

**F R A N N I E  
P E A B O D Y  
C E N T E R**  
comprehensive HIV & AIDS services

Strategic Plan 2020 - 2025

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## Executive Summary

Frannie Peabody Center recognizes that the strength and effectiveness of its programs are influenced by community awareness, public policy, and medical advancement. Collaborative relationships, a robust and supportive agency structure, diligent program monitoring, and an appreciation for our diverse community ensure that our services contribute to positive health outcomes and the agency's sustainability. These acknowledgements guided the agency's strategic planning process, which incorporated staff, community, client and partner feedback on services, structure and operations from 2018 through 2020, culminating with a Strategic Plan for 2020-2025.

The first quarter of 2020 brought another global pandemic, reminiscent of the fear and panic that fueled the HIV/AIDS-related stigma of the early 1980s. As the country grappled with the public health and economic implications, agencies like Frannie Peabody Center were forced to adapt. With no interruptions to care, our programs proved resilient, supported by state and federal structures that address housing and healthcare for people living with HIV/AIDS, and buoyed by the generosity of our donors and responsive development strategies. Additionally, the murder of George Floyd in May of 2020 led to global demonstrations and a renewed demand for racial justice and equity. Like many non-profit organizations, Frannie Peabody Center Board and staff looked inward, engaging in a process to examine our programs, services and operations to ensure we are an active participant in dismantling systemic racism and inequality, which in turn strengthens our community and the services we provide.

While the agency looks to the future of its services and furthering its mission through 2025, Frannie Peabody Center will focus on the following goals:

1. Increase Access to Care and Reduce Barriers to Care
2. Enhance Program Integration and Flexibility
3. Improve Financial Preparedness

The efforts and strategies throughout this Plan will require support from the Board and full staff. Progress will be monitored and evaluated on an ongoing basis through existing mechanisms, including staff and board committees in addition to quarterly and annual reporting required by Frannie Peabody Center's funding sources.

Frannie Peabody Center is grateful to the Board, staff, clients, and community for providing their guidance and recommendations to support quality services to people living with and at risk for HIV/AIDS in Maine.

## **Mission, Vision & Values**

Following consideration by the staff, clients and Board of Directors, the agency has adopted the following mission, vision and values statements to guide our work through the next five years:

### **Mission**

Empowering and supporting people living with or affected by HIV/AIDS in Maine through integrative care, education, advocacy, and prevention services.

### **Vision**

Through continued innovation and a dedicated client-centered approach, we envision an end to HIV transmission and AIDS-related deaths.

### **Values**

Frannie Peabody Center is driven by our extensive history of delivering client-centered services and support for people living with or affected by HIV/AIDS, co-occurring conditions, and barriers to care. Frannie Peabody Center fosters compassion, resilience, courage, transparency, inclusiveness, collaboration, and innovation, while remaining steadfast in our goals of supporting sustained health for our clients and the community as a whole.

## **Our Commitment to Diversity, Equity, and Inclusion (“DEI”)**

Frannie Peabody Center and its founding organizations, The AIDS Project and Peabody House, were established in response to a health crisis and subsequent health disparities exacerbated by discrimination, stigma, and societal inequities. Federal and international resources like the Ryan White Care Act, Housing Opportunities for Persons with AIDS (HOPWA), and PEPFAR (President’s Emergency Plan for AIDS Relief, 2003) were initiated to help alleviate barriers, but more work is needed to ensure all people living with and at risk for HIV/AIDS, particularly populations disproportionately affected, have equitable access to care. The grass-roots battle cries from our past of “SILENCE=DEATH” and “ACT UP, FIGHT BACK” ring especially true today as our communities amplify the fight for racial justice and combat a new co-occurring pandemic.

FPC recognizes the impact we may have, as an agency, in dismantling systemic inequities through our internal policies, models of care, and advocacy. In June of 2020, FPC established both board and staff committees to sustain and monitor this effort. The staff committee drafted the following statement as a guiding principle and lens to be applied to this ongoing work:

*“FPC recognizes that oppression is easily replicated within the non-profit field, despite an organization’s stated mission, vision, and values. As such, the agency is committed to the ongoing process of evaluating, and implementing policies, procedures, and practices to ensure FPC is empowering, uplifting, and centering clients, staff, and community partners of historically marginalized identities within groups such as but not limited to: race, gender, sexual orientation, class/socioeconomic status, age, ability, religion, native language, immigration status, and ethnicity.”*

The committees’ work will be focused around the following strategies, with support from the Board of Directors, as well as experts in the field;

1. Expand FPC’s hiring and recruitment practices across staff, Board, and donors to ensure our network is more reflective of the communities we serve.
2. Routinely evaluate agency policies and program outcomes to identify and address possible gaps or barriers to care associated with specific populations or demographics.
3. Enhance staff and board training opportunities and requirements to ensure a culturally competent work force, partnering with local experts and/or specialists in the field of HIV/AIDS.

