



FRANNIE PEABODY CENTER

comprehensive HIV & AIDS services



2009 Programs Report

History

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The AIDS Project (TAP), established in 1985 merged with Peabody House in 2003 to become Frannie Peabody Center. Frannie Peabody Center is Maine's oldest and largest AIDS service organization.

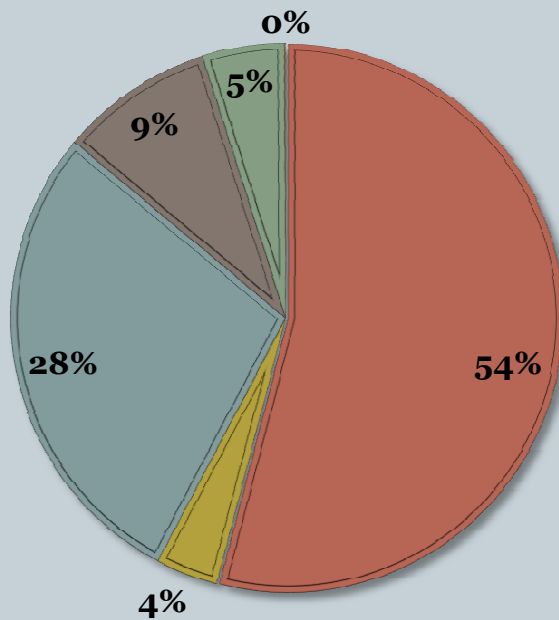
FPC is the largest community-based HIV services organization in Maine, serving more than half of all PLWHA who are engaged in case management. Our programs receive funding from a variety of sources, including: Part B of the Ryan White Treatment Modernization Act, the US Centers for Disease Control & 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, Broadway Cares/Equity Fights AIDS, Maine Community AIDS Partnership, and other foundations. FPC is a United Way of Greater Portland member agency.

Funding

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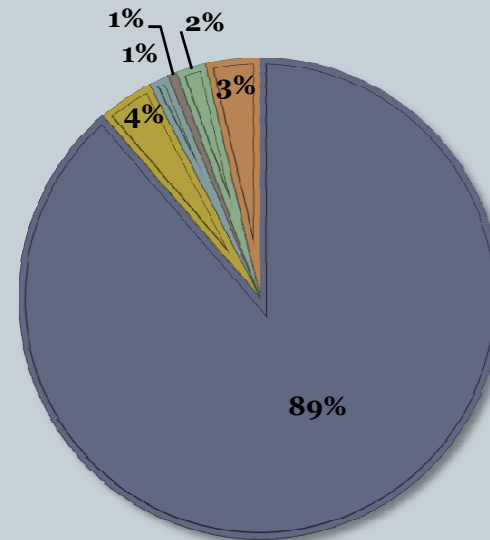
Income by Department

- Housing
- Case Management
- Development
- Peabody House
- Prevention
- Miscellaneous



% of Funding by Source

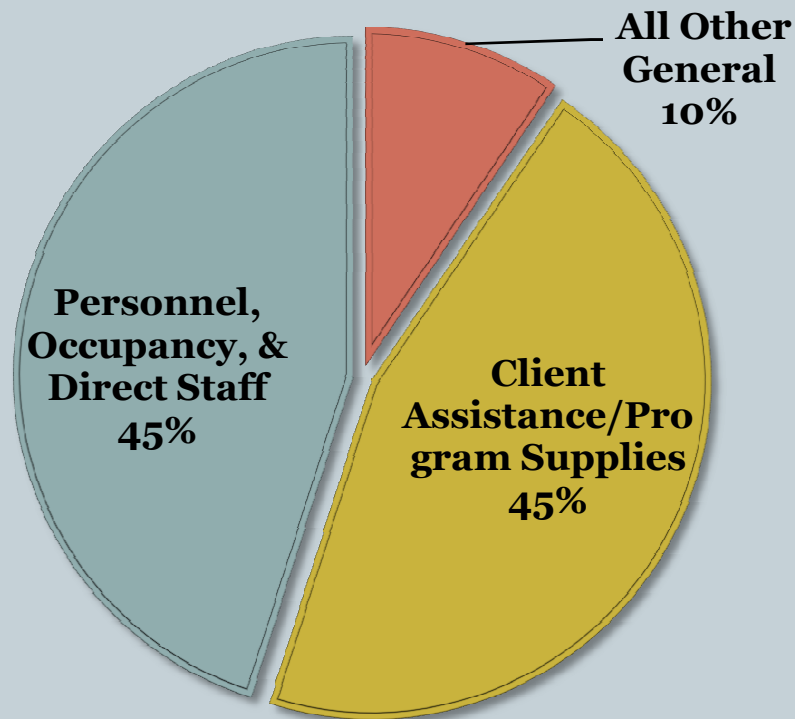
- Government funding
- Private foundations
- Individual donors
- Program Income
- Events
- Other fundraising & Misc. Income



2009 Expense Breakdown

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More than **\$1.1 million** was spent on client assistance and program supplies – including medical supplies and safer sex kits.



