



FRANNIE PEABODY CENTER
comprehensive HIV & AIDS services

2008 Programs Report

Overview

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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, and rental subsidies 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, Broadway Cares/Equity Fights AIDS, Maine Community AIDS Partnership, and other foundations. FPC is a United Way of Greater Portland member agency.

Funding

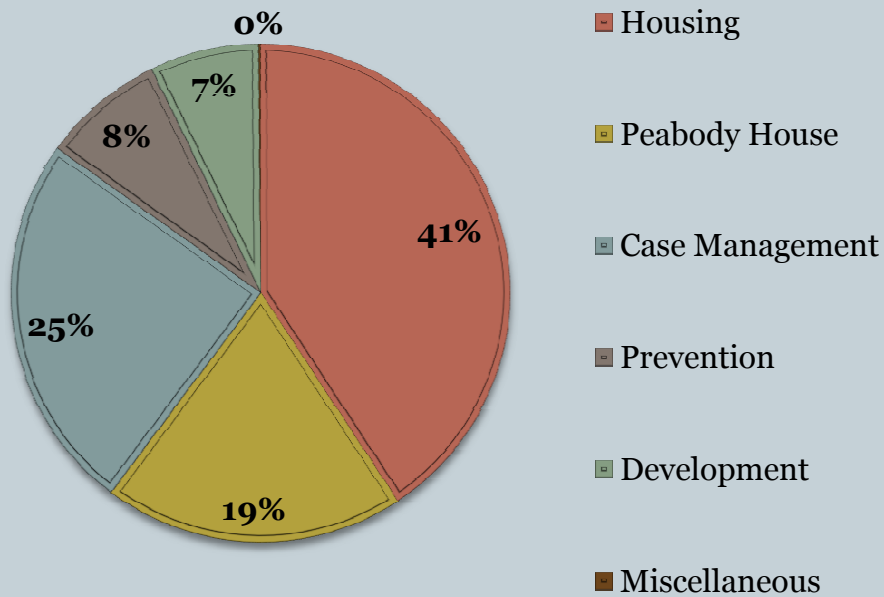
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- Frannie Peabody Center has an annual operating budget of about \$2.7 million (up 11.6% from 2007).
- We have 27 full-time employees and 4 part-time employees.
- About 89% of agency funding comes from government grants or programs.

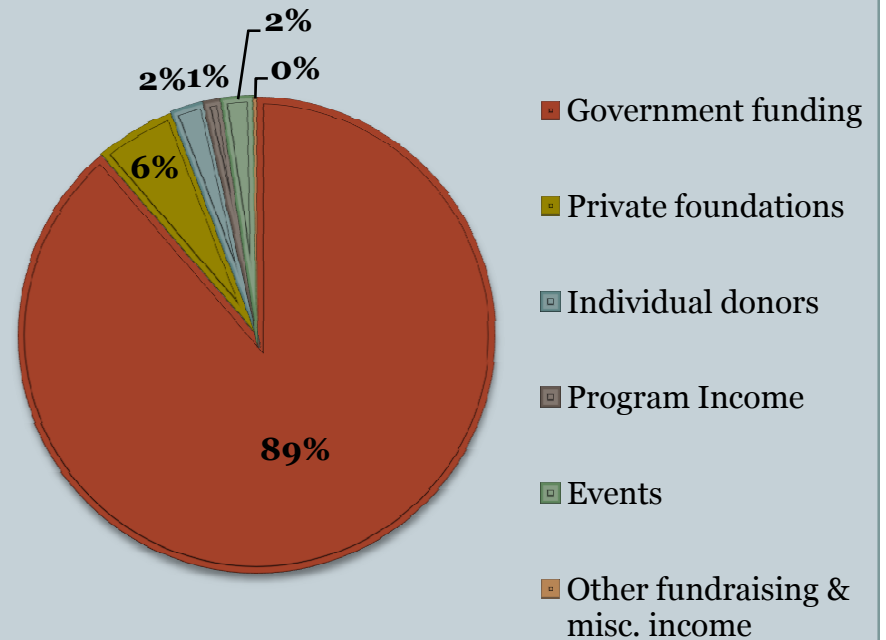
Funding

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Income by Department



% of Funding by Source

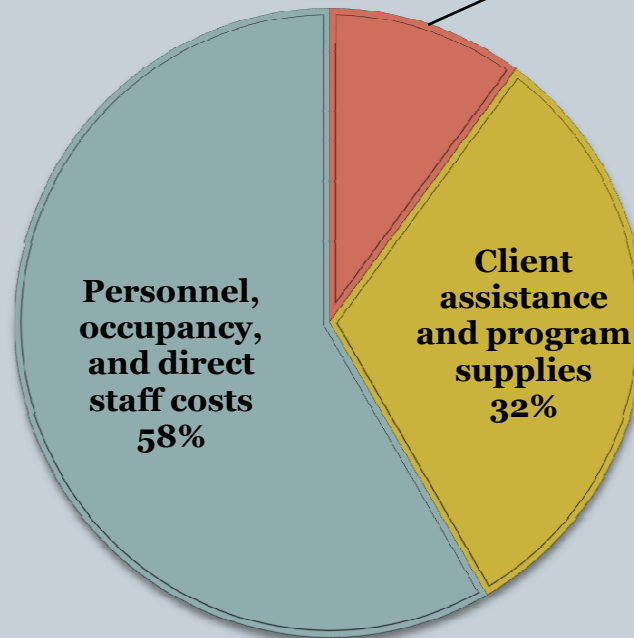


2008 Expense Breakdown

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More than **\$786,000** was spent on client assistance and program supplies – including medical supplies and safer sex kits.

% of Expenses by Type All other expenses
10%



Prevention Services

6

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).
- 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 Specialist facilitate GetOut Portland, GetOut Ogunquit, and GetOut Saco 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.

Prevention Funding

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Frannie Peabody Center receives prevention funds from the following sources:

- Maine CDC/US CDC
- Maine Community AIDS Partnership (MCAP)/National AIDS Fund (NAF)

In 2008, prevention income accounted for 8% of agency income.

Outreach

8

- Our prevention workers provided more than 800 hours of outreach to more than 8,500 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; GetOut Portland; and GetOut Ogunquit.