FPC’s DEI work is driven by the agency’s awareness of the need to articulate an intentional and explicit approach to diversity, equity, and inclusion. The scope of this work and the advancement of its established goals will be a catalyst for infusing diversity, equity, and inclusion into all aspects of the agency’s operations and culture; furthering our mission and contributing to a more equitable society.

## Agency Goals & Strategies

FPC's comprehensive and integrated programs work to ensure positive health outcomes for people in Maine living with and at risk for HIV/AIDS. As public and private funding may shift based on a myriad of outside forces, FPC will focus on three overarching goals that contribute to the sustainability of a high level of care for PLWHA and those at risk. Achieving these goals requires coordinated efforts across agency programs and administrative departments, with support from the Board of Directors. Each of the programs and departments highlighted within this plan will work in tandem to achieve the following goals:

4. Increase Access to Care and Reduce Barriers to Care
5. Enhance Program Integration and Flexibility
6. Improve Financial Preparedness

### I. Programs

#### Prevention

Prevention services at Frannie Peabody Center have expanded over the past seven years to include Hepatitis C testing, targeted outreach, and testing for racial and ethnic minority communities. This work is funded primarily by the Maine Center for Disease Control and Prevention (CDC). Agency strategies and activities have adapted to better serve the community with the advancement of tools such as pre/post-exposure prophylaxis ([PrEP/PEP](#)), FDA-approved [HIV home testing kits](#) (2012), and the State of Maine's Administration's expansion of funding for syringe exchange programs throughout the state (2020).

Additionally, [Treatment as Prevention](#) (TasP) is an integral part of all direct services at FPC. Case Management staff frequently rely on prevention staff and services to support those living with HIV, their family members and loved ones, and it is an important tool in community education, relationships, disclosure, and fighting stigma.

As a community-based HIV and Hepatitis C testing provider, FPC performs over 500 HIV tests and 250 Hepatitis C tests annually. Staff and volunteers are certified by the Maine CDC in counseling, testing and referral (CTR) services, and provide critical linkage to care for those diagnosed and at risk for HIV and/or Hepatitis C.

In meeting the agency's goal (1) of increasing Access to Care and Reducing Barriers to Cares, FPC will employ the following strategies:

#### **Expanded Outreach and Testing Capability**

##### **Addition of Syphilis Testing**

Community members often turn to FPC for safe and confidential testing services. The addition of Hep C testing services in 2013 assisted in reaching more of the population of individuals that inject drugs. Offering testing for more than one infection also contributes to overcoming single-disease

stigma as a barrier. The steady increase in Syphilis rates in Maine have presented a critical need and influenced funding allocation within the current State Administration's CDC.

### **Increase Access to and awareness of PrEP and PEP (Pre- and Post-exposure Prophylaxis)**

FPC will establish and manage a centralized resource to support linkage and navigation resources for PrEP and PEP as a critical tool in preventing HIV infection. Prevention staff will work with community partner providers and experts in the field to help educate both community members and medical providers seeking information related to PrEP/PEP treatment options, access, coverage and affordability, as well as linkage to care. Staff will also develop and coordinate a volunteer network to support the sustainability and growth of the initiative.

### **Increase Access to Testing**

The onset of COVID-19 in 2020 accelerated support and demand for innovative testing strategies that prevent gaps in care. FPC implemented policies and procedures for free curbside and at-home testing, with support from the Maine CDC. It is important to note that the addition of free at-home testing now potentially serves a population of people that may have not been accessing walk-in testing due to stigma. FPC will continue to advocate for the sustained funding of these services, beyond the COVID-19 crisis, and develop new strategies that may be necessary during other public health emergencies or times of crisis which limit access to FPC offices and community settings.

