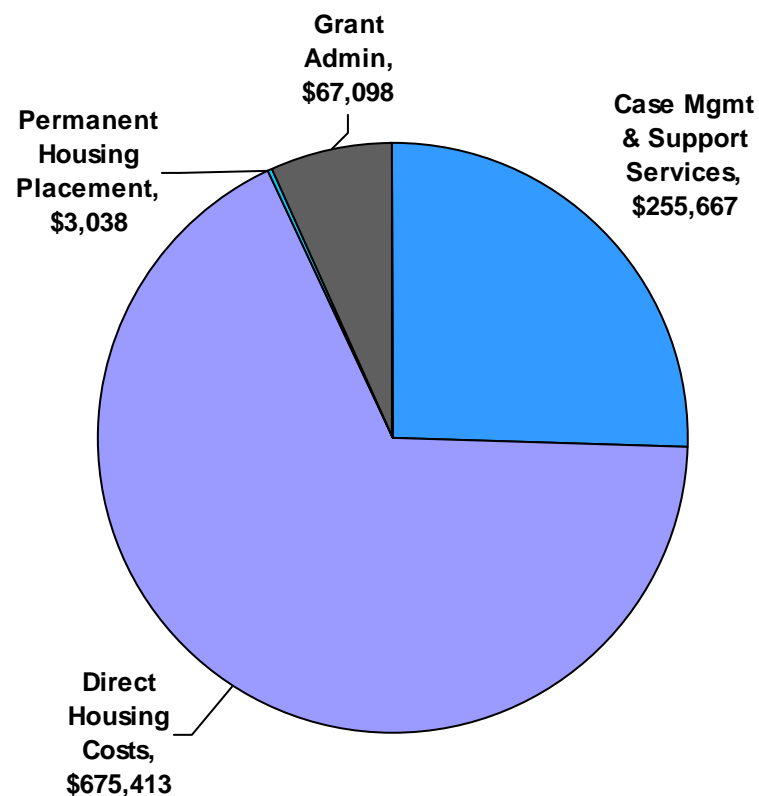
HUD established the HOPWA program in recognition of the unique housing needs of people living with HIV/AIDS and their families. Approximately 90% of HOPWA funds are allocated by formula to states and metropolitan areas with the highest number of cases and incidence of AIDS. The remaining 10% are awarded through competitive grants aimed at providing permanent supportive housing.

Frannie Peabody Center is the grantee for two competitive HOPWA grants (HAVEN I and HAVEN II). Frannie Peabody Center is the sponsor for the City of Portland's new competitive HOPWA grant (HAVEN III).

In 2007, HAVEN income accounted for 39% of agency income. HAVEN funds 4.5 FTE case managers, or about 45% of FPC's case management team.

# Use of HOPWA Funds

- \$1,001,215 in reimbursable costs expended from three grants in 2007.
- FPC only received \$28,024 to administer the three grants (additional admin funds go directly to our project sponsor).
- FPC incurred another \$51,425 in direct administrative and evaluation costs that are not reimbursable through HUD.



