

AIDS Project Hartford



**2009
Annual Report**



110 Bartholomew Avenue

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APH MISSION

AIDS Project Hartford improves the lives of people impacted by HIV through direct services, advocacy and prevention education.

APH VISION STATEMENT

AIDS Project Hartford will be a recognized leader in the prevention needs and care of people impacted by HIV, creating new approaches to service, working in collaboration with all stakeholders, and advocating for a dignified, respectful system of service delivery.

VOLUNTEERS

Dan Barone	Ann MacGillis
Les Bennington	Andrea Mazella
Michelle Boisseau	Deborah Orris
Cheryl Chester	Phil Richmond
Loretta Dyson	Rob Ricketts
Tobias Freeman	Wilfred Rodriguez-
Cindy Kershaw	Ken Salzer
Robert Klomp	Mark Shaw
Virginia Lewis	David Strong
Ann Levie	Mark Vogel

From the Executive Director

The past year has seen some notable milestones in the national fight against HIV/AIDS and in the growth and evolution of AIDS Project Hartford. On the national front, the Ryan White Treatment Extension Act was renewed for another four years. This legislation provides the framework and funding for almost all of the services that are available to people living with HIV/AIDS. The federal government also lifted the ban on HIV+ visitors to the United States and on the use of Federal funds for syringe exchange activities. The latter decision may prove to be the most meaningful change in government policy concerning HIV. Syringe exchange programs are proven to be the most effective method of stemming the spread of HIV among injection drug users, the most challenging at-risk population.

As an organization we are constantly assessing our mission and our success at meeting it. In an effort to strengthen our infrastructure and our programming, we took advantage of several technical assistance opportunities that were offered by the Hartford Foundation for Public Giving. We came away from these trainings with a greater awareness of the importance of cultivating strong and meaningful relationships with those members of the community who support AIDS Project Hartford with their time, energy and money. A newly designed website, a Facebook account and periodic telephone calls to donors have all been instituted in an effort to strengthen the link between APH and our community supporters. We think these efforts have paid off as 2009 saw an increase in the number of individual donations and the largest amount of donations that we have received in quite some time. During the year several staff members have been participating in a program evaluation series that is being sponsored by the Hartford Foundation for Public Giving. This extensive and painstaking evaluation focuses on our highly regarded medical case management model. We are specifically interested in learning whether this medical model results in improved health outcomes for our most vulnerable clients. The final report will be available in June, 2010.

What keeps us grounded and connected to our mission are the individual stories of our clients. Three of those stories are included in this annual report. We are also humbled and grateful for the many acts of kindness and generosity that we witness throughout the year. These include: an 8-year old boy who takes up a collection in lieu of birthday gifts each year and donates the proceeds to APH, students from Hall High School in West Hartford, Bulkeley High School in Hartford and New Britain High School who all held fundraisers for APH during the year, students at the University of Hartford and Central CT State University who coordinated World AIDS Day activities on their campuses, employees at Bank of America who coordinated World AIDS Day activities at their office, and parents and siblings who make annual donations in memory of family members who died from AIDS in the early days of the epidemic. A small but committed team of volunteers keeps us energized and allows us to extend our reach in the

community. These relationships nurture AIDS Project Hartford and are at the heart of what keeps us going until there is a cure.

Paul J. Botticello, Jr.



Aneela Shah (far right) and students from Bulkeley High School in Hartford present APH case manager Michelle Fredericks (far left) with a check. The students, members of Bulkeley's Community Service Club, raised money as part of a World AIDS Day activity at their school.

Client Profile: Robert B.

Robert B. is a soft-spoken and unassuming man whose speech is peppered with an easy drawl. He has spent the better part of his fifty-one years in prison. It was in prison in 1992 that he was diagnosed with HIV. He suspects he became infected several years before that. A flood of emotions overtook him following that initial diagnosis. It took Robert one year to acknowledge the diagnosis. He spent many years after that in denial about his HIV status. He refused to take the few antiretroviral medications that were available to treat HIV at the time. Ironically, Robert credits his lengthy prison stays with his ability to maintain his health. While in prison, he was able to minimize his risk factors, especially his drug use. Equally helpful was the access he had to routine medical care and regular meals. He also had a lot of time to contemplate his HIV status. When the reality of what he was facing sank in, he became depressed and mourned the fact that he would not be able to father children. He also tried to brace himself for the rejection he was likely to face when trying to develop romantic relationships with women. The next seventeen years were marked by repeated rounds of incarceration. Following his latest