2009 FPC Services

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- Case managers have served 350 unduplicated clients in Cumberland and York Counties
- Prevention staff have performed 612 rapid, oral HIV antibody tests on high-risk individuals.
 - Outreach efforts have resulted in 16,054 prevention contacts
- The HAVEN program has served the housing needs of 281 unduplicated clients.
 - Tenant-Based Rental Assistance (TBRA) provided to 243 clients statewide

Prevention Services

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

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).

- Our prevention workers provided more than 1,100 hours of outreach to 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 Matthews Bar; Ogunquit beach; on Manhunt.net; at CAP Quality Care, Crossroads for Women, International Latino Soccer Tournament, Bayside Health Fair, 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, GO Portland, GO Ogunquit and GO Saco

GO Men's Groups

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- For over two years, GO Portland and GO Ogunquit have provided an opportunity for gay and bisexual men to meet in a relaxed and supportive environment in order to socialize and discuss sexual behavior and risk to build a community that supports safer sex practices and overall health. GO Saco has successfully provided similar opportunities for the past year.
- The GO groups utilize elements of the Diffusion of Effective Behavioral Interventions (DEBI) project, “MPOWERment” as well as the Popular Opinion Leader (POL) model.
- A core group of members provide guidance on discussion topics and activities, which helps develop a sense of community.
- Group leaders have participated in the planning and facilitation, overseen website design, maintenance, and listserv functions, and perform regular outreach to recruit new members.
- The GO Portland, GO Saco & GO Ogunquit web sites include a calendar of activities and links to each others' sites as well as relevant men's health web sites.
- Testing opportunities for GO Saco members are provided on a regular basis throughout the year.

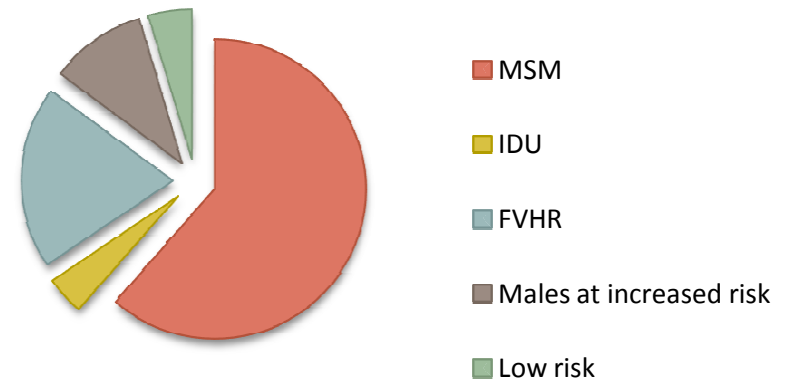
HIV Antibody Testing

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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 612 people for HIV in 2009.
- About 95% of all individuals tested were considered high enough risk to qualify for free testing.
- Four 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.