## **Case Management**

FPC currently provides HIV case management services to over 320 people annually through Section 13 of MaineCare (Maine's Medicaid Program) and the agency's statewide administration of Ryan White Part B services. Case management is available to people in Maine living with HIV/AIDS living at or below 500% FPL and works in close partnership with Maine CDC, Office of MaineCare Services, and infectious disease practitioners.

MaineCare is unique in its provision of benefits through the HIV waiver, one of Maine's section 1115 waivers through the Federal Government. The HIV waiver extends eligibility for MaineCare, which has historically filled gaps for individuals who would have otherwise not been eligible for MaineCare due to being over the income threshold.

Integrated, wrap-around services as a model of care has proven successful in addressing the needs of PLWHA as medications and federally-funded programs have evolved over the past three decades. Continuing to enhance that model by building on community relationships and provider networks will be essential to increasing access to care and improved health outcomes.

Achieving agency goals of (1) Increased Access to Care and (3) Improve Financial Preparedness within the context of case management will require the following strategies:

### **Enhance Community Partnerships**

FPC will work more closely with local community partners such as Gilman Clinic at Maine Medical Center, Greater Portland Health (Ryan White Part C provider) and St. Mary's Health System (Ryan White Part B subcontractor); maximizing capacity and resources, streamlining linkage to care and

preventing gaps along the care continuum. This may occur through continued coordination and embedded operations between partners, as well as collaborative programs as funding opportunities arise (HRSA, Maine CDC, etc).

### **Strengthen Health Outcome Monitoring & Evaluation**

FPC will expand the role of the case management support team, which currently consists of the executive director, case management supervisor and coordinator, operations coordinator, and program data manager. This team operates to monitor program integrity and compliance. The expanded tasks will include monitoring care plan goals achieved through chart audits, lab data, and measuring linkage and enrollment in services to ensure rapid entry to care for new and returning clients. These strategies will provide a more data-driven process to reveal gaps in care and the need for program adaptations.

### **Diversify Program Funding to Preserve Client Engagement**

FPC will work with State leaders to advocate and adapt to MaineCare policy that impacts client enrollment in HIV care programs and other needed services to address co-occurring issues. This may include state and federal movement toward value-based purchasing programs (per member, per month, pay for performance model) as opposed to fee-for-service reimbursement models. When these models result in barriers to care due to perceived service overlap or duplication, FPC will prepare for solutions including targeted fundraising for unreimbursed services, subcontracting with partner agencies, and agency licensing/enrollment where appropriate.

## **Housing**

FPC's housing program is funded primarily through HUD HOPWA grants, which are set to renew in 2021 and 2022, however the three grants may be subject to Request for Proposals (RFP) for the first time. FPC's longstanding relationship with regional and national HUD HOPWA offices remain strong due to diligent program operations, compliance and reporting. However, housing instability remains one of the most challenging barriers faced by clients, and one of the most significant contributing obstacles to adherence and engagement in care. Restrictions and standards set by HUD such as Fair-Market Rent, and administrative expenses caps create additional barriers.

### **Expand Access to Housing Resources**

HOPWA resources and program waivers within CARES Act initiated during the 2020 COVID-19 crisis have created an opportunity for FPC to demonstrate strategies that can further HUD's program goals and create a more efficient model of housing support beyond the COVID-19 crisis. FPC will continue to advocate for the maintenance of these policies as they expand access to care.

FPC will continue to seek additional funding opportunities within HUD/HOPWA/SPNS (Special Projects of National Significance) grants that expand existing resources and/or create new opportunities.



## **Behavioral Health**

FPC became a licensed behavioral health provider as part of the agency's 2013 strategic planning process. This program is currently operating at capacity and serves only HIV-positive individuals; however, the program was developed to meet the need for individuals at risk for HIV infection as well. FPC often covers funding gaps created by individuals' inability to pay insurance co-pays and/or reach the maximum out-of-pocket expenses required by private insurance products prior to coverage. Addressing these challenges to support access and financial sustainability will require the following strategies:

### **Increase Awareness of Program Within the Community**

FPC will work with referral partners (clinical and non-clinical) to increase program awareness and promote specialized counseling services as well as maintaining a streamlined and accessible referral and intake process. As demand grows, FPC will closely monitor need and capacity to add more program staff when appropriate.

### **Support Program Sustainability**

Maine DHHS is currently engaged in an evaluation and survey likely to result in an increase in MaineCare rate reimbursement. FPC will continue to advocate and demonstrate the need for this specialized service, particularly as it relates to the state's growing opioid epidemic and increased community awareness of suicide prevention.