release from prison in early 2009, Robert committed himself to changing his life and his destiny. "I decided to stop trying to do things my way and to start taking suggestions from professionals." He first heard about the Connections Wellness Center from the Charter Oak Health Van that travels around the City of Hartford. At Connections, he found a source of support. Robert visits the Center on most days that it is open. He takes advantage of the atmosphere and peer support. "I get a lot of good advice here. I'm able to relax and get grounded. I feel comfortable here" He receives individual counseling, utilizes the meals program and attends the anger management group and, occasionally, the men's support group. He is also an active participant at local AA and NA meetings. When Robert first started coming to Connections, he was staying at a shelter. His parole officer informed him that if he did not find permanent housing within one week, he would be returned to prison. Connections Program Manager Julie Janiszewski sprang into action. Robert had recently been interviewed by a local television station in a segment about HIV services. Julie forwarded the video clip of Robert to Tabor House, a residence for people living with HIV/AIDS. Robert was granted an immediate interview at Tabor House. He was accepted and now has a permanent home there. Robert still faces challenges in his life. The biggest is his struggle to find employment. This is no easy task given the current economy. It is especially hard for a man whose job experience for the past twenty-five years has been limited to working in a prison laundry and a prison commissary. Nevertheless, Robert tries to keep his anger and drug use in check while focusing on the positive aspects of his life. "I almost feel guilty about all of the good things that have happened to me," he states as if to reinforce the fact that he takes none of this for granted. Asked if he has any advice for others who are returning to the community after having been incarcerated, Robert says plainly, "Definitely don't go back to your old life."



Raquel Torres



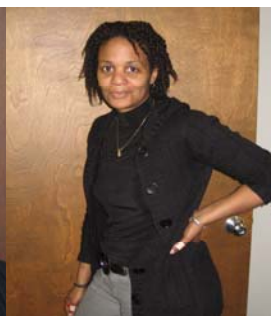
Lori Hager



Renee Spencer



William Morales



Kaye White

Client Profile: Lorenzo H.

Lorenzo has been a fixture at APH for the past decade. Friends describe him as a kind, pleasant, hardworking man who is generous to those around him and who asks for very little. Lorenzo, who moved to Connecticut from Louisiana in 1979, is one of fourteen children. A brief relationship with an HIV+ woman in 1986 resulted in the birth of Lorenzo's daughter and in his infection with the virus. The woman succumbed to the disease in 1989, at which time her sister took custody of Lorenzo's daughter. The sister demanded cash payments from Lorenzo but refused to allow him to see his daughter. Nevertheless, Lorenzo provided financial support to his daughter and her aunt for many years. Later, when his daughter was enrolled in a State assistance program, the State ordered Lorenzo to pay child support dating back to his daughter's birth. His prior cash payments left no paper trail and his daughter's aunt denied having received any financial assistance from Lorenzo. This new financial obligation stretched Lorenzo's already limited resources and relegated him to a bare bones existence. Following his discharge from the National Guard in 1991, Lorenzo began work as a security guard (a job he continues to hold to this day.) As APH Housing Support Specialist Jeannie Cassala observes "Lorenzo is one of the most conscientious employees I have known. He is punctual, well-groomed and he never misses a day of work. He takes his job very seriously." Lorenzo has received only a few modest pay increases during his seventeen years of employment. These have usually followed Jeannie's intervention with Lorenzo's employer. Lorenzo was first connected to APH after he was hospitalized with pneumonia in late 1999. The cause of the pneumonia was likely the mold-infested apartment in which he was living at the time. The landlord refused to remove the mold unless Lorenzo paid for the procedure. With Jeannie's help, Lorenzo was able to relocate to a cleaner apartment in Hartford. He lived there for several