2009 Tests by Risk Group

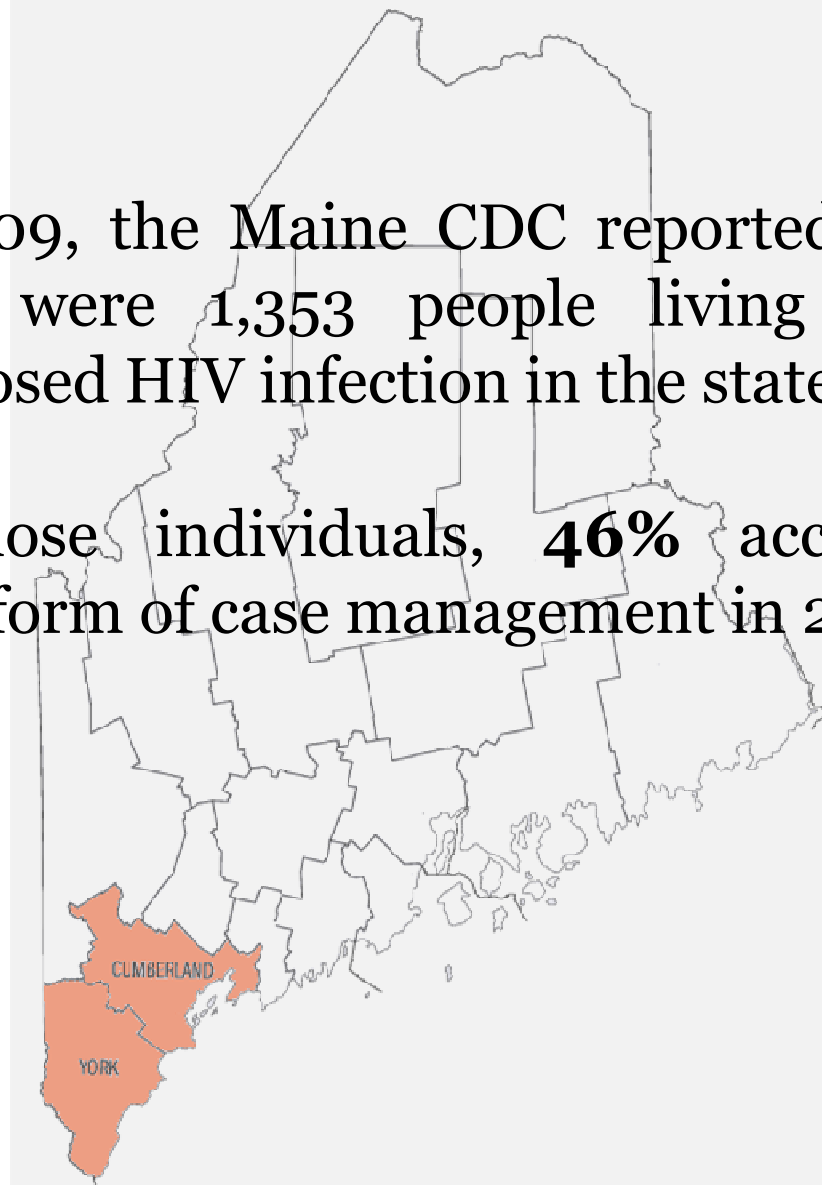


50%

FPC provided case management to 350 people living with HIV/AIDS in Cumberland and York counties in 2009, or 50% of people living with diagnosed infection in that region.

In 2009, the Maine CDC reported that there were 1,353 people living with diagnosed HIV infection in the state.

Of those individuals, **46%** accessed some form of case management in 2009.



PLWHA Served

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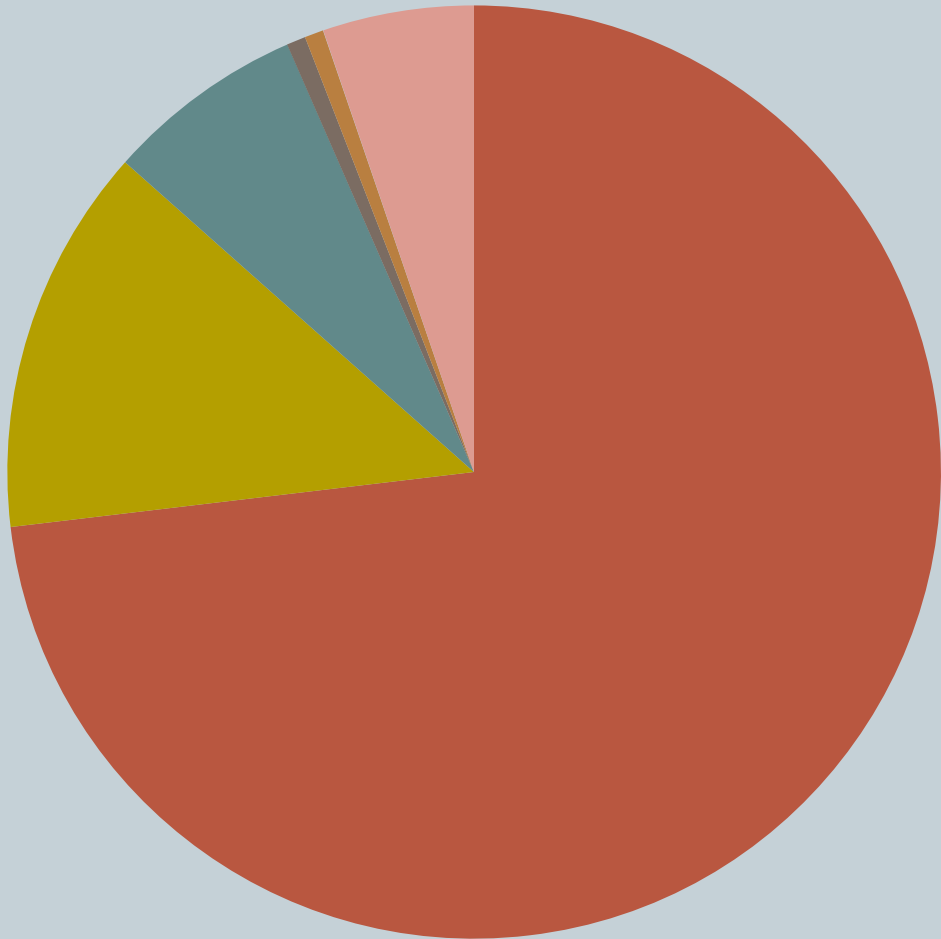
- In 2009, we served 462 PLWHA statewide at a cost of about \$5,714 per person.
- 100 PLWHA only utilized housing assistance through FPC, accessing case management at one of the four other AIDS Service Organizations in the state.

Racial and Ethnic Minorities

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- Although racial and ethnic minorities make up approximately only 9% of the population, 23% of FPC's clients are racial or ethnic minorities; a disproportionate percentage.
- Of these racial and ethnic minorities, only 52% were U.S.-born. FPC serves clients from 20 countries; speaking more than 15 different languages.
- 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 10% have been PLWHA from Brazil, Chile, Cuba, Guatemala, Mexico, Nicaragua, Puerto Rico, or Vietnam. Half of these clients speak only Spanish or Portuguese.
- FPC works with a number of local translation agencies to acquire interpretation services for clients who do not speak English.