FPC will also continue to seek funding restricted to these services to support clients in accessing the service while they may be facing financial hardship.

As demand for these services increases, FPC will closely monitor the need for an additional clinician on staff. FPC will continue to support existing staff interested in, and on their way toward, achieving the licensing necessary to provide counseling services.

## **II. Finance & Development**

Over the previous five years, the agency's finance and development strategies have focused around the goal of increasing revenue and funding diversity, while optimizing resources. Through consolidation of roles and increased operational efficiency, FPC has reduced the number of full-time equivalent (FTE) personnel from 20.23 to 15.43 – saving over \$230,000 annually in salaries and benefits - while consistently providing the same level of care and services throughout. These consolidations coincided with staff turnover and thus did not require layoffs. Over the past five years, development revenue has fluctuated within a \$150,000 margin. The development department continues to cut special event expenses which has not negatively impacted the agency's capacity to increase event revenue.

Unexpected changes to revenue through federal and state funding cuts, shifting foundation priorities, and societal crises such as the recession of 2008 and the COVID-19 pandemic can have significant influence on private and public funding capacity. The agency must maintain operational efficiency while continuing to decrease expenses in order to prepare for and sustain continuity through these extended periods of economic decline and/or hardship. Agency directors will work together to take advantage of any additional and emergency resources available to help mitigate crises.

## **Finance**

In evaluating the agency's finances, the Finance and Executive Directors performed a financial SWOT analysis with review and input from the Board's Finance Committee; identifying strong (stable/consistent) sources of revenue, weaknesses or threats (shifting foundation priorities, inconsistent funding streams) and opportunities for new or expanded revenue (partnerships/collaborations). The same process was used to evaluate expenses. As a result, FPC will focus on the following priorities in an effort to increase revenue while decreasing agency expenses and supporting mission-based, fiscally responsible growth:

### **Reduce Occupancy Expenses**

The shifts in workplace operations in response to the 2020 COVID-19 pandemic proved that service capacity and quality can be maintained with a drastically reduced utilization of physical office space. Investing in secure technology and mobile devices that support HIPAA compliant remote work would allow FPC to save an estimated 20% (\$32,000) in annual occupancy expenses. It is estimated that technology required to support this model of work would be approximately \$20,000 every five years (or the lifetime of the equipment). We believe that having a location central to Portland supports the majority of our clients by allowing for access to an office visit when necessary, within close proximity to critical social and medical services.

### **Establish Collaborative Service Partnerships**

Collaborative partnerships enhance the services offered at FPC by working with specialized providers, minimize service duplication, ensure continuity of care, and create opportunities for savings. FPC will continue to work collaboratively as needs fluctuate to ensure people in Maine have access to community-based HIV care.

FPC will work with the Maine CDC to subcontract with local and statewide providers to effectively target populations at high risk of HIV infection. These partnerships will increase FPC's targeted outreach and education delivery capacity across Maine; support effective use of funds; and create a broader, more sustainable network of providers that contribute to streamlined linkage to care.

FPC will continue to work with Health Resources and Services Administration (HRSA)-funded partners (Ryan White Part C) and clinical providers to identify funding opportunities that promote integrated care and contribute to positive health outcomes.

### **Expand Opportunities for Service Growth**

FPC will identify funding streams that contribute to service growth within the scope of the agency's mission and increase revenue that supports financial sustainability. This includes the three-year administration of additional HOPWA funding through the CARES Act in response to 2020's COVID-19 pandemic. Additional funds support expanded service delivery to HIV positive individuals in Maine engaged in case management services outside of Frannie Peabody Center, as well as increased revenue toward staffing costs.

Examining state-reimbursed services will require FPC to be nimble in its designation and service delivery between the existing fee-for-service model, and the value-based purchasing model (per

member/per month). These program designations will enable FPC to serve clients who qualify for multiple state-funded programs, while still supporting access to specialized care.

FPC will also take steps toward ensuring staff have any required credentialing or qualifications to support an increase in demand for reimbursable services. This may include certified testing, behavioral health counseling, supervisory requirements, etc.

