



www.harlemunited.org

Adult Day Healthcare Center,
Primary Care, Dental Clinic,
Mental Health Services
123-125 West 124th Street
New York, New York 10027
Phone: 212-531-1300
Fax: 212-531-0141

Administration,
Policy & Government Relations,
Prevention & Education,
Supportive Housing Programs
306 Lenox Avenue
New York, New York 10027
Phone: 212-803-2850
Admin/Housing Fax: 212-2899
Prevention Fax: 212-860-9280

COBRA Community
Follow-Up Program
104 East 126th Street
New York, New York 10035
Phone: 212-860-0820
Fax: 212-860-7947

El Faro East Harlem
Adult Day Healthcare Center
179 East 116th Street
New York, New York 10029
Phone: 212-987-3707
Fax: 212-987-0847

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Annual Report

Fiscal Year 2008
(July 1, 2007 to June 30, 2008)

August 2008

Commemorating 20 Years in the Fight Against HIV/AIDS

Our Mission

Despite the near-miraculous medical advances that can sustain those infected with HIV/AIDS in good health for many years—and simple measures for safe sex that can prevent the spread of HIV—Harlem United's founding mission remains all too relevant. On our 20th Anniversary, then, Harlem United renews our pledges to:

- provide 100% access to top quality HIV/AIDS care for all our clients, regardless of race, socio-economic status, or sexual orientation;
- ensure that each of our clients remains connected to treatment and obtains the best possible health outcomes;
- offer state-of-the-art HIV prevention, supportive housing, and healthcare services in a safe and nurturing environment;
- unite Harlem's diverse communities (and those of Upper Manhattan and the South Bronx) and address the needs of all people living with and threatened by HIV/AIDS;
- empower our clients physically, emotionally, socially, and spiritually.

HIV/AIDS Remains a Serious Community Problem

While many mistakenly believe HIV/AIDS is no longer a serious medical problem in the United States, New York City remains the epicenter of the HIV epidemic in this country. Unfortunately, Upper Manhattan and the South Bronx continue to be among the communities most devastated by HIV/AIDS.

The Epidemic Here & Now:

- In fact, Central and East Harlem suffer the second and third highest rates of HIV diagnoses in the city. In 2006, in Central Harlem, 132.4 residents per 100,000 are infected with HIV. In East Harlem, 108.2 per 100,000 are infected. (Only Chelsea has a higher rate of



infections: 135.0.) These figures are much higher than the citywide rate of 47.5 infected residents per 100,000.

- Moreover, in 2006, the South Bronx (including the neighborhoods of Crotona/Tremont, High Bridge/Morrisania, and Hunts Point/Mott Haven), Central and East Harlem all experienced HIV/AIDS rates surpassing 2.0%. Indeed, 2.6% of the populations of Central and East Harlem are living with HIV/AIDS. This was second only to Chelsea with 4.3%.
- Because Central and East Harlem remain medically underserved, and because many residents infected with HIV don't get tested and don't know their HIV status until they become terminally ill, these neighborhoods endure some of the highest AIDS death rates in New York City. In Central Harlem, 31.9 per 1,000 died of AIDS in 2006. In East Harlem, in 2006, 32.6 per 1,000 died of AIDS. This compares with 11.4 deaths per 1,000 in Chelsea during the same period.

Commemorating 20 Years in the Fight Against HIV/AIDS

Background

In 1988, at height of the initial wave of the HIV/AIDS epidemic, two men and a Jesuit priest founded Harlem United in response to the community's cries for help. Originally called the "Upper Room AIDS Ministry," Harlem United was only able to offer limited services at first: support groups; hot meals, HIV-treatment education, and palliative care for the dying.

However, Harlem United created such a safe, respectful, and healing environment that our clients soon began to call us "home." This collaborative and caring community remains at the heart of Harlem United and all the services we provide.