Race/Ethnicity



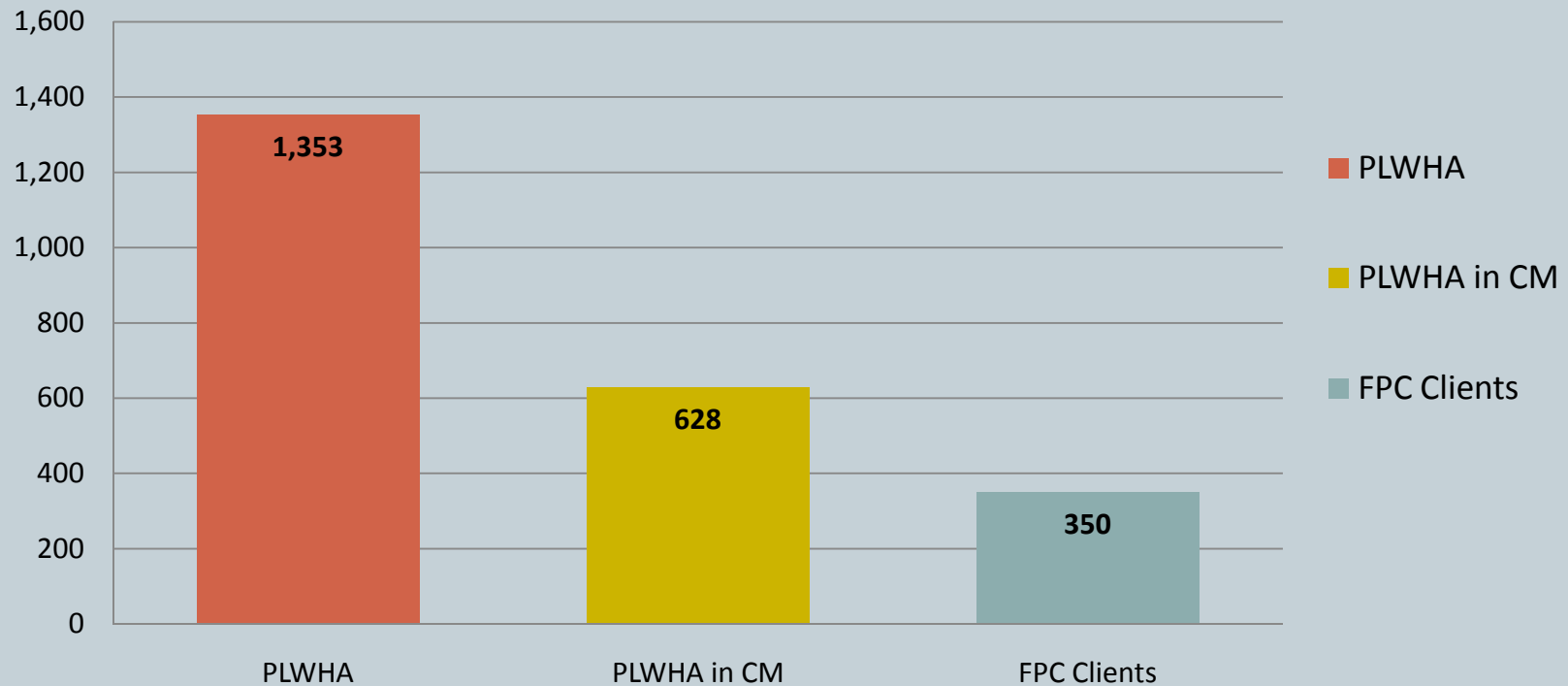
- White
- Black
- Hispanic
- Asian
- Native Hawaiian/ Pacific Is.
- Am. Indian/ Alaskan Native
- More than one race

There are 1,316,456 people living in Maine.
36% of Maine's population lives in Southern Maine.

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FPC serves 55% of all PLWHA engaged in case management

Population



2009 Year-end Data

Case Management Services

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

- In 2009, case managers spent more than 7,600 hours in direct contact with clients. This does not include any administrative time.
- 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.