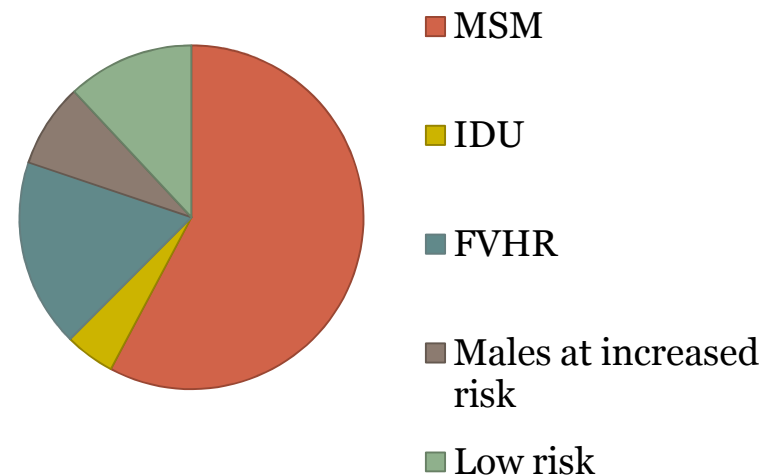
HIV Antibody Testing

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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 469 people for HIV in 2008.
- About 88% of all individuals tested were considered high enough risk to qualify for free testing.
- One individual 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.

2008 Tests by Risk Group



Secondary Prevention

10

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.

- 32 case management clients received safer sex kits; 118 kits were distributed.
- 251 case management clients had one or more prevention contacts; clients accessed 215 hours of prevention counseling (up 47% from 2007).

Challenges

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- We have found significant barriers to the implementation of our York County Needle Exchange Project. We seek to reduce stigma and barriers to allow safe, easy access to public health services 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.

1,174

Maine CDC reports that there are 1,174 people living with diagnosed HIV infection in the state.

Of those individuals, 53% accessed some form of case management in 2008.

PLWHA Served

13

- In 2008, we served 417 PLWHA statewide at a cost of about \$4,063 per person.
- 97 PLWHA only utilized housing assistance through FPC, accessing case management at one of the four other AIDS Service Organizations in the state.

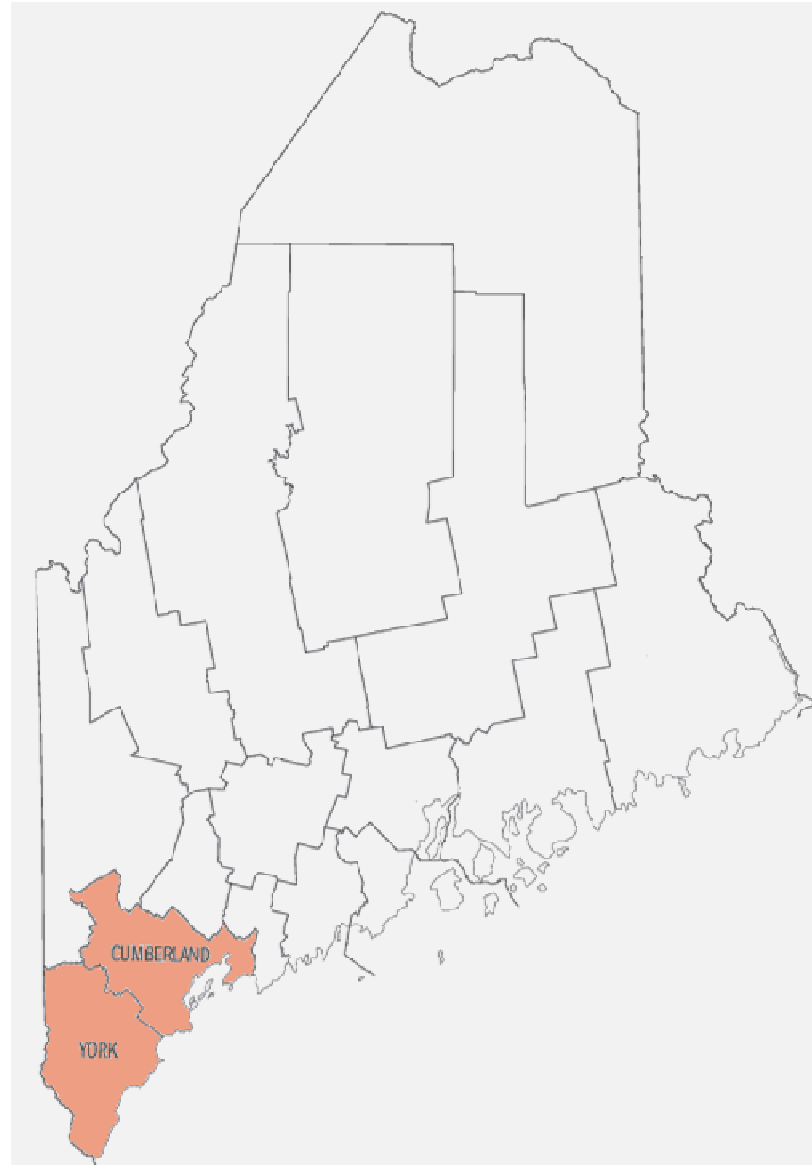
Racial and Ethnic Minorities

14

- 23% of PLWHA served were racial or ethnic minorities.
- Of these racial and ethnic minorities, only 52% were U.S.-born.
- 23% 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.

