

FY11 United Way Final Report

Program: Client Services

Agency: AIDS/HIV Services Group (ASG)

Date: 2/7/11

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

The three main goals for the client services program are that each individual living with HIV achieves:

- Medical treatment adherence
- Development of support system and sustaining psychosocial support systems
- Financial stability including affordable housing

Medical treatment adherence requires working with the client to ensure client access to health care and follow up with clients and their providers to verify that they have what they need to remain in care. ASG staff ensure that 100% of our clients have access to health care and that clients attend scheduled appointments regularly. ASG staff work closely with medical professionals at the University of Virginia and other local healthcare providers to assure that our clients are obtaining the best medical care. Attendance to appointments is monitored; all clients sign a medical release of information form so that the ASG staff may monitor client attendance to medical appointments for any client receiving United Way assistance. United Way funds also support ancillary services that ensure that clients are able to enter or maintain access to care. These services include utilizes assistance, prescription assistance and other emergent needs.

Psychosocial support systems are developed and sustained through a coordinated effort to engage individuals and assist them in developing support networks. ASG staff work with newly diagnosed clients to help them manage their diagnosis. ASG staff assist clients in identifying additional support systems, which may include family, friends, faith-based groups, or other programs and agencies, during our intake and assessment process. Referrals are also provided to other community services, including referrals to mental health and substance abuse treatment when appropriate. ASG is currently negotiating to bring mental health services in-house under the direction of licensed clinician skilled with working with issues surrounding HIV and AIDS.

Financial stability comes through maintaining a stable living environment for clients and their families and developing all available income resources. ASG provides assistance in locating affordable housing, short and long term housing payments, utility assistance, transportation assistance (Jaunt and CTS bus passes), as well as medication and medical co-payments. During the first half of fiscal year 2010/2011, of the 153 clients served, 100% have avoided eviction. In the first half of the grant year, 44 individuals were assisted with obtaining life-saving medications, of these, 2 clients were supported directly through United Way funds. United Way funds were also expended to ensure that three families maintain utilities at their residences. Case Management was supported for 124 individuals and families through the United Way in the first half of the grant year.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaborations or referrals with other community programs in meeting a client's multiple needs.

Edith has a history of drug abuse, violence, illiteracy, and general lack of trust of others. She has been a client at ASG off and on since 2004. The times she was "off" generally meant she was in jail. Prior to her release in May 2010 from her most recent jail sentence, Edith was unreliable, bitter, needy, and rude. Her health in the past has been unstable because she was not adherent to her medications due to her substance abuse.

Working with her since May, we have seen and entirely new person. Having a team approach between our staff has allowed more than one person to support this client and has allowed another set of resources to be utilized. Today, this client is employed full time; she opened her own bank account; and she is planning on moving into her own apartment before Christmas. Edith is adherent to her medications and her attitude has taken a completely new turn in a positive direction. While ASG cannot take full credit, Edith did tell us this week that working with a case manager at ASG made all the difference to her. She had someone who was consistent in her life, who she could talk to, and someone who could help her figure out what to do and be her advocate when she could not advocate for herself. We have high hopes for Edith!

Collaborations:

Region 10 – substance abuse treatment and emergency services

UVA – (Infectious Disease Clinic) – medical, psychiatric, and substance abuse treatment

Women of Restoration – Faith-based Organization providing peer support

Thomas Jefferson Area Coalition for the Homeless – housing and volunteer opportunities

3. Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year to date.

**Projected Number of Intended
FY11 Primary Beneficiaries:** 160

**Actual Number of
Primary Beneficiaries:** 153

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
Outcome # 1: Medical Treatment Adherence	A. PLWH/A currently not in care nor ASG clients will be identified by self-referral, referral from another agency or internal referral.	A. Target: 18 (11%) Actual: 16 (10.5%)

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
	B. Clients maximize health by attending scheduled appointments.	B. Target: 160 (100%) Actual: 153 (100%)
	C. Clients meet individualized health care plan goals including medical treatment adherence which may include obtaining health care services and maintaining health care regimens.	C. Target: 152 (95%) Actual: 145 (95%)
Outcome # 2: Psychosocial support system	A. Clients will increase self sufficiency by being able to identify or describe a growing or stable support system, which may include individuals, other agencies, and programs.	A. Target: 152 (95%) Actual: 150 (98%)
	B. Clients meet individual service plan goals that focus on psychosocial support system development, which will include referral to substance abuse treatment and mental health services when appropriate, attending support group meetings and accessing other supportive services from additional agencies.	B. Target: 152 (95%) Actual: 145 (95%)
Outcome # 3: Financial Stability	A. Clients maintain utilities without interruption for one year.	A. Target: 144 (90%) Actual: 148 (97%)