## **Development**

With an ever-shifting philanthropic landscape and the impact of unforeseen circumstances, such as the 2020 COVID-19 pandemic, FPC's response readiness will affect our revenue streams well into the future. FPC's fundraising focus of contributions from individuals, foundations, corporations, and charitable bequests is built on strengthening connections, ensuring transparency, and establishing trust from our donors, while clearly communicating the impact of our work. With this in mind, FPC will implement the following Development strategies:

### **Increase Focus on New Foundation and Corporate Partnerships**

In addition to maintaining a successful grant program, FPC will focus on establishing new foundation and corporate relationships, toward a grant fundraising goal of \$148,000 per year. With support from the Director of Development will work with all key stakeholders at FPC, including program staff and administration, to identify grant opportunities, evaluate successful projects, and develop strategies around grant submissions. The Director of Development (DOD) will ensure compliance with the terms of grants, follow through on all deliverables - including submitting reports according to the grantor's requirements - by maintaining a grant management system, which tracks active grants and prospects. The Executive Director and DOD will maintain consistent communication with grantors - including meetings and site visits per year - to ensure strong stewardship.

### **Build and Sustain Major Gift and Planned Giving Program**

Individual giving remains the largest source of giving, accounting for 68% of all giving in the United States (The Giving Institute: *Giving USA*, 2019). FPC will develop a long-term strategy for donor engagement and retention to expand FPC's donor pool and build a foundation for a strong major gift and planned giving program.

FPC will take stock of the agency's current donor base, through donor segmentation and analysis, and establish strategies for each donor group to increase cultivation of new donors and stewardship of long-time donors. Segmentation will also include current Annual Appeal donors to encourage increased annual giving. Additionally, FPC will seek opportunities to acquire new donors through increased prospect research. FPC will also seek the engagement of the Board of Directors in identifying and/or soliciting major donor prospects.

To ensure successful donor stewardship, FPC will follow best practices for donor recognition, while also recognizing the particular preference of each donor – whether a donor is seeking to be recognized publicly or remain anonymous. Each donor's stewardship will be reviewed on a case-by-case basis. All donor contact will be tracked and reviewed periodically.

In collaboration with the Development Committee, FPC will develop and launch a new Planned Giving Program, which entails the implementation of a communication strategy, including a dedicated Planned Giving web page, a concise case statement, and a brochure aimed at increasing awareness and the acquisition of planned gifts.

### **Increase Community Support through Special Events**

Special events present a unique opportunity to bring people together in solidarity and support of a common cause. However, as the COVID-19 crisis has shown, special events are also vulnerable to unforeseen circumstances, such as the need for social distancing. In 2020, FPC showed its resiliency by quickly shifting its Southern Maine AIDS Walk, originally scheduled one month after the COVID-19 quarantine, to a Virtual Walk later in the summer. The agency remains committed to raising awareness of its mission and to increasing community support by hosting several yearly events, toward a total fundraising event goal of \$135,000.

FPC will work toward the continued success of the Southern Maine AIDS Walk/5K Run - its largest yearly event - which raises \$110,000 per year, and is critical to its total yearly fundraising goal and support of the agency's general operations. To that end, FPC will maintain strong relationships with its AIDS Walk sponsors throughout the year by promoting their support on its website and all social media platforms. FPC will also work to increase stewardship of long-time AIDS Walk sponsors, and engage with new donors.

In addition to the AIDS Walk, FPC will continue to organize several other events throughout the year, including World AIDS Day, and participate in community events, including Pride Portland! and the High Heel Dash in Ogunquit.

Ultimately, throughout all of its events, FPC seeks to increase audience reach and diversity, and build relationships with donors, as well as turn event attendees and volunteers into potential supporters.

### **Create Impact through Multi-Channel Communication**

Effective communication across multiple channels not only benefits outreach and awareness, but is also directly correlated with increased donor engagement. According to a 2018 study by Nonprofit Source, 55% of people who engage with nonprofits via social media end up taking some form of action to benefit the agency - 59% of them donate money. To that end, FPC will seek to make the impact of its work prominent through its various digital communication tools, including website, social media, and email communication.

FPC will evaluate the quality of its digital presence across its devices and media using the platforms' data analytics. A nonprofit's website remains the top digital destination for donors who are seeking information about - or want to engage with - the organization. As such, it should be treated as the anchor for digital communications with donors and visitors. FPC will consider the effectiveness of the agency's current website design and content, as well as the possible transition to a new platform that might be an improved entry point into the agency.

Donors count on receiving emails from nonprofits and look to these communications as a source of current news. As such, FPC will continue to use email blasts as a means to communicate periodically with donors, provide them with information, as well as calls to action.