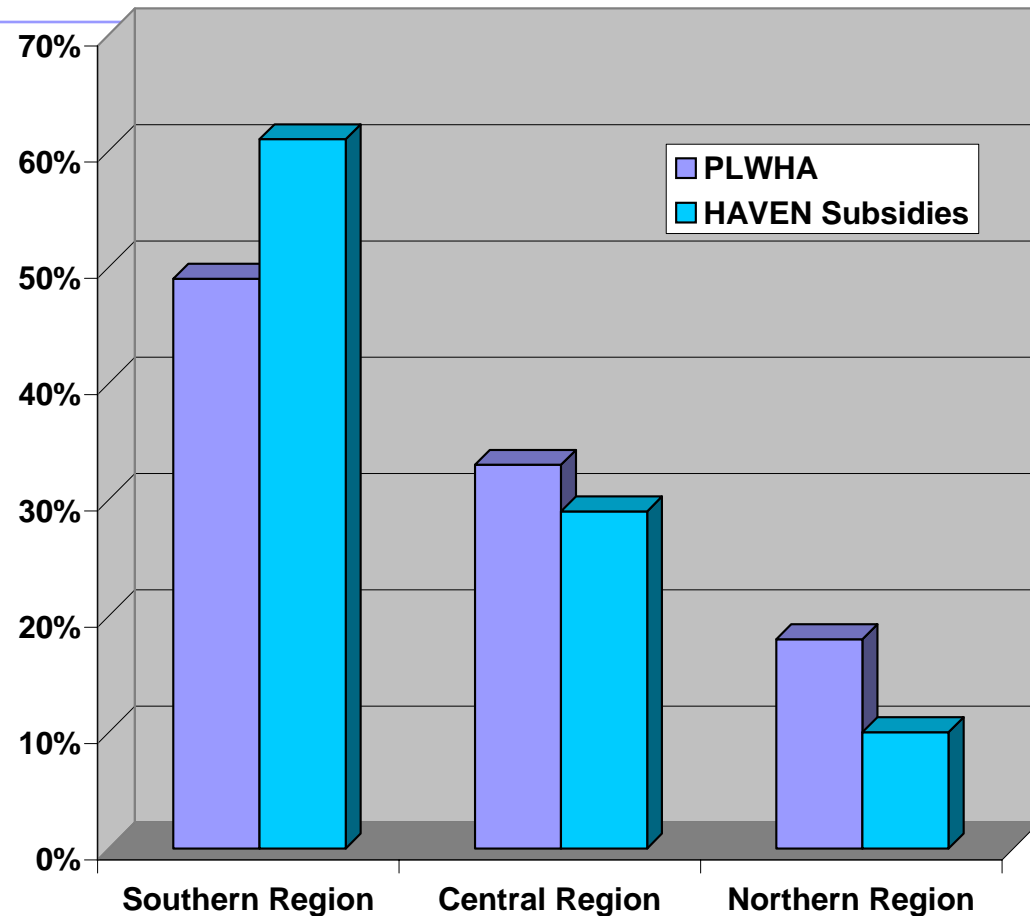
# Need for Rental Subsidies

---

- On average, Maine residents spend between 19% and 30% of their monthly income on housing costs.
- Our clients who do not have rental subsidies will spend nearly all of their income on rent.
- The average time to find housing after being awarded a subsidy is two months, with some clients needing as much as five months.
- Only 52% of subsidies awarded in 2007 were utilized. Many clients are not able to find suitable housing within fair market prices. Six clients who were awarded subsidies in 2007 but did not utilize them are currently back on the wait list.
- There are 61 people waiting for HAVEN subsidies statewide; some have been waiting almost two years.

A greater proportion of people living with HIV/AIDS in the southern region are subsidized through HAVEN than in the other two regions.

In 2007, the four Ryan White Part B providers in the central and northern regions granted about \$2,000 in Ryan White assistance for housing and/or utilities to their clients.



# Lack of housing is a significant problem in Bangor and Portland.

---

- Bangor's 2005-2009 Comprehensive Plan noted that 3,600 substandard units were occupied.
- 11% of the units were unfit for human habitation.
- In order to utilize a HAVEN subsidy, Bangor residents must find a unit that meets HUD's Housing Quality Standards and falls within Fair Market Rent (\$554 per month for a one-bedroom apartment).
- According to HUD, the fair market rent for a one-bedroom apartment in Portland is about \$757 per month.
- Less than half of the available apartments in Portland meet the fair market rent.