Moreover, early on, Harlem United chose to operate on three, core principles that we still adhere to today:

1. We served people living with HIV/AIDS (PLWHA's) who were often homeless and also suffered from mental illness, substance use, or social stigma related to their sexuality or HIV status.
2. We acted as the agency of last resort for medically underserved communities of color in Harlem and addressed the inadequate or non-existent response from the under-resourced, established medical providers in the area.
3. We became part of community-based movement to care for PLWHA's and focused on the unique personal, social and institutional obstacles to top-quality HIV/AIDS care in Harlem.

Early Development and Strategic Vision

- From 1988–1996, Harlem United employed a small, para-professional staff and fielded 2 core programs: 60 units of supportive housing (on scattered-site model), and social day care.

- In 1993, our Board and management pursued Adult Day Health Center (ADHC) licensure, which the state granted in 1995 concurrent with a state-sponsored bond issuance. (This decision also diversified Harlem United's funding base to include Medicaid revenue and positioned our organization for later medical advances.)
- In 1995, the agency changes its name from "Upper Room AIDS Ministry" to "Harlem United Community AIDS Center, Inc." to emphasize non-sectarian nature of organization and services, although we continue to provide pastoral and holistic care for our clients.

Capitalizing on Medical Advances

- Our ADHC offered the opportunity to extend medical advances to our disenfranchised clients.
- Harlem United's ADHC was the first in NY to offer primary medical care (2000) and HAART via Directly Observed Therapy (DOT) (2001), comprehensive oral health care (2003), and a full continuum of mental health services (2001).
- Harlem United became a founding member/owner of VidaCare, Inc. the only Special Needs Plan (SNP)—offering managed care for Medicaid-eligible people with HIV/AIDS—that is also controlled by community-based healthcare organizations.
- Harlem United opened a second ADHC in East Harlem (2006). It became the first (and only) Spanish-language ADHC in New York State.
- Harlem United was awarded a grant to become a Federally Qualified Healthcare Center for the Homeless (FQHC-H) (2007). We now offer healthcare to the homeless in Harlem, regardless of their HIV status.

Building a Bridge Between Prevention & Care

- Harlem United made a decision in 1999 to develop a Prevention Division. It grew from two small contracts to more than 20 in FY 2008.
- From the start, Harlem United was ahead of the curve and emphasized counseling and testing (CTRS) and "prevention with positives."
- Harlem United was one of the earliest organizations to obtain a rapid HIV testing waiver and trained all prevention staff in CTRS (2001).
- In July 2007, Harlem United consummated a strategic alliance with The Foundation for Research on Sexually Transmitted Disease (FROST'D). This was a bold strategic move to advance and develop a full continuum of integrated prevention and supportive housing services.

Services and Clients in 2007: The Facts

In 2007, (the most recent, full calendar year for which figures are available) Harlem United's three divisions (Healthcare, Prevention, and Supportive Housing) served a total of 3,689 "unduplicated" (or unique, individual) clients.

Of these 3,689 clients, 739 were heads of families with 261 collaterals/family members who are not officially Harlem United clients. However, some Harlem United services benefit these collaterals/family members, too. Therefore, if we include the 261 collaterals/family members in our count, Harlem United served a total of 3,950 unique individuals. In 2006, Harlem United served 2,436 index clients and 238 collaterals/family members for a combined total of 2,674 unique individuals. Thus, our 2007 number of total unique individuals served represents a 32% increase over 2006.

In addition, through our HIV education, intervention, and awareness programs, Harlem United completed more than 33,000 outreach and education encounters during 2007.

During 2007, Harlem United also operated contracts for 465 units of scattered-site housing, which include apartments for both singles and families. We will add an additional 25 units for singles with the completion of our congregate housing facility. In 2007, we housed 739 individuals, including clients and their family members, in the more than 400 units we currently have leased.

During 2007, FROST'D, our new strategic alliance partner, served 2,299 clients in its Prevention and Supportive Housing programs.