years until a shooting one floor above him convinced him that it was time to find a more secure and affordable location. Lorenzo has remained relatively healthy since his 1999 hospitalization. However, mental health and cognitive issues as well as severe tooth and gum disease have impaired Lorenzo's quality of life. Sadly, these issues have been ignored by his physician despite repeated requests from his Ryan White support staff for appropriate evaluation and treatment. Fortunately, Lorenzo has been able to access food and nutritional supplements through APH, was connected to a dental provider at a local community health center and is able to get new eyeglasses through the Ryan White Program. In addition, Lorenzo has been working closely with Jeannie Cassala in an effort to maximize his limited finances, manage his HIV disease and advocate more forcefully for himself. After years of struggling, it appears that Lorenzo's luck is starting to change. He has finally agreed to switch medical providers and will start seeing a doctor who has a reputation for being more engaged and compassionate than his current provider. He is scheduled to attend a mental health screening which will hopefully result in treatment for his sometimes debilitating anxiety. He rang in the New Year by moving into a new subsidized apartment. He beams when he talks about his new apartment. "It's beautiful. I plan to stay here forever." Jeannie Cassala continues to encourage Lorenzo to find a new job with a higher pay rate and decent benefits. One of Lorenzo's many endearing qualities is his sense of gratitude. "God has finally smiled upon me", he says bearing a large toothless grin. "It took him awhile, but he finally did. And I'm so grateful."



Eula Shamberger



Greg Rivera



Donna Basler



John Olivares



Erica Neumann

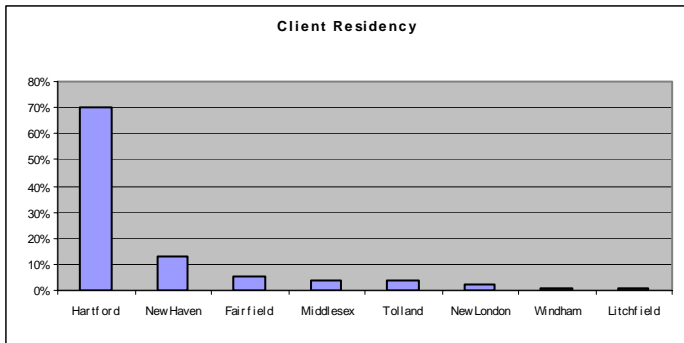
Client Profile: Jeanne N.

Jeanne is as outspoken and direct an individual as you are likely to meet. She is also committed to educating her peers and advocating on behalf of policies that will improve the quality of life for all people living with HIV.



She has a personal stake in the cause. Jeanne has been living with HIV for ten years. One of the ways Jeanne copes with her status is by being active and engaged in the public policy and planning arenas. Jeanne is currently a member of the Connecticut HIV Planning Consortium, a statewide body that studies the epidemic in Connecticut and develops a comprehensive care and prevention plan to address various aspects of HIV in the State. Jeanne is also in the very visible position of co-chair for the Hartford Ryan White Planning Council. She has clear ideas and goals for the group. "We're trying to get more consumers to the table," she says as she talks about the critical need for HIV-positive individuals to step up to the plate and dictate the direction of HIV services. Jeanne has been successful at pulling other consumers into the process as she rattles off a list of names of people she has recruited to the Planning Council. Rounding out her HIV experience was several years spent preparing meals at the MANA drop-in center in Manchester and the recent

completion of HIV Peer Training and Train-the-Trainer certifications. Part of her advocacy role includes attending and speaking at legislative hearings that pertain to HIV-related issues. "I really enjoy it and I'll be there again this year," she promises. To Jeanne's credit, she is willing to put in the work that is required to be a community leader. She spent the past summer attending training sessions to become a Recovery Support Specialist. The program, sponsored through the Department of Mental Health and Addiction Services, utilizes peers to provide support, advocacy and resource information to those struggling with various forms of addiction. Jeanne still has goals to meet. "For the new year, I'd like to move and maybe buy a house. I'm going to change. Change people, places and things that aren't healthy." First and foremost is maintaining her health. Jeanne works with a medical case manager and, for eight years, was compliant with her HIV medications. She recently ended a two-year medication hiatus. It is not something she necessarily recommends for others but it was her chosen response to two years of debilitating side-effects she was experiencing on her HIV regimen. "I don't like chaos anymore," Jeanne says as she reflects on her life at present. "I'm surprised I've lasted this long and I want to make the best of everyday. I'm finally changing my life" When asked if she has any advice for other people who may be struggling with issues similar to hers, Jeanne responds without hesitation, "Stay on your meds, be active and change your life." Good advice all around.