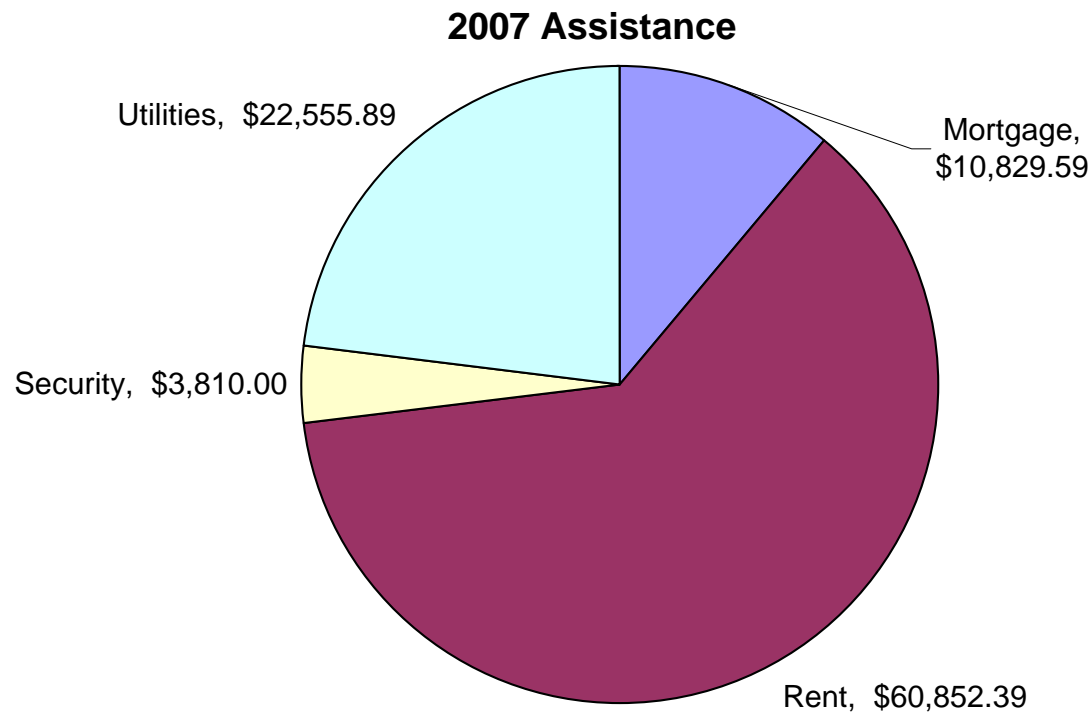
# A greater need for statewide assistance

---

- When the statewide grant was renewed in 2006, we were unable to ask for an increase in funding, which means we have been flat-funded for six years.
- Of the three HOPWA grants, the statewide grant had the least amount of dollars spent on subsidies in 2007.
- A greater amount of short-term assistance was awarded through the statewide grant; the increased demand required us to reduce the monetary cap for assistance.

# 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 \$98,000 in assistance was disbursed in 2007, with an average of \$720 per client.



# Incarceration

---

- 11% of clients served in 2007 have some history of incarceration.
- Housing authorities and some private landlords run criminal background checks before allowing clients onto wait lists or into housing. Some are denied housing based on their criminal history.
- Receiving stable housing in and of itself has a positive effect on risk behaviors and overall health for individuals with a criminal history.

# Homelessness

---

- HUD defines chronic homelessness as four or more episodes of homelessness in three years or a continuous year of homelessness.
- 8% of HAVEN recipients statewide fit the definition for chronic homelessness; an addition 17% of HAVEN recipients have some history of homelessness.
- The preliminary cost estimates for the Chicago Housing for Health Partnership (CHHP), which utilized randomized control groups, showed that about \$873,000 per year would be saved in hospital, nursing home, and emergency room costs by housing and providing intensive case management to homeless people with chronic illnesses.

# Housing Stability

---

- A sub-study of the CHHP program showed that stable housing and intensive case management had a positive impact on HIV disease progression, compared with individuals who received the usual social and community services available to them.
- Several other recent studies have shown that stable housing alone allows people living with HIV to improve access to care, adherence to medications, lowered viral loads, improved physical and mental health, reduced mortality, and reduced risk behaviors.
- The Greater Portland *Cost of Homelessness, Cost Analysis of Permanent Supportive Housing* issued in September compared residents one year prior to stable housing and one year following stable housing. The study found that health care costs were reduced 59%, emergency room costs were reduced 62%, general inpatient hospitalizations decreased by 77%, and prescription drug costs increased by 31%, suggesting that participants were able to access less expensive outpatient treatment due to their stabilized housing situation.