Harlem United's Performance in Fiscal Year 2008

The following is a preliminary overview of Harlem United's financial performance for fiscal year 2008, which ended June 30, 2008. Please note that these are only preliminary figures and do not yet represent our final, audited results for Fiscal Year 2008.

Support & Revenue:

Medicaid	\$8,115,694
Vida Care	\$91,002
Government Contracts	\$17,547,043
Development Fundraising	\$2,373,820
Program Fees / Apt. Rents	\$1,772,930
Other Revenue	\$46,304

Total Support & Revenue: \$29,946,793

Program Expenses:

Supportive Housing	\$10,959,674
Prevention	\$5,073,951
Healthcare	\$10,287,365
Total Program Expenses	\$26,320,990

Management, General & Fundraising Expenses:

Management and General	\$1,841,589
Fundraising	\$131,388

Total Management, General & Fundraising Expenses: \$1,972,977

Total Expenses: \$28,293,967

Surplus \$1,652,826

Total Assets:	\$26,731,992
Total Liabilities:	19,261,369
Net Asset Balance:	

Major Program Achievements in Fiscal Year 2008

During Fiscal Year 2008, Harlem United succeeded in intensifying our assistance to individuals living with HIV/AIDS. We also expanded our continuum of care through the following activities:

1. Healthcare for the Homeless/FQHC-H. Harlem United has successfully launched our Healthcare for the Homeless program, treated homeless clients in our healthcare division under this program, and drawn down FQHC-H grant funding which substantially improved our bottom line during Fiscal Year 2008. We have also planned for program expansion during Fiscal Year 2009, and submitted two grant proposals to build a primary care clinic for the homeless on property we own at 169 West 133rd Street

2. Strategic Alliance with FROST'D. After one year, we have successfully integrated FROST'D as an operating subsidiary within the family of Harlem United affiliates, and have created a comprehensive prevention continuum including office-, street- and home-based HIV/STD counseling and testing, sterile syringe exchange, and hepatitis screening and vaccination. We have also initiated our management triad at FROST'D, and improved its operations, fiscal management, and infrastructure. Finally, Harlem United has also integrated FROST'D's supportive housing programs into our own Supportive Housing Division, enhancing our continuum of services in this vital area, as well.

Since the alliance in July 2007, FROST'D has received new public support, as well. This support comes in the form a grant from the New York State Department of Health. It will fund a new "Youthspace" program targeting young lesbian, gay, bisexual, and transgender youth of color and enable us to significantly expand services to a population who are now among those most at risk for HIV infection and AIDS.

3. The Blocks Project. We successfully obtained seed funding for this ground-breaking, HIV prevention initiative from The MAC AIDS Fund and launched our pilot program in The Jefferson Housing projects in East Harlem, held a major public event in January 2008 for press, policy-makers, and local politicians, hired *Blocks* staff, and completed a formative evaluation and a community-level survey.

Moreover, *Blocks* has conducted major outreach and community-organizing work, created partnerships with other East Harlem service providers, saturated a large number of Jefferson Housing residents with HIV awareness and education messages, and completed a substantial number of initial HIV tests.

4. The Congregate Housing Facility. After completing construction on an architecturally distinguished congregate facility with 25 studio apartments for medically frail clients with HIV/AIDS, we also obtained agreement from the city's HIV/AIDS Services Administration (HASA) for an admissions plan that enabled us to coordinate the majority of the facility's admissions with our West Side Health Center.

Further, we signed a HASA memorandum of understanding to fund facility operations and rent, reaped a \$400,000 developer's fee, hired staff, admitted the first 25 clients to the facility, and organized a major facility open house that attracted significant city and state policy-makers and legislators. Harlem United has also submitted proposals to fund a vertical axis wind-turbine to

generate additional electricity for the facility. If funded, the proposed turbine would make the facility a "green" building and, to our knowledge, the first building in New York City with this model turbine.