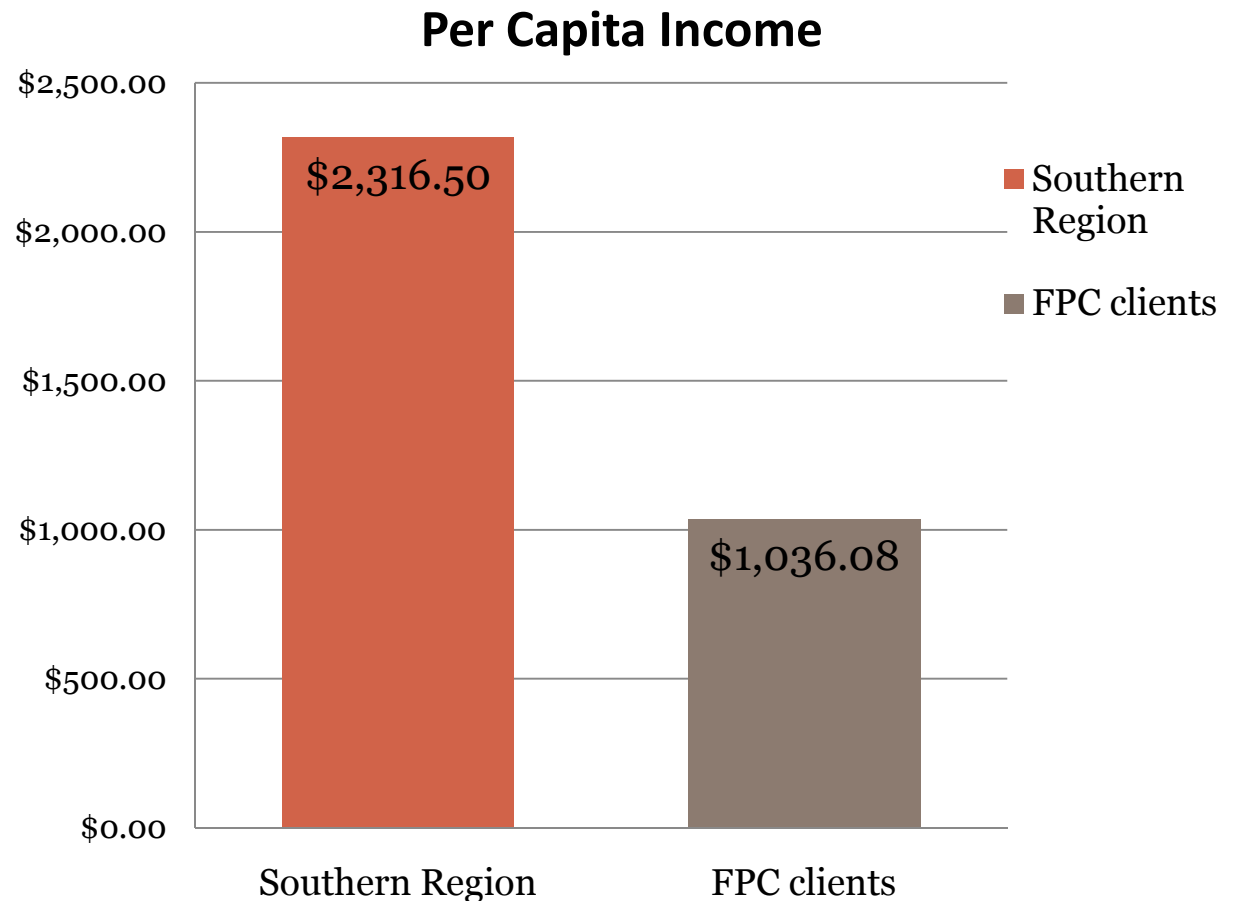
Who We Served in 2009

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- Case managers served 350 unduplicated clients in 2009, up from last year.
- There were 41 new intakes in 2009. An additional 22 individuals reinitiated services after being inactive for six months or more.
- 47 families were served in 2009, up 6% from last year.
- 85% of all clients served have mental health issues, substance use issues, or both.
- 93% of all clients qualify for MaineCare coverage.
- 32% of clients receive public or private disability as their primary source of income.
- 21% (73) 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.
- 15% of clients are chronically homeless; an additional 25% of clients have some history of homelessness.
- 19% of clients have some history of domestic violence.
- 7% of clients are veterans of the U.S. armed forces.
- 11 clients have died in 2009

57% of clients live on \$850 per month or less.

75% of clients live on \$1,500 per month or less.