(Left) Project TLC, Project PLUS and the SEP attract clients from throughout Connecticut. The Direct Service and PES programs, however, are specifically mandated to serve clients in the greater Hartford area.



Calvin Ware

Angelmina Garcia

Mark Jenkins



Project TLC Team with Freddie Close (Far right)

Volunteer Profile: Ann MacGillis

Ann MacGillis started volunteering at AIDS Project Hartford in February, 1987 making her one of the longest-standing volunteers at the agency. She seemed destined to find her way into the HIV field despite a full life that included a stint with the Peace Corps in India and an assignment on the S.S. Hope providing medical services in Brazil. During all of this Ann earned a Master's Degree in Nursing with a focus in oncology,

community health and international health systems. While working at Hartford Hospital in the early and mid-1980s, Ann encountered her first cases of HIV. Even then, she recognized the nuanced nature of this disease. "I thought it was very interesting, both the medical component and the psychosocial dynamic." This initial interest led her to volunteer with AIDS Project Hartford where she facilitated HIV 101 presentations and provided HIV information at health fairs and community events. She later served on the Board of Directors and is currently a member of the Special Events Committee. In 1990, Ann took a job as HIV liaison nurse at the Institute of Living. That is a position that she held for more than nineteen years and included providing prevention education about an array of infectious diseases. Ann comments on the many changes she has observed during the past twenty-five years. "HIV is much more of a chronic manageable disease today whereas it used to be a terminal illness. Nowadays, patients are not as pessimistic about an HIV diagnosis. Many patients are taking more responsibility for their status and are recognizing that there are steps they can take to protect themselves." Ann also notes the changes she has seen in AIDS Project Hartford. "APH is more professionalized and more focused. There were no paid employees in the early days. [Now, APH] is going after the high risk populations." She goes on to sum up her thoughts about HIV: "It's a disease and we need to treat it as such. There should be no discrimination."



Mad Hatters at AIDS Walk 2009

Volunteer Profile: Tobias Freeman

Tobias Freeman has been a member of the AIDS Project Hartford Board of Directors since June, 2008. As a six-year employee of the accounting firm Kostin, Rufkess & Company, he was perfectly suited to fill the Board position of Audit Committee Chair. In this position, Tobias guides the Board of Directors and the APH management staff through the agency's annual financial audit process and is the main line of communication between AIDS Project Hartford and its auditor. Tobias, a resident of New Britain, is currently in the final stages of earning his CPA. When asked what drew him to a non-profit Board, Tobias explains, "I wanted to get more out there and do something for the community. I work with a lot of non-profits [through my job] and thought it would be a good fit." His impressions of AIDS Project Hartford have, thus far, been favorable. "I love the culture of the agency. Everybody is always upbeat and everybody is very committed to the organization. The Board contains a really good mix of individuals." His experience as a Board member has been a growth experience. "I've learned a lot about the AIDS community and how non-profits function. I thought I already knew a lot but until you attend Board meetings and events like AIDS Walk. . . it really opens your eyes. Also, I've been meeting a lot of great people which has been a plus. I should have done this sooner!"



Volunteers Mark Shaw, David Strong and Deborah Orris

Ryan White Direct Care Services

APH Direct Care services strive to improve the quality of life and ensure continuous access to medical care for HIV+ individuals. The goal of all direct services is improved medical and health outcomes for clients. These are defined as compliance with medical appointments and treatments, improved or stable CD4 and viral load counts, adherence to medication regimens and the minimization of opportunistic infections and co-morbidities.

Housing Support - The Housing Support program works with a caseload of approximately twenty HIV+ clients. All of the clients have multiple medical and psychiatric diagnoses and histories of eviction and chronic homelessness. The program staff provides intensive case management services and representative payee services in an effort to ensure stable housing, adequate finances and medical compliance. .

Medical Case Management - Medical Case Managers work with a caseload of approximately thirty-five HIV+ clients. Medical Case Management removes barriers that prevent clients from accessing and remaining in medical care and/or adhering to medication regimens. This is done by monitoring each client's health status and by linking clients to services and programs including medical and financial entitlements, mental health and substance abuse treatment, housing assistance, advocacy and basic needs.