57%

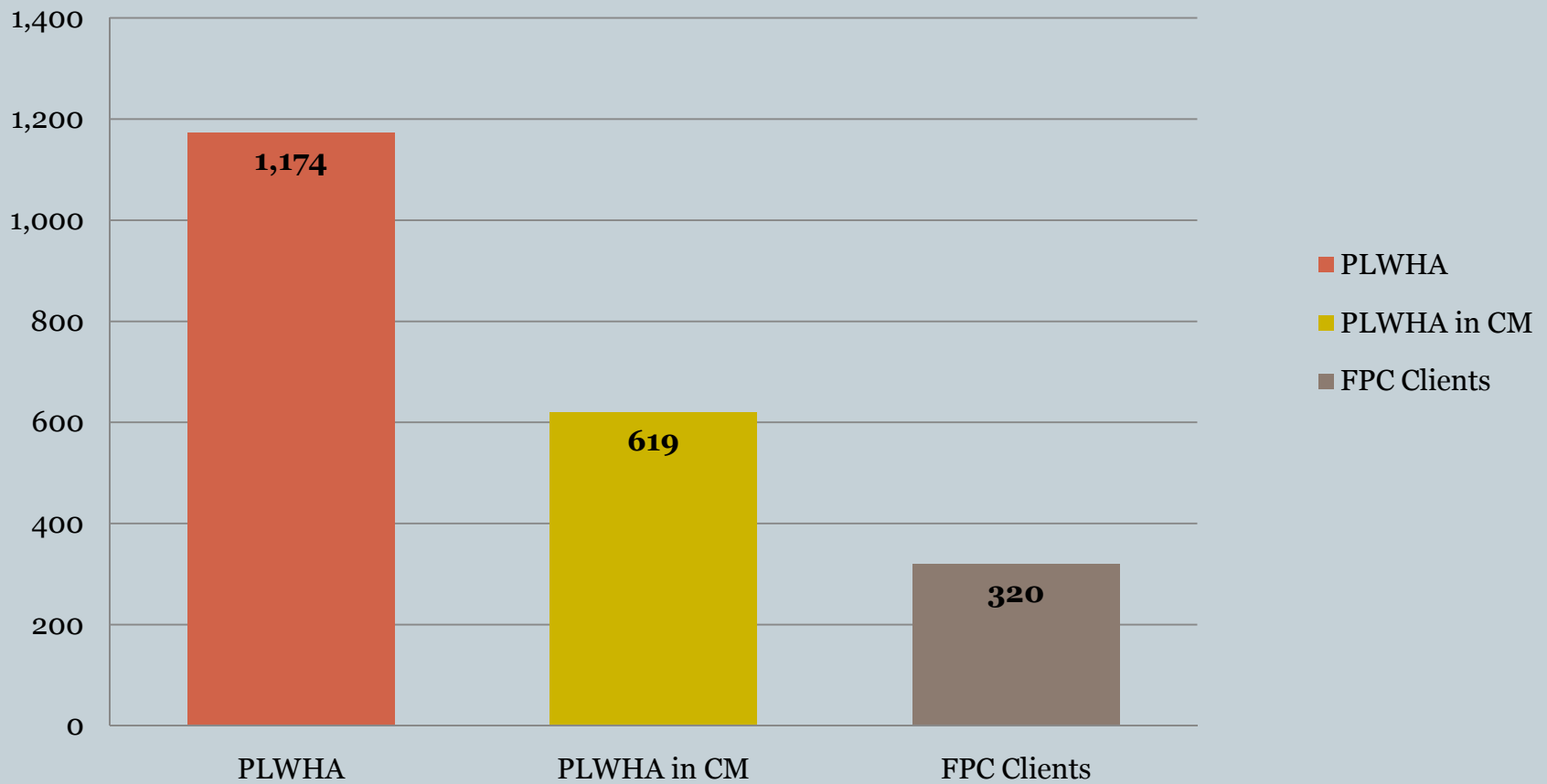
Frannie Peabody Center provided case management to 320 people living with HIV/AIDS in Cumberland and York counties in 2008, or 57% of people living with diagnosed infection in that region.



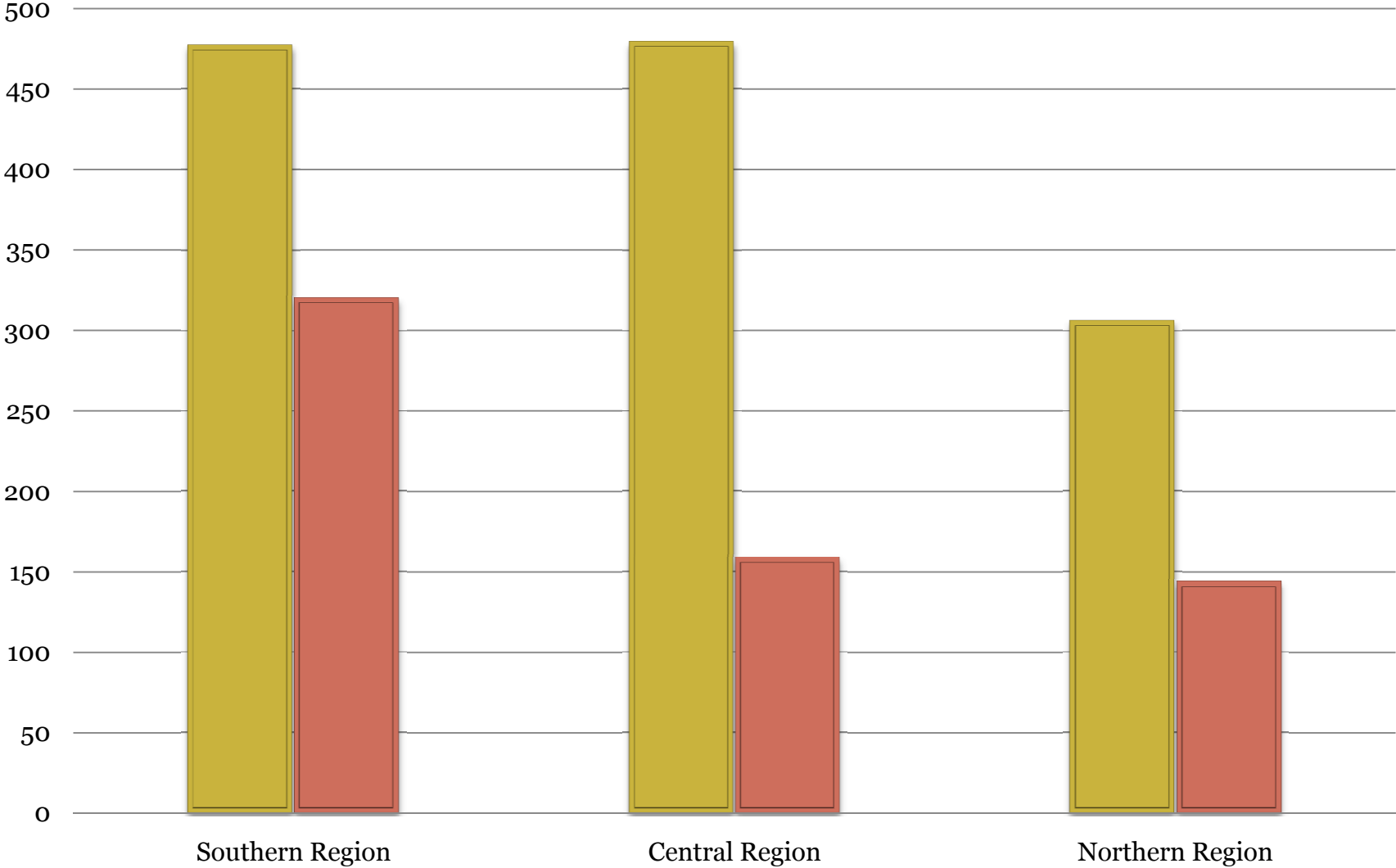
There are 1,316,456 people living in Maine
There are 477,733 people living in Cumberland & York counties

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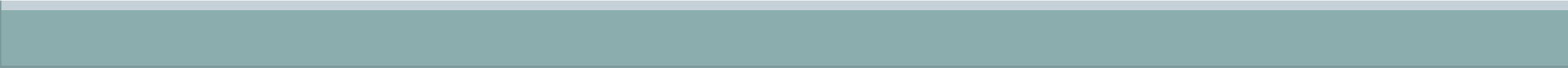
Population



Population by Region



■ Population (in thousands) ■ People in HIV CM



Case Management Services

18

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

- In 2008, case managers spent more than 4,500 hours in direct contact with clients. This does not include any administrative time.
- 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

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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 2008, case management income accounted for 25% of agency income.