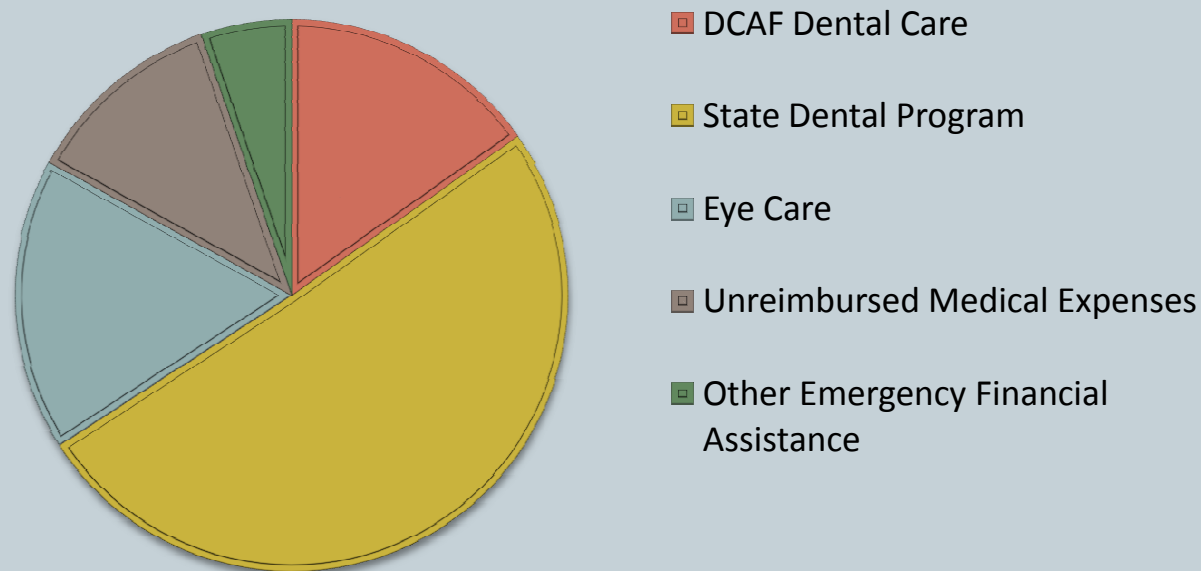


The average income for our clients is \$783 per month

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 202 clients (59% of those eligible) accessed these funds in 2008. More than \$70,000 was disbursed, with an average of \$400 per client.

2009 Assistance



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

“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.”*

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

“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.”*

Support Services

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A total of 134 clients (38% of clients) participated in Support Services programs in 2009. 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.

- 21 clients were successfully linked to a variety of social and cultural events through our Ticket Connection program. Tickets disbursed were valued at approximately \$5,000.
- Several clients volunteered their time contributing to the monthly client newsletter, refurbishing donated computers for client use, maintaining resource lists, assisting at fundraisers and providing administrative support.
- Ten clients participated on the Southern Maine Client Advisory Board.
- 18 clients attended our Community Night gatherings.
- Food boxes were distributed to clients, monthly, through the voluntary nutrition program.

Support Services

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FPC Client Services offers the following client groups and programs:

- ❖ Angel Food Program
- ❖ Life Skills Counseling
- ❖ Client Newsletter
- ❖ GO Men's Groups
 - ❖ Volleyball
 - ❖ Book Club
 - ❖ Coffee/Dinner Discussion Group
- ❖ Women's Groups
- ❖ Client Advisory Board
- ❖ Holiday Parties

Support Services

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Nutrition/Food Program

Through surveying clients, FPC found that the greatest need among clients was food, transportation and dental care.

In 2009, FPC began implementing a food and nutrition program with Angel Food Ministries, providing food boxes to clients.

- Food orders are placed monthly, with food selections changing monthly
- About half FPC clients are involved in the Angel Food program

Transportation

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- Transportation is frequently listed in needs assessments, particularly among clients in more rural areas.
- In 2009, 321 bus tickets were distributed to clients who did not have MaineCare bus passes to access medical appointments.

Frannie Peabody Center provided housing services to 281 people living with HIV/AIDS statewide in 2009, or 42% of all PLWHA engaged in case management



42%

HAVEN Program

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**281 PEOPLE LIVING WITH HIV/AIDS
STATEWIDE ACCESSED SOME FORM OF
HAVEN HOUSING SUPPORT IN 2009**

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.

HAVEN Funding

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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 HOPWA grant (HAVEN III).

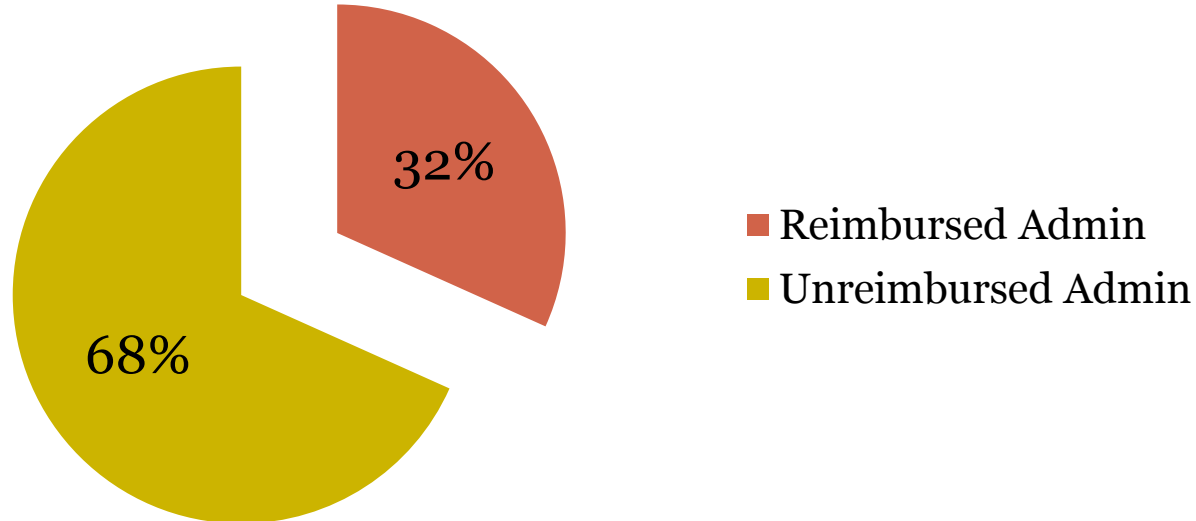
All three of the HAVEN grants were recently renewed at \$1.3 million for HAVEN I, \$1 million for HAVEN II, and \$1.4 million for HAVEN III.