Medication Adherence - The Medication Adherence program provides individual medication adherence counseling to HIV+ individuals who have difficulty adhering to medication regimens and medical treatment.

Project TLC - Project TLC provides short-term case management services to HIV+ inmates upon release from incarceration. The goal of Project TLC is to ensure that clients remain connected to medical care during the critical weeks following their release from incarceration. Clients are linked to medical care, medication adherence counseling, entitlement programs, emergency housing and psychosocial support services.

Psychosocial Support - The Psychosocial Support program is an array of services offered at the Connections Wellness Center. Services include support groups for Women, Straight Men and Gay Men as well as education groups that deal with HIV Management and Anger Management. In addition, mental health counseling (individual and group), substance abuse counseling (individual and group), medication adherence, community nursing, acupuncture for relapse prevention, HIV prevention education, client advocacy and social activities are offered.

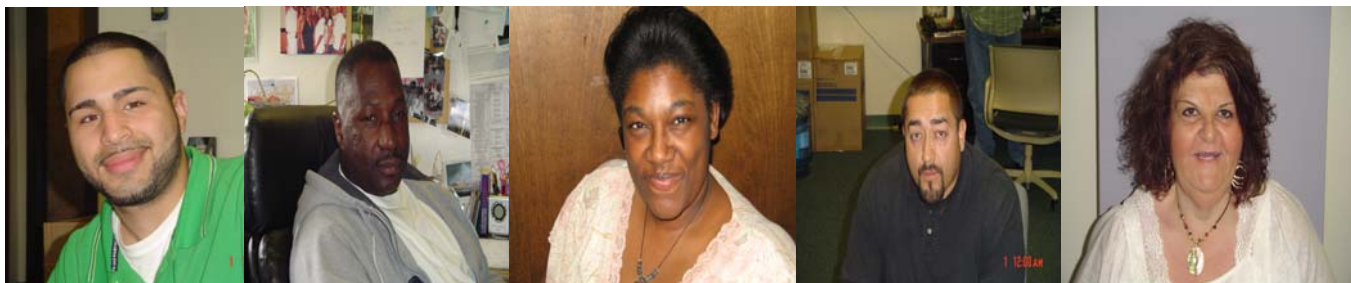
Meals - APH provides breakfast and lunch four days per week at the Connections Wellness Center. Meals are also provided at two Wednesday night support and education groups. Emergency food bags are available to clients in need.

During 2009, 897 individuals received Ryan White services through AIDS Project Hartford.

Harm Reduction Services

Drug Treatment Advocacy - Ongoing engagement with active substance users who express a desire to reduce their drug use or engage in any type of treatment services. Drug treatment advocates facilitate the clients' entry into appropriate drug treatment programs and provide relapse prevention support upon completion of treatment. Drug Treatment Advocates facilitated access to drug treatment programs for 83 clients in 2009.

Syringe Exchange - The SEP works with close to 500 active substance users to provide risk reduction counseling, HIV prevention education, referrals to medical and social services in addition to exchanging used syringes for clean syringes.



Angel Garcia

Michael Grace

LaToya Tyson

Aurelio Lopez, Jr.

Sandi Damato.

Prevention/Education

Comprehensive Risk Reduction Counseling (CRCS) - Individual risk reduction counseling for high-risk individuals, regardless of HIV status. The CRCS counselor works with the client to identify triggers and risk factors. Together, they develop a plan to reduce the severity of the risk factors.

Counseling & Testing - Basic HIV prevention education and HIV testing for individuals whose behaviors place them at risk for contracting HIV. Oral swab testing and rapid testing which allows for results within twenty minutes are both available.

Outreach and Education - HIV education presentations conducted by APH health educators for middle schools, high schools, colleges, alternative incarceration programs, substance abuse programs, mental health programs, at-risk youth programs, homeless shelters and community groups.