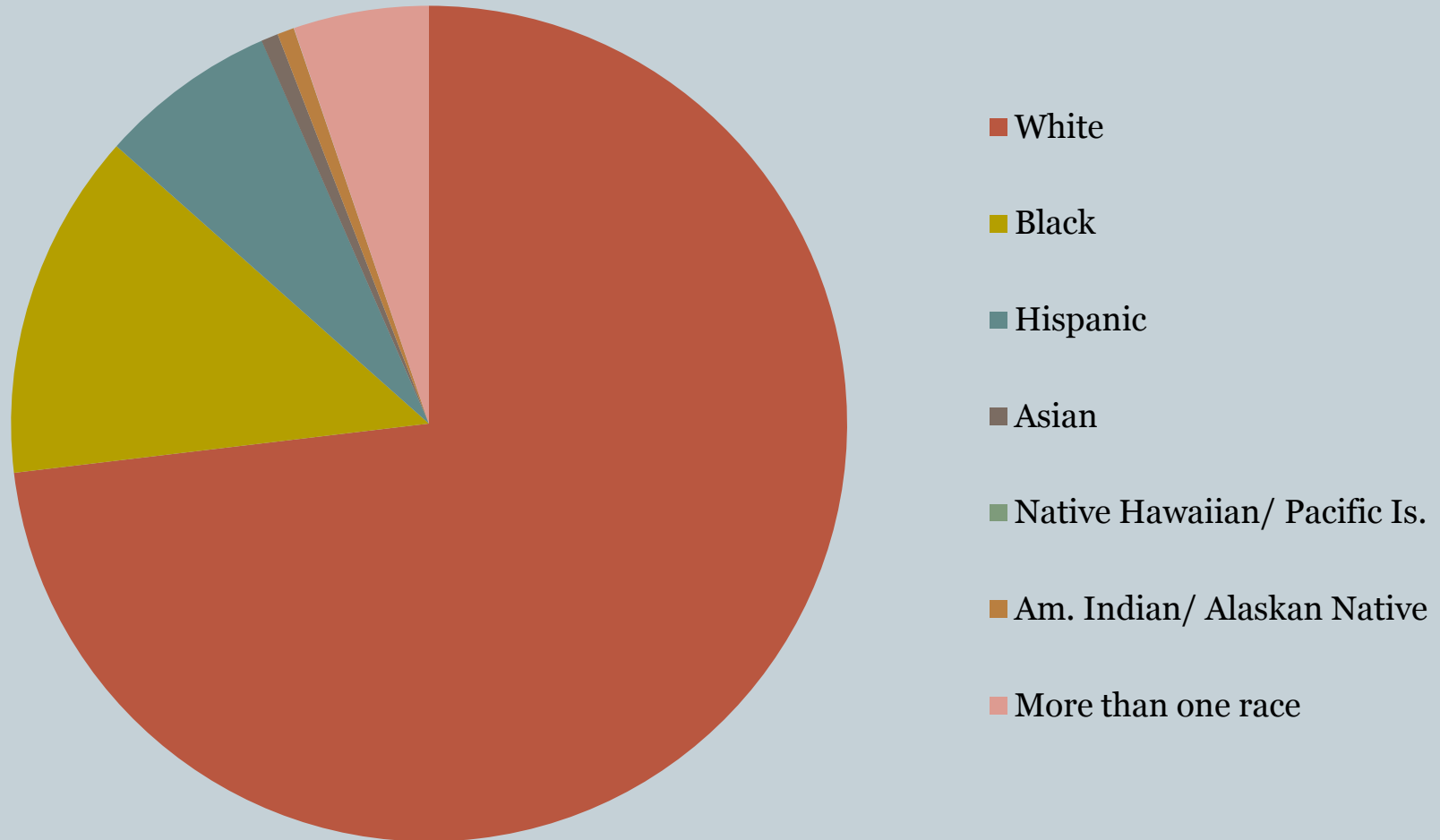
Who We Serve

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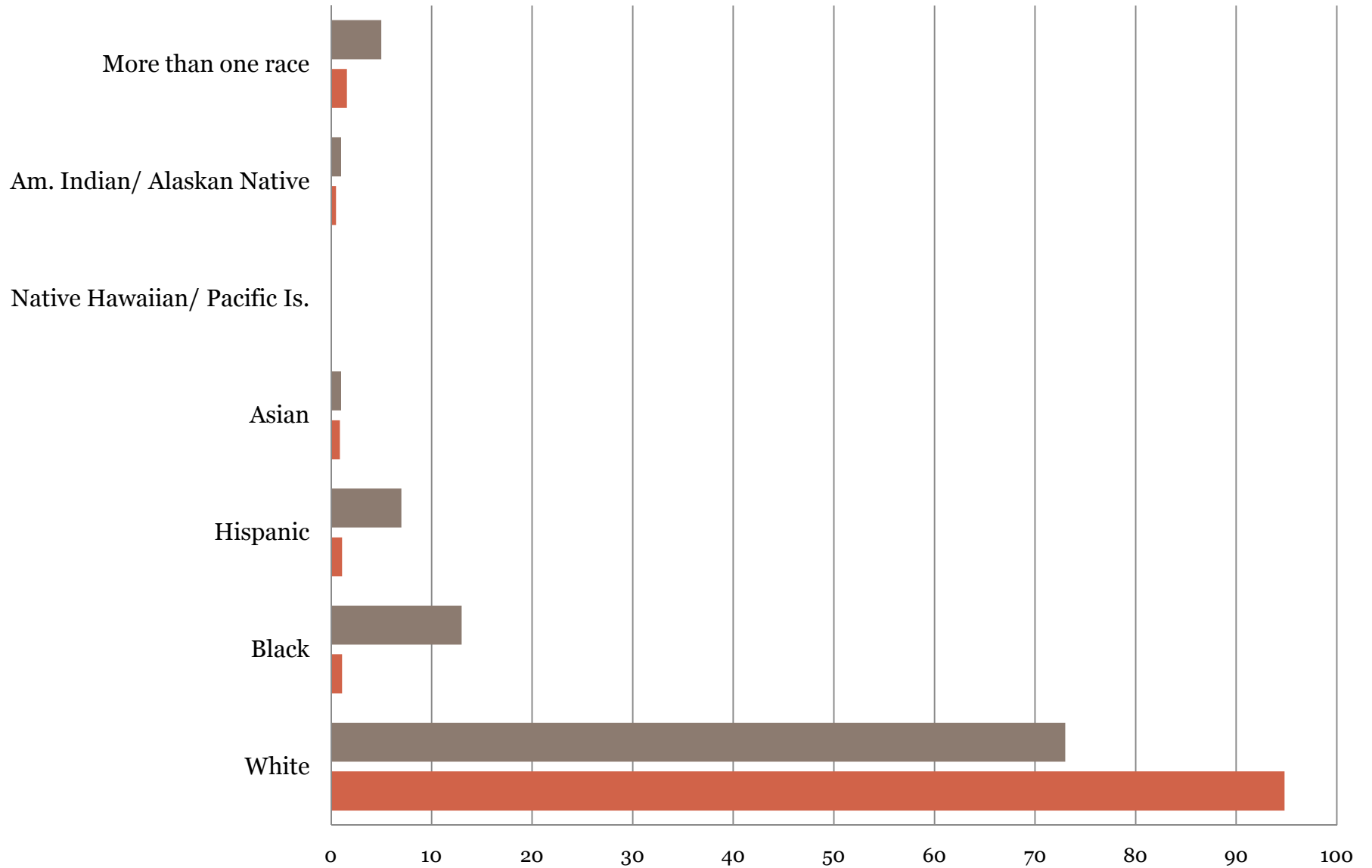
- Case managers served 320 unduplicated clients in 2008, up from last year.
- There were 41 new intakes in 2008. An additional 22 individuals reinitiated services after being inactive for six months or more.
- 47 families were served in 2007, up 6% from last year.
- 85% of all clients served have mental 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.
- 13% 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.

Race/Ethnicity

21



% of Population by Race/Ethnicity



■ FPC clients

■ Maine Population

Changing Demographic

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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