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
	B. 100% of clients who need additional help with nutrition will access food pantry.	B. Target: 104 (65%) Actual: 85 (53%) 100% of those who identified a need accessed the food pantry.
	C. Client maintains safe and affordable housing without assistance for one year.	C. Target: 128 (80%) Actual: 108 (67%) 100% of clients maintained safe and affordable housing without eviction for one year.
	D. Client receives assistance in accessing state and federal entitlement programs to assist in maintaining financial stability.	D. Target: 152 (95%) Actual: 150 (98%)

4. **Impact Report.** We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

Community Needs or Issues Your Program Addresses -- please include at least 3 local issues/statistics and cite your source

Affordable Housing: The need is great for low income and subsidized housing in Charlottesville and the surrounding area. In the city of Charlottesville, there are 715 families on the waiting list for public housing, and the average wait period is 426 days. The waiting list for the elderly/disabled units is slightly shorter, at 399 days. The Housing Choice Voucher waiting list for the city of Charlottesville was opened in September 2008 for the first time in five years and received 786 applications. After a routine purge of applications in September 2009, 391 households remained active on this list. The city only has approximately 287 vouchers available for this program so the waiting list moves slowly.

In an area where the median household income is \$72,800, 82% of our clients earn less than 30% of the median income. The level of poverty of ASG's clients and the lack of affordable housing for extremely low-income families, makes obtaining stable housing, which is essential for those living with HIV in the Charlottesville area extremely difficult. Stable housing is essential for persons living with HIV or AIDS (PLWHA). Providing stable supported living environments has been demonstrated to

enhance medical status, quality of life, as well as longevity for HIV infected people. Also, being close to where clients receive their medical care increases appointment compliance, an important outcome measure for client success. Currently, 100% of our clients are permanently housed. Three (3) homeless clients have been housed in the last 6 months. ASG currently provides long term tenant based assistance to 18 households and was able to serve an additional 35 clients with United Way and other leveraged funds to keep them in safe, stable, and affordable housing.

Sources:

- Rebecca Weybright, Housing Manager, Charlottesville Housing and Redevelopment Authority
- FY05-06 Action Plan for the City of Charlottesville and the Thomas Jefferson Home Consortium
- 2008 Consolidated Plan for the City of Charlottesville and Thomas Jefferson Home Consortium

Dental Care: In March, 2008 IMPACT identified dental services as one of the pressing problems in the Albemarle and Charlottesville area for low income individuals. The dental clinic at the Charlottesville Free Clinic currently has a waiting list of between 400 and 500 individuals, down from a 1,000 in 2008. The current wait time for an emergency extraction is approximately 1 month. In addition, the Virginia Department of Health identified dental care as their #2 priority service for the fiscal years 2009-2012 for people living with HIV/AIDS (PLWHA).

ASG provided financial support for 30 individuals to receive dental care, many of whom needed partial or full dentures. Good dental hygiene means a lower rate of possible infections for individuals who are immuno-suppressed. Clients who received dentures improved their nutrition, assisting them in maintaining their overall health. Both of these outcomes can decrease the need for additional medical attention.

Sources:

- IMPACT
- Charlottesville Free Clinic
- Virginia Department of Health – 2008 Statewide Coordinated Statement of Need

Transportation: There is little public transportation in the ASG Service area except for in Charlottesville and parts of Albemarle and Greene counties. Lack of transportation will prevent some individuals from being able to travel to areas where they can earn a higher wage. Transportation is also a barrier to maintaining health care for many PLWHA. Living close to the hospital increases a client's ability to keep a scheduled appointment.

ASG provided CTS bus and Jaunt tickets to 46 (28%) unduplicated clients.

Sources:

- 2000 Census
- City of Charlottesville

Your Program's Solutions that United Way Community Impact Funds Support

Actual Results - based on your stated outcomes; please use percentages and numbers served to help show outcomes

The chart included in question # 3 outlines our outcomes

Financial Impact of Donations -- (i.e., \$3/week provides...; \$5/week provides...; \$10/week provides...; \$20/week provides....)

\$10/week provides emergency utility assistance to prevent utility interruption for one client.

\$15/ a week provides one month of emergency housing assistance to prevent eviction for one client

\$15.50/ week provides comprehensive case management services for one client. This includes an assessment of client medical, financial, social, and emotional needs; and assists clients in accessing medical care, medical financial assistance, and community referrals.