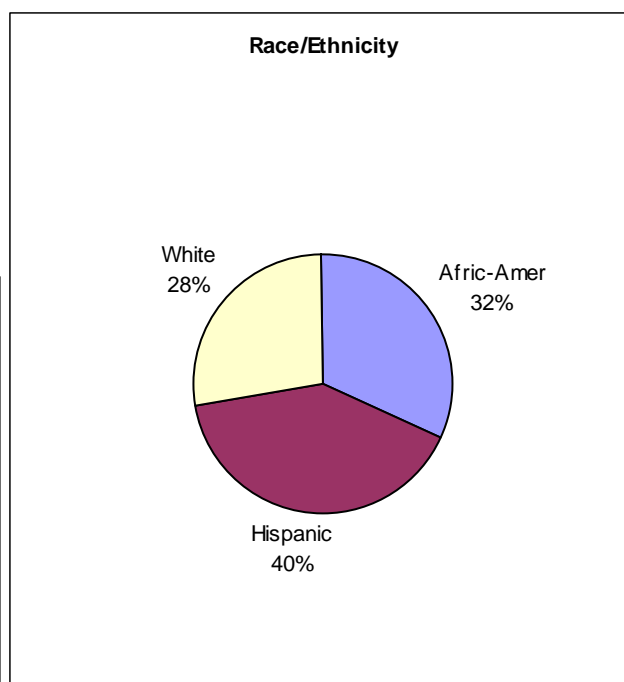
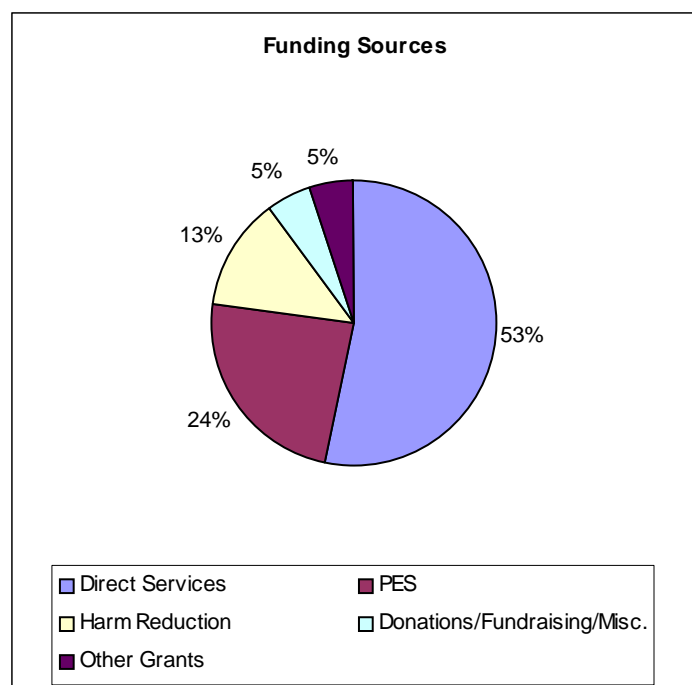
Project PLUS - Structured HIV prevention education curriculum for HIV+ inmates who are nearing release from prison. This is a three-year research project that has been conducted in conjunction with Yale University and the University of Connecticut. The project concluded in Fall, 2009.

RESPECT - Brief (2-4 sessions) personalized HIV prevention education and risk reduction counseling for individuals whose behaviors and/or attitudes place them at risk for contracting or transmitting HIV. This is a less intensive version of CRCS with more emphasis on education and less on risk reduction planning.

SISTA - Structured group-level intervention that uses cultural and gender references to instill pride and disseminate HIV prevention education, risk reduction information, and safer sex and negotiation skills to Women of Color, regardless of their HIV status.

During 2009, 634 individuals received prevention education services through AIDS Project Hartford.

(Right) APH served 1,974 clients in 2009. The racial and ethnic makeup of these clients varies dramatically from program to program. For example, Hispanics make up more than half of all SEP clients but fewer than a third of PES clients. African-Americans comprise 40% of PES and Direct Service clients but only 15% of SEP clients. Some of this has to do with drug use trends and some has to do with program target populations (several PES interventions specifically target African-Americans).



(Left) In 2009, APH's income was \$2,432,893 with projected expenses of \$2,435,516. Eighty-percent of expenses were related to staff salaries and benefits. APH has made a concerted effort to cultivate relationships with individual donors, seek out smaller independent grants and diversify income sources so as to lessen our dependence on large government grants.

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Eyeworks of Glastonbury
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Hall High School AIDS Awareness Cmtee (W. Hartford)
Hartford Foundation for Public Giving
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MAC/Nordstrom Foundation
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