350

24

300

250

200

150

100

50

0

Total Clients

New Clients

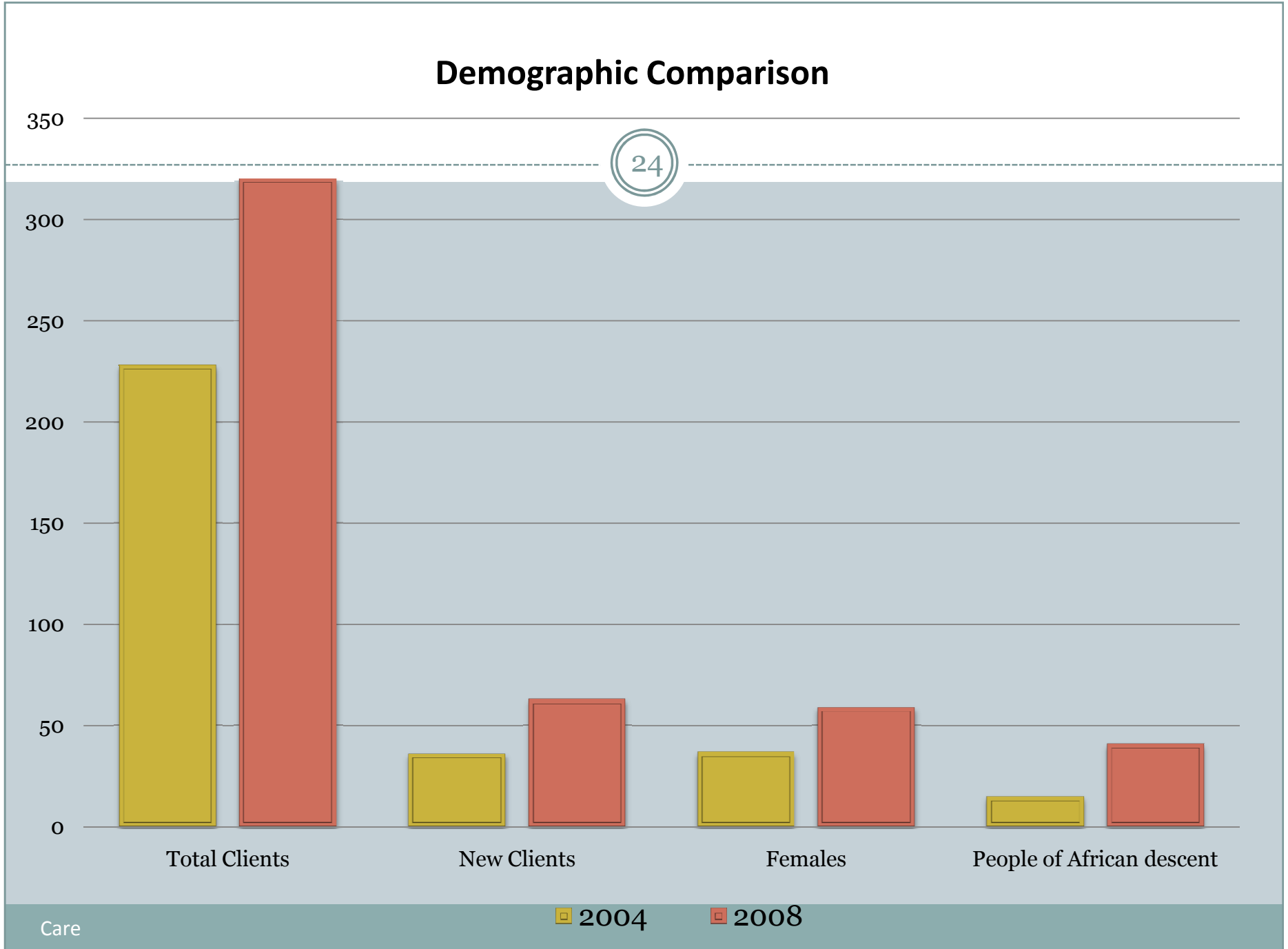
Females

People of African descent

2004

2008

Care



Demographic Comparison

25

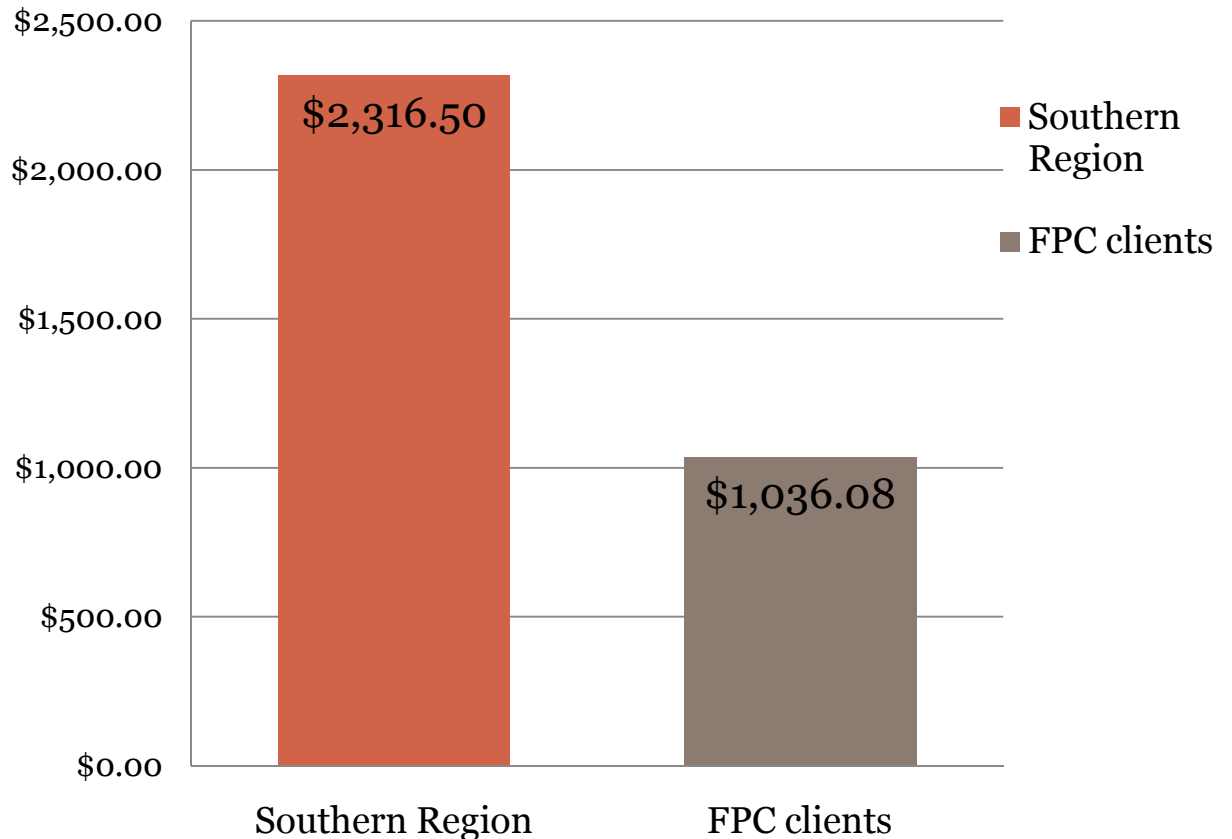
	2004	2008	# change	% change
Total Clients	228	320	92	40%
New Clients	36	63	27	75%
Males	190	258	68	36%
Females	37	59	22	59%
People of African descent	15	41	26	173%
Hispanics/Latinos	16	21	5	31%
MSM	135	185	50	37%
IDU	32	47	15	47%
MSM/IDU	9	12	3	33%
Heterosexual	35	45	10	29%

Of all the HIV case management providers in the state, FPC serves the greatest proportion of clients in the higher income levels.

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

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

Per Capita Income



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

Portland Residents

27

- 49% of clients served in 2008 lived in the City of Portland.