In 2009, HAVEN income accounted for 54% of agency income. HAVEN funds 3 FTE case managers, or about 27% of FPC's case management team.

Funding Gaps

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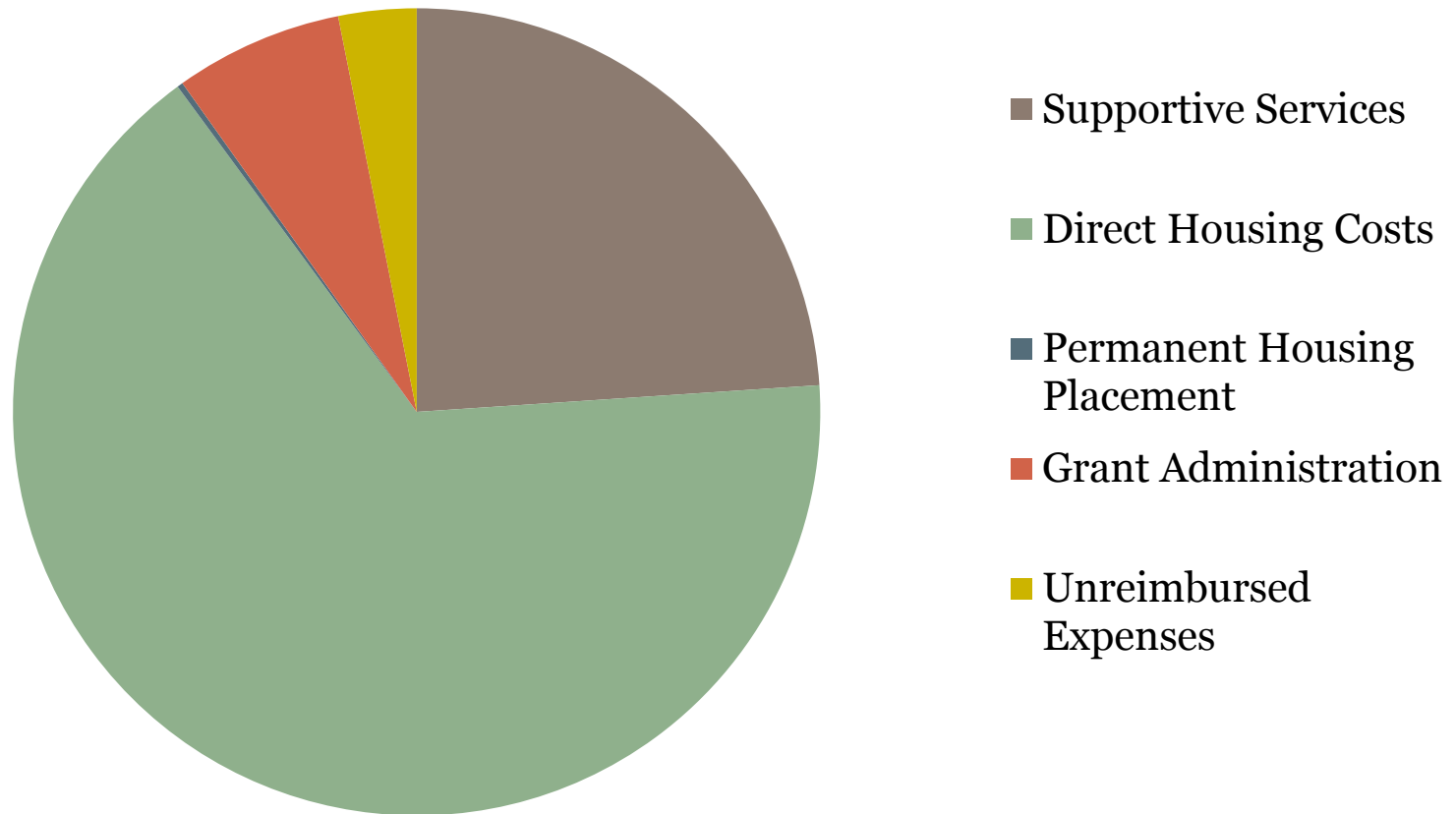
- FPC only received \$29,296 to administer the three grants (additional admin funds go directly to our project sponsor).
- FPC incurred another \$63,090 in direct administrative and evaluation costs that are not reimbursable through HUD.



Funding Gaps

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- \$1,083,294 in reimbursable costs were expended from three grants in 2009.