5. Sustained or Improved Operational Success in Key Areas. First and foremost, Harlem United can report the rapid programmatic maturation and fiscal success at El Faro, which has now also become a venue for community meetings. Our East Harlem Adult Day Health Center (ADHC) is reporting daily census and client enrollments at a level that it usually takes ADHC's much longer to attain. With its success in client services, it has also achieved financial success, as well, helping to support the bottom line in the Healthcare Division and for the agency, as a whole.

In addition, in Supportive Housing, we have successfully managed a significant expansion of housing contracts, leases, and clients, achieved dramatic improvement in rates of rent collection from clients and HASA, and substantially improved database management to track rental payments, rental stock, leasing, de-leasing, occupancy and vacancy rates, as well. We have also initiated a comprehensive review of supportive services in Supportive Housing as we seek to target those clients who continue to face significant health challenges from HIV/AIDS, substance use, and mental illness.

Finally, in Healthcare, Prevention, and Supportive Housing, we have also successfully managed new, performance-based contracts from the city, both fiscally and programmatically, helping to ensure that Harlem United has both the management capacity and reputation with project officers to handle the advent of performance-based contracting across the broad array of federal, state, and city funders in the next few years.

6. Strengthening Our Management Bench. Given the agency's growth and success, we have also made necessary enhancements to our management bench. Starting with the hiring of Mr. Kelsey Louie as our new Deputy Director for Supportive Housing at the beginning of Fiscal Year 2008, and ending with Mr. Robert Cordero's arrival as our new Deputy Director for Operations just before the start of Fiscal Year 2009, we have noticeably strengthened our Executive Team.

In conjunction with or FROST'D Alliance, we re-organized our organizational charts and placed mid-level coordinators in key departments to free up Managing Directors from day-to-day crisis management so that they could engage more fully in programmatic and fiscal analysis and course correction. We also launched a major revision to our Management Triad, including a 3-day Triad Academy at Union Theological in late November 2007, and the completion of a Triad Management Handbook. Finally, we have formulated a communications plan for the agency and started beefing up our communications and development departments.

As we look ahead at the challenges facing us in Fiscal Year 2008, we believe the agency is exceptionally well positioned to thrive, even in a difficult funding and policy environment. Our success is particularly vital now, as the HIV/AIDS epidemic continues to attack our community, particularly our most vulnerable: youth, gay men of color, intravenous drug users, the mentally ill, and the homeless.

Key Service Outcomes for 2007

Harlem United has made a vanguard commitment to evaluating our program outcomes and our health impact on those we serve. Our mission to our clients, community, and funders demands no less.

Five years ago, we established an in-house Evaluation Department to evaluate outcomes for our three divisions: Healthcare; Prevention; and Supportive Housing.

We have also made program evaluation and outcomes performance an integral management tool. Using a paradigm developed by Mr. Patrick J. McGovern, Chief Executive Officer and President, Harlem United deploys a *Management Triad*[®] involving:

1. data-driven administrative supervision of individual staff performance;
2. separate clinical supervision of staff and programs to overcome clinical barriers to the provision of services; and
3. continuous quality improvement and corrective action planning to incorporate health outcome data and evaluation into program management and service delivery.

We have also disseminated our evaluation model to other non-profits, health policy-makers, and experts.

Our strategic alliance with The Foundation For Research On Sexually Transmitted Diseases, Inc. ("FROST'D"), the announcement of our new Federally Qualified Health Center for the Homeless (FQHC-H) status, and new Medical and Health Research Association (MHRA)-funded, performance-based contracts created an unprecedented demand for evaluation services in 2007.

In response, evaluators at the agency helped program staff to initiate an impressive array of new quality improvement and outcome monitoring projects this year, all while maintaining existing research and evaluation activities.

Below are highlights from each of Harlem United's service divisions for 2007.

Healthcare Division: 2007 Highlights

Providing Highly-Effective Integrated Care

- Harlem United's two Adult Day Health Care (ADHC) programs provide comprehensive healthcare and social services to individuals whose AIDS diagnosis is complicated by substance use, homelessness, and/or mental illness.
- Of ADHC members with advanced AIDS, (CD4 100 or less), 69% had an improved CD4 at most recent follow-up, while ADHC members with seriously compromised immune systems, (CD4 101-200), 90% had an improved CD4 at most recent follow-up.