- 47% of families served in 2008 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.
- 63% of Portland clients live at or below the Federal Poverty Level, which is about \$850 per month for a single person.

Case Management Outcomes

28

- 88% of clients achieved 1 or more goals, at a rate of about 9 goals per client.
- 72% of all referrals made in 2008 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 2007 currently have both medical care and insurance coverage.

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.”*

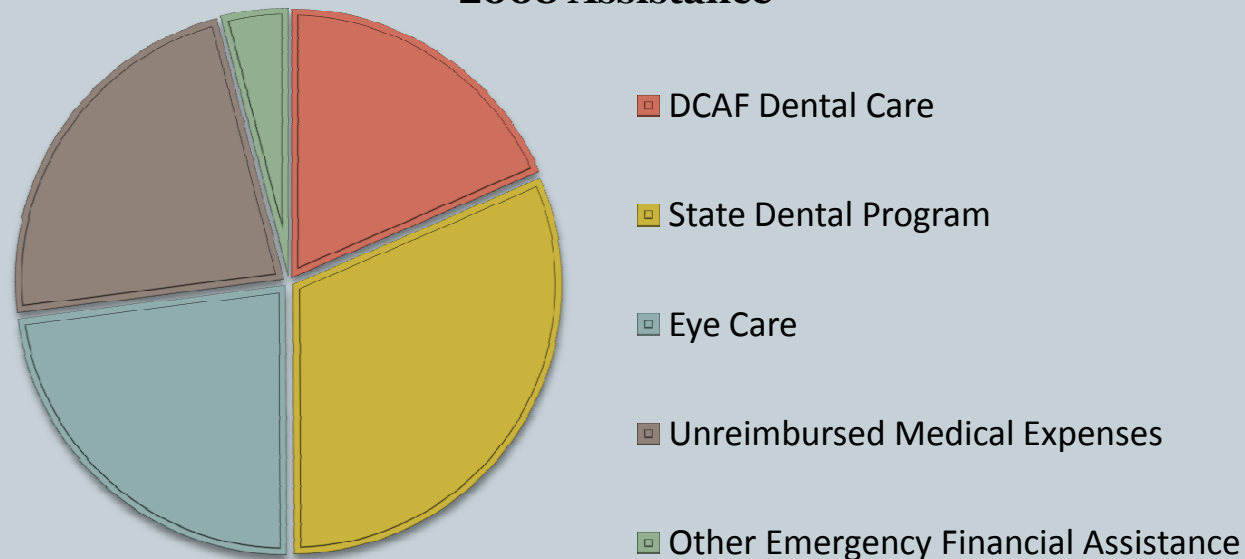
“Get me answers and helps me get through the bureaucracy.”*

“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.”*

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

2008 Assistance



Support Services

31

A total of 88 clients (28% of clients) participated in Support Services programs in 2008. 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.