# HAVEN Outcomes

---

- 26 households reporting unstable housing situations at the beginning of the year were in stable housing situations by the end of the year.
- Five households facing eviction were able to maintain housing.
- Eight households burdened by increased heating costs were able to maintain their utilities.
- 23 households affected by health care costs or a dramatic change in health status were able to maintain stable housing.
- 51 households facing financial hardships due to a loss of or reduction in income were able to maintain stable housing.
- Overall, 91% of HAVEN clients were able to obtain or maintain stable, permanent housing as a result of assistance.

# New HOPWA Grant

---

HAVEN III began January 1, 2007. This grant serves PLWHA in the City of Portland, with a preference for racial or ethnic minorities, especially immigrants and refugees. This grant provides the following services:

- Tenant-based rental subsidies (TBRA)
- Translation services associated with HAVEN assistance
- Case Management (2 FTE outreach case managers)

In its first year, HAVEN III provided tenant-based rental assistance to 39 individuals and case management to 27 individuals.

# HAVEN III outcomes

---

- There was a 100% housing stability rate among subsidy recipients this year; 100% of these clients had a housing plan, had contact with a case manager, and had insurance during the year. Two individuals who had no source of income in the previous year obtained a source of income during the operating year.
- Of the clients receiving support services in the form of case management, 100% had medical care and a plan for housing. About 93% (25 clients) had insurance. Three clients who did not have a source of income in the previous year obtained a source of income during the operating year.

# Peabody House 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 2007.
- Two residents have been at Peabody House for three years and another has been at Peabody House for almost five years.
- Four residents participated in alternative therapies – including reiki, chiropractic care, and massage – based on their individualized service plans.
- Eight resident meetings were held in 2007, attended by five unduplicated residents.
- Residents received more than 300 hours of direct contact from the staff social worker.

# Peabody House Funding

---

Peabody House is licensed by Maine Department of Health and Human Services Office of Elder Services, which enables us to bill MaineCare for Private, Non-Medical Institution services to residents.

It is unclear how new MaineCare billing changes will affect Peabody House.

In 2007, Peabody House income accounted for 22% of agency income.

# Peabody House Outcomes

---

- 86% of all referrals made to residents in 2007 results in successful linkage to care or services.
- Residents were also successfully linked to alternative therapies, community activities, mental health counseling, medical care, health insurance, legal services, and outside social services.
- Reporting and documentation of medication errors has improved two-fold over last year.

“Peabody House successfully connects consumers to the care they need and provides a comfortable, supportive setting for its residents.”\*

---

- At a recent focus group for housing and residential needs, Peabody House residents expressed their satisfaction with the program and agreed that their needs are being met.
- Peabody House is Maine’s only assisted living facility for people with HIV/AIDS.

\* From *State of Maine AIDS Housing Needs and Resource Assessment: Report and Action Plan* prepared by AIDS Housing Corporation, Boston, MA.

# Challenges

---

- Peabody House is funded by a cost-reimbursement structure with inter-related caps for different categories of services. Many expenses are not reimbursed.
- Peabody House has needed several structural improvements. 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.

# York County

---

- Testing was up 34% in York County in 2007.
- There was a 22% increase in York County case management clients in 2007 compared to 2006.
- In 2007, we moved to a larger office space in York, which will accommodate HIV/STD testing, prevention education services, case management, and syringe exchange.
- FPC is a member of the Ogunquit Chamber of Commerce, Greater York Chamber of Commerce, and the Northern New England NAMES Project Quilt Committee.

# 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.
- 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, Merrymeeting AIDS Support Services, Milestone Shelter, Portland Public Health, Positive Health Care, Preble Street Resource Center and Teen Center, PRYSM, Shalom House, Styxx, University of New England – Westbrook campus, and Virology Treatment Center.
- The Peabody Center was voted best nonprofit by Best of Gay Portland for the second year in a row.

# Program Planning & Evaluation

---

The Program Planning and Evaluation 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.

“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