Need for Rental Subsidies

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- On average, Maine residents spend between 25% and 50% of their monthly income on housing costs.
 - In 2008, 57% of Mainers were unable to afford the average 2-bedroom rent
- 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 four months.
- Many clients are not able to find suitable housing within fair market prices.
- At year end, there were 42 people waiting for HAVEN subsidies statewide; the longest wait was 15 months.
 - Average wait list time for Maine State Housing Authorities is likely to be around 2 to 3 years.

Lack of housing is a significant problem in Bangor and Portland

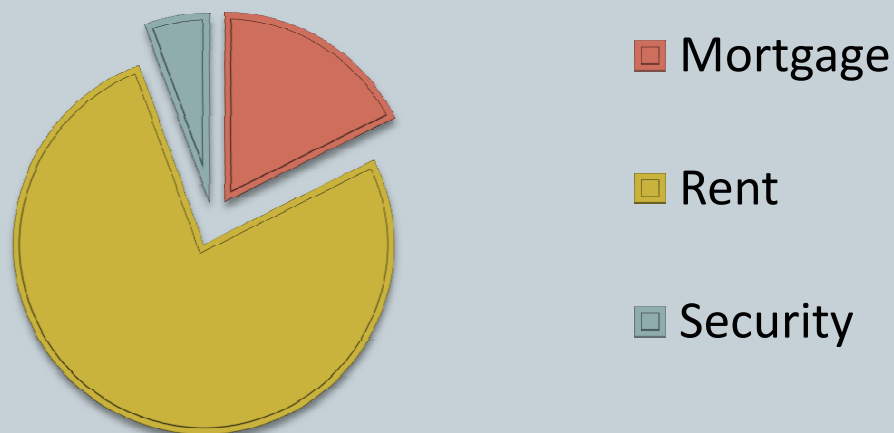
- Bangor's 2005-2009 Comprehensive Plan noted that 3,600 substandard units were occupied.
- 11% of the units were unfit for human habitation.
- In order to utilize a HAVEN subsidy, Bangor residents must find a unit that meets HUD's Housing Quality Standards and falls within Fair Market Rent (\$554 per 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.

HAVEN Short-term Assistance

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HAVEN provides short-term assistance with mortgage, rent, and utility payments to low-income people living with HIV/AIDS throughout Maine.

2008 Assistance



More than \$77,000 in assistance was disbursed in 2008, with an average of \$1,390 per client.

Incarceration

20%

of clients served
in 2008 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, Housing & Health Outcomes

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- The National AIDS Housing Coalition has found that, compared to stably housed PLWHA, homeless persons experience worse overall physical and mental health, are more likely to be hospitalized and use emergency rooms, have lower CD4 counts and higher viral loads, and are less likely to receive and adhere to antiretroviral therapy.
- A random control trial of supportive housing for chronically ill homeless persons showed that PLWHA who received a housing placement were twice as likely at 12 months to have an undetectable viral load as those who did not receive housing.

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 May 2009 compared residents one year prior to stable housing and one year following stable housing. The study found that health care costs were reduced 62%; emergency room costs were reduced 17%, mental health costs were reduced by 57%, and general inpatient hospitalizations decreased by 20%, suggesting that participants were able to access less expensive outpatient treatment due to their stabilized housing situation.

HAVEN Outcomes

34

- 14% of HAVEN recipients statewide fit the definition for chronic homelessness; an additional 21% of HAVEN recipients have some history of homelessness.
- There was a 94.5% housing stability rate among HAVEN clients. Through use of HAVEN assistance, these households were able to obtain or maintain stable, permanent housing as a result of assistance.
 - Prior to accessing HAVEN assistance: 42 households were in unstable housing; 6 households were facing eviction, 19 households were burdened by increased heating costs, 27 households were affected by health care costs or a dramatic change in health and 12 households had experienced a loss of or reduction in income.
 - 100% of these clients had medical care, a housing plan & had contact with a case manager; 98% had insurance during the year; Twenty-six individuals who had no source of income in the previous year obtained a source of income during the operating year.

Greater Portland Collaborations

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- FPC is acting as project sponsor for the City of Portland's HOPWA housing grant targeting racial and ethnic minorities living with HIV/AIDS in the city.
- FPC employs a full-time case manager who is 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
- 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.
- In 2008, Equality Maine awarded Frannie Peabody Center with the Cameron Duncan award, recognizing accomplishment, commitment and service to the community living with HIV-AIDS.

Strategic Planning

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A strategic planning process has been underway at Frannie Peabody Center for the last year.

After conducting interviews with the community, service providers and clients, as well as holding planning sessions with the board of directors and staff we have created a set of agency goals and redeveloped the mission statement.

The strategic plan has allowed for the restructuring of departments and streamlining of services to become more effective and efficient.

Program Planning & Evaluation

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FPC's Program Evaluator is responsible for quality improvement planning, monitoring and assessment; data collection and management; outcomes evaluation and reporting; programmatic compliance and program policy development. The Program Evaluator 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