- 24 clients were successfully linked to a variety of social and cultural events through our Ticket Connection program. Tickets disbursed were valued at almost \$860.
- Several clients volunteered their time contributing to the monthly client newsletter, refurbishing donated computers for client use, maintaining resource lists, and providing administrative support.
- Eight clients participated on the Southern Maine Client Advisory Board.
- 29 clients attended our Community Night gatherings.
- Food goods procured in November 2008 were valued at \$1,040.

Transportation

32

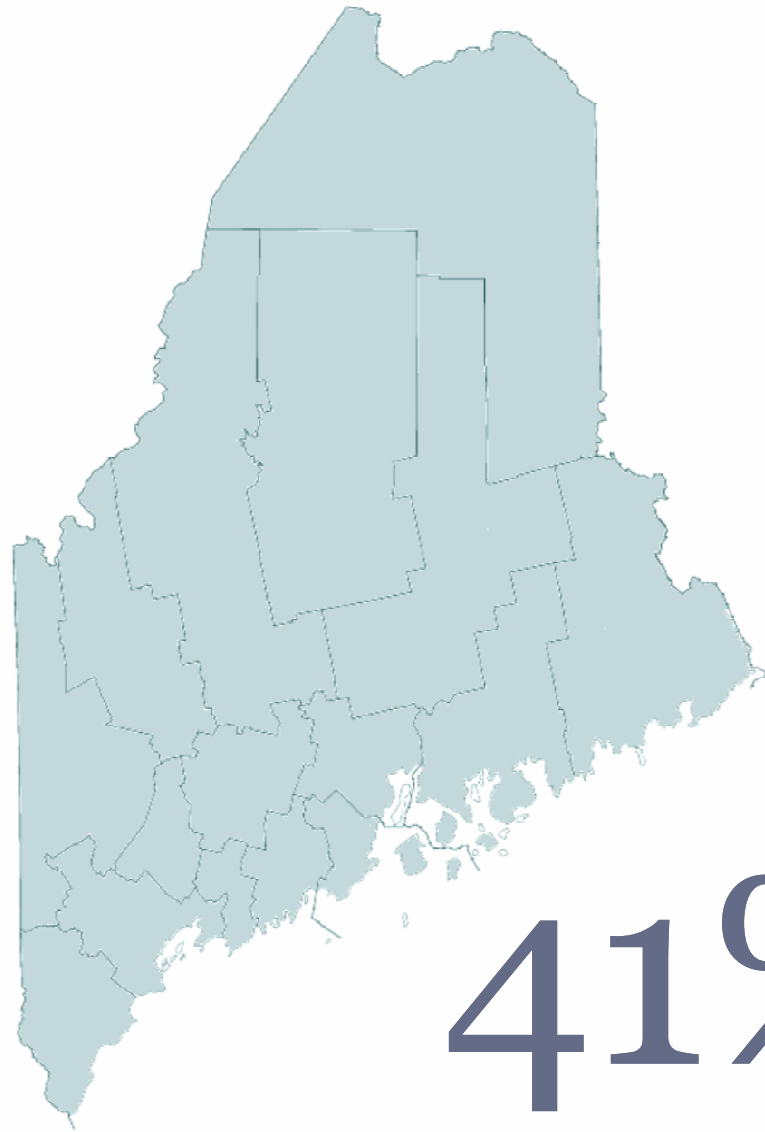
- Transportation is frequently listed in needs assessments, particularly among clients in more rural areas.
- In 2008, 247 bus tickets were distributed to clients who did not have MaineCare bus passes to access medical appointments.
- Case managers spent almost 226 hours transporting clients to appointments; 89 clients were transported.

Challenges

33

- 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 85% 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.

Frannie Peabody Center provided housing services to 256 people living with HIV/AIDS statewide in 2008, or 41% of all PLWHA engaged in case management



41%

HAVEN Program

35

**256 PEOPLE LIVING WITH HIV/AIDS
STATEWIDE ACCESSED SOME FORM OF
HAVEN HOUSING SUPPORT IN 2008**

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

36

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).

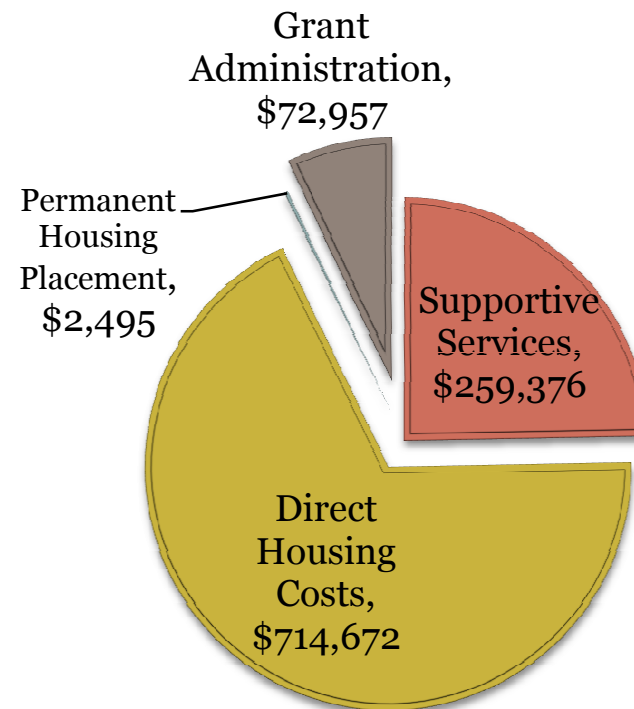
All three of the HAVEN grants were recently renewed at \$1.3 million for HAVEN I, \$1 million for HAVEN II, and \$1.4 million for HAVEN III.

In 2008, HAVEN income accounted for 41% of agency income. HAVEN funds 3.5 FTE case managers, or about 39% of FPC's case management team.

Use of HOPWA Funds

37

- \$1,083,294 in reimbursable costs expended from three grants in 2008.
- 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.