Meeting Clients “Where They Are”

- Harlem United’s Directly Observed Therapy (DOT) program provides close monitoring of HIV+ clients’ adherence to Antiretroviral Therapy (ARVT) and non-ARVT medication.
- Of DOT clients with detectable viral loads at baseline, 50% became undetectable at follow-up, and 67% of DOT members who were most critically ill at baseline (CD4 less than 100), improved their CD4 at follow up.

Mobile Mental Health (MMH) Services

- The MMH program provides high quality, culturally competent mental health services to ensure that members maintain access to care.
- Costly emergency room visits for MMH clients dropped from 46% to 22%, and individuals with hospitalizations for medical reasons decreased from 33% to 9%.

Dental Care

- We performed over 5,100 procedures in 2007, a 47% increase over 2006, and treated 31% more clients.

Prevention Division: 2007 Highlights

Rapid Growth and Integration

- In 2007, the Prevention Division nearly doubled its annual budget, adding eight new contracts, and expanding our continuum of field-based prevention activities, including mobile syringe exchange as result of our strategic alliance with FROST’D.
- The FROST’D alliance also brought us the Black Men’s Initiative (BMI). BMI provides a continuum of outreach, HIV prevention education and testing, risk reduction counseling and peer-based services to African American men who have sex with men, conducted on the Internet, in the office, and in the field.
- We established the “Blocks Project,” an innovative HIV-testing program and research project that saturates small, geographically-defined, high HIV prevalence zones with HIV prevention messages, community awareness activities, and onsite HIV testing services. Unlike traditional risk-based approaches, Blocks is based on the premise that in some high prevalence neighborhoods, HIV is more about where you live than who you are.
- With CDC funding, we also implemented two formal research projects designed to examine the efficacy of various HIV testing recruitment strategies for two populations: African American women and men who have sex with men.

Substantial Increases In Prevention Services

- In 2007, we performed over 3,500 HIV tests, a 68% increase over 2006 and a 120% increase over 2005.
- We also achieved a 4.2% seropositivity rate compared with 1.1% nationally.
- We increased our connection-to-care rate to 71%, surpassing the New York City Department of Health's overall rate for Harlem of 51%.

Supportive Housing Division: 2007 Highlights

Providing Critically Needed Services

- Through our recent strategic alliance with FROST'D, we are now able to provide clients with the full range of housing services.
- Homeless individuals can now receive everything from emergency shelter, 12-18 month transitional housing, permanent supportive housing, and supportive housing that offers the lease to the client upon completion of the 12-month program.

Implementing Our Integrated Model:

- In 2007, most housing clients (70%) were dually enrolled in housing and one other Harlem United program.
- Forty percent were enrolled in our primary medical care and 43% were enrolled in our dental services. More than a third (36%) were enrolled in one of our ADHC programs. Fourteen percent were enrolled in our Food and Nutrition program, and 13% were enrolled in our Mobile Mental Health program and in our Harm Reduction/Recovery Readiness program.

Facilitating Routine Medical Care

- Clients in our housing division visit their primary care physician (PCP) an average of 7.17 times per year, and 80% had a visit at least once every four months. Using HRSA's once-a-year standard for PCP visits would bring our clients' PCP visitation rate to 99%.

Improving Self-Sufficiency

- Since placement in Harlem United housing, 8% of our clients have obtained fulltime work, 11% have obtained part-time or stipend work, 10% have earned a GED, and 5% have earned a college degree.

Our Clients

Our clients include mental illness, substance use, homelessness, and stigma due to sexuality, HIV status, and/or transgender status. Many also have unhappy histories of emergency room care or of providers who did not fully understand their complex histories or situations. For these reasons, providing effective on-going medical care for this population is especially difficult.