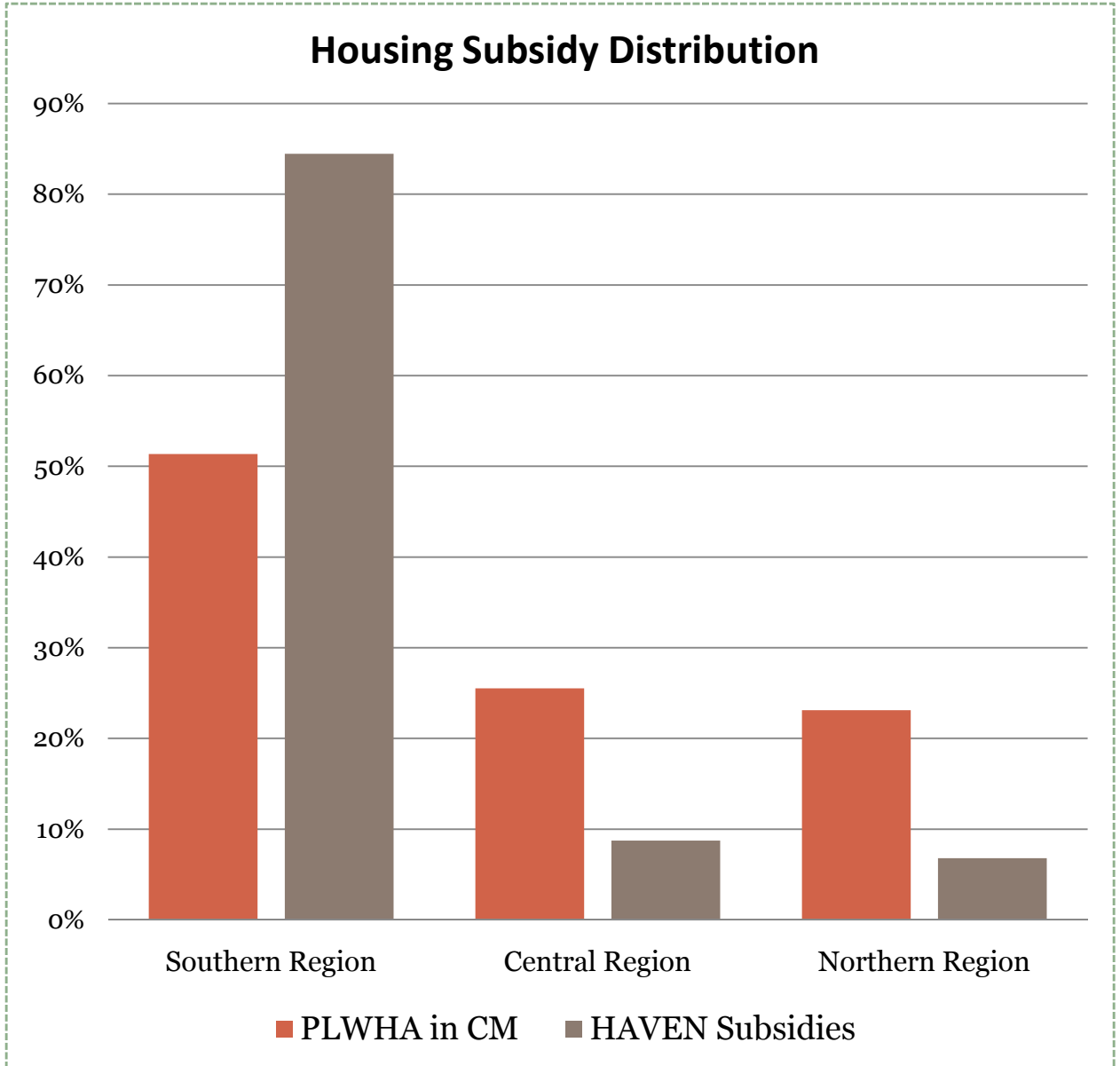


Need for Rental Subsidies

38

- 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. Twenty-two clients were awarded subsidies in 2008 but did not utilize them; three clients were back on the wait list at year end.
- 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.

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



Lack of housing is a significant problem in Bangor and Portland

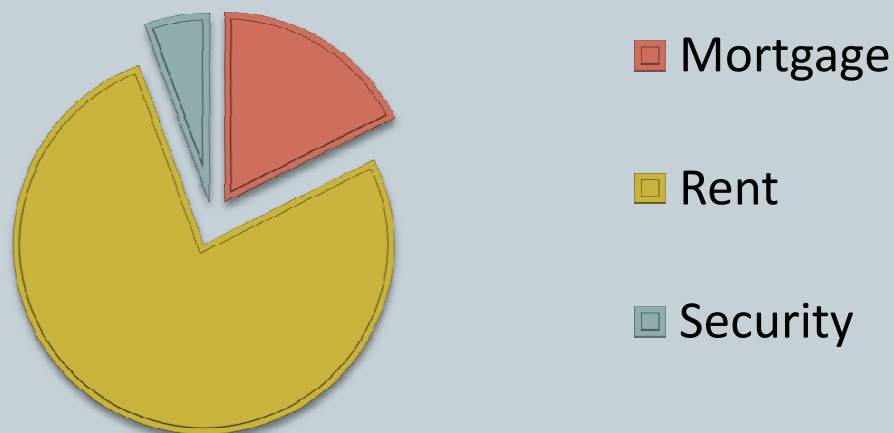
- Bangor's 2005-2009 Comprehensive Plan noted that 3,600 substandard units were occupied.
- 11% of the units were unfit for human habitation.
- In order to utilize a HAVEN subsidy, Bangor residents must find a unit that meets HUD's Housing Quality Standards and falls within Fair Market Rent (\$554 per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

41

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

42

- 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

43

- HUD defines chronic homelessness as four or more episodes of homelessness in three years or a continuous year of homelessness.
- 14% of HAVEN recipients statewide fit the definition for chronic homelessness; an additional 21% 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 & Health Outcomes

44

- 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

45

- 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

46

- 42 households reporting unstable housing situations at the beginning of the year were in stable housing situations by the end of the year.
- 6 households facing eviction were able to maintain housing.
- 19 households burdened by increased heating costs were able to maintain their utilities.
- 27 households affected by health care costs or a dramatic change in health status were able to maintain stable housing.
- 12 households facing financial hardships due to a loss of or reduction in income were able to maintain stable housing.
- Overall, 94.5% of HAVEN clients were able to obtain or maintain stable, permanent housing as a result of assistance.

New HOPWA Grant

47

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 2 years, HAVEN III provided tenant-based rental assistance to 61 individuals and case management to 91 individuals.

HAVEN III outcomes

48

- There was a 93% housing stability rate among subsidy recipients this year; 100% of these clients had a housing plan, had contact with a case manager, and 98% had insurance during the year. Ten 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, and about 98% had insurance. Sixteen clients who did not have a source of income in the previous year obtained a source of income during the operating year.

Peabody House Program

49

**THE PEABODY HOUSE PROGRAM WAS
CLOSED IN THE FIRST QUARTER OF
2009**

Due to declining occupancy rates in the Peabody House Program, Frannie Peabody Center shifted its energy to address a sharp spike in the need for independent housing for people living with HIV/AIDS in Maine.

York County

50

- 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 has accommodated HIV/STD testing, prevention education services, and case management.
- 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

- 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

52

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.

Program Planning & Evaluation

53

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