D.'s Story

D. is like many of our clients when they first come to us – for every two steps forward, she took one step back. Our harm reduction approach and one-stop shop and healthy and healing community are strategically designed to keep individuals just like her engaged in services. D. first encountered Harlem United in December 2006, through our HIV testing program. She had come in with her boyfriend to test. Our Testers immediately noted that she had a black eye. In privately interviewing her, she admitted that she already knew she was HIV positive but had not disclosed to her boyfriend and that he was physically abusive to her. He had also threatened to kill her if he tested positive. The Testers immediately referred D. to staff in our Women's Housing program who quickly placed her in a safe house. Our Women's Housing Program Coordinator and psychotherapist kept in contact with her. She cycled in and out of our housing as well as domestic violence facilities and relationships with abusive partners. However, she was gradually progressing. In March 2007, she finally admitted to her Women's Housing case manager that she was a crack cocaine user and was ready to quit. Over time, we were able to get her admitted to detox and an outpatient substance abuse program. Though, like many of our clients, D. could not stay clean, we stayed with her throughout, referring her to our COBRA case management program to help her with entitlements and enrolling her in our El Faro primary care and the ADHC program, which she began attending regularly. When she entered our Women's Housing program once again in April 2007, D. began to really turn things around for herself. She committed to informing her case manager about decisions relating to her safety/domestic violence. She refrained from any romantic relationships for six months and then began seeing a long-time friend who is aware of her status and whose family is supportive of her. She has had more than four months of sobriety and regularly attends AA and NA meetings for support. She has become an active member and Treasurer of our Mobile Mental Health Program Community Advisory Board and is also enrolled in that program's Buddy Program to become a peer advocate and escort. D. also regularly sees a psychotherapist at Harlem United and at St. Vincent's Hospital. Finally, after many years of ups and downs caused by the stress of physical abuse and her substance use, D.'s mental health and physical health are stabilizing and she is taking a renewed interest in life, attempting to locate and build a relationship with her two sons (ages 17 and 18) who she has not seen in four years.

V.'s Story

V.'s story demonstrates the multiplicity of issues that can lead to a decline in an individual's health and the power of an array of appropriate services offered within a supportive environment to promote healing. V. came to Harlem United in November 2004 after having been first diagnosed with HIV in April 1997. By the time she arrived at Harlem United, her CD4 count had spiraled down to four, a dangerously low level. She was dealing with multiple issues, including the loss of foster care of all of her ten children, as well as cocaine and alcohol dependencies, and a diagnosis of major depression. Though she enrolled in our ADHC program, her attendance was sporadic at best. Staff recommended that she speak with the Psychiatrist at Harlem United to help manage her

depression. With education and support from staff, she began taking psychotropic medication faithfully and now her depression is well managed. Once we were able to stabilize her depression, we were more able to address HIV disease management. She had been ambivalent about taking HIV medications – many on the medications struggle with the side effects that go with them and V. had an intense fear of them – and had struggled with adherence, and so had become resistant to most of the available regimens. By September 2005, her viral load had surged to more than 100,000 while her CD4 count had remained low at 6. Our medical team was able to determine a therapy that was appropriate for the client. V. was then able to work through her ambivalence with help from weekly psychotherapy and the support of the Nurse in our Directly Observed Therapy Program (DOT). In November 2007, her CD4 was nine and her viral load had dropped to just under 17,000. Within one month of her adherence to the new regimen, V.'s CD4 rose to 27 and her viral load was undetectable. Along with the improvements in her health, V.'s self-esteem has also improved and she feels empowered to begin making changes in her life.

Our Special Thanks

On behalf of our clients and our staff, Harlem United's expresses a special thank you to all its public and private supporters. We could not accomplish our mission without their continued funding and assistance.

Harlem United is a good shepherd of the generosity of our donors and grantors, who can all rest assured that they have helped to create real and positive changes in the lives of those who benefit from our community of care.