As relevant agency news develops, FPC will produce press releases to keep the public informed of and engaged with the work of the agency. With thousands of social media followers - 2,200 on Facebook, 1,038 on Twitter and almost 800 on Instagram, as of June 2020 - FPC will continue to engage its social media audience in relevant dialog to further its mission and values and support the work of the agency.

### **III. Advocacy**

Advocacy and activism are at the root of FPC's work. Federal programs such as The Ryan White Care Act and HOPWA, as well as the National HIV/AIDS Strategy and the evolution of HIV medications result from decades of communities organizing to demand access to care within the context of social justice and human dignity. These efforts continue as we look to the current movements of women's rights and reproductive rights, Black Lives Matter, affordable healthcare and housing, LGBTQIA rights, immigrant rights and others that work toward dismantling systems of inequity.

FPC recognizes the potential impact our active participation has on these movements as a provider of HIV services, and how these movements influence the health outcomes of the people we serve. Additionally, our involvement in local and state advocacy may directly impact our capacity and model of care. All advocacy performed by or on behalf of Frannie Peabody Center will fall within the activities allowable under section 501(c)(3) of the Internal Revenue Code.

FPC recommits to furthering these efforts through the following strategies:

#### **Identify and Advocate for Legislative Actions that Contribute to Improved Access to Care for PLWHA & Those at Risk**

FPC will work with partners, networks and coalitions such as the HIV Advisory Committee (HIVAC), Maine Immigrant Rights Coalition (MIRC), Health Equity Alliance and others to effectively identify policies and proposals that may impact access to care for people living with and at risk of HIV/AIDS.

FPC will engage with staff, clients, and community partners to offer testimony in support of/opposed to state-level legislative activities and local policy implementation; ensuring opportunities for the presentation of diverse perspectives and experiences representative of the community we serve.

FPC will work in partnership with the Board Advocacy Committee to streamline action alerts and necessary approval for sign-on letters and the position of agency statements.

#### **Utilize Communication and Development Functions to Engage Our Supporters in Advocacy Efforts**

FPC's new donor database platform incorporates an online advocacy tool that enables constituents to connect directly with their representatives on specific issues through FPC's website. With support

from the Board Advocacy Committee, FPC's Development and Executive Directors will implement internal and external communication procedures to capitalize on this functionality; enhancing our capacity to engage with our community and effectively advocating for issues that further the agency's mission.

FPC's Development Department will actively search for funding resources that support advocacy efforts, including transportation and food for clients who may choose to testify at hearings or participate on panels.

FPC's Development and Executive Directors will work with the Board to draft statements, testimony, streamline communication and leverage the agency's digital platforms in increasing community awareness and participation.

### **Develop and Cultivate Relationships with Representatives That May Impact Policy Affecting PLWHA & Those at Risk**

FPC will routinely and pro-actively engage with local, state and national representatives and officials to ensure the needs of PLWHA and those at risk are emphasized, and advocate for the continued public funding for critical programs that address these needs.

## **IV. Evaluation & Operations**

The agency's operational strategy centers around efficiency, program integrity, and workplace culture. FPC values its staff and recognizes the importance of a supportive work-life balance and collaborative environment in providing a high level of care to our clients and community. While we operate under strict financial guidelines, and often with limited resources, we strive to ensure staff are provided with a competitive benefits package and are compensated at or above statewide salary standards as reported by the Maine Association of Non-Profits. FPC invests in its staff's skill development to not only enhance job performance but also to contribute to individual's personal goals and aspirations. Additionally, diligent program monitoring is key to identifying gaps in care, supporting staff, improving upon systems and policies, and critical to preserving program funding resources.

Over the next 3-5 years, FPC will continue to focus on the following strategies to enhance agency operations:

### **Support a More Mobile Workforce through Technology and Flexibility**

Meeting clients *where they are* has been a key piece of FPC's service delivery as it reduces barriers to care for clients, and following the onset of the COVID-19 crisis, they are increasingly online. Ensuring staff have secure mobile technology and tools (agency laptops, cell phones/wifi hotspots, unlimited data) has enhanced our ability to efficiently document and monitor health outcomes, process client applications, and reduce paperwork. Having sharply pivoted from strategy to necessity due to the COVID-19 crisis, FPC's ability to work remotely has ensured continuity of care, forced us to reevaluate our operational needs, and revealed areas of financial savings.

As we forge ahead, knowing improved technology and flexibility will improve our service delivery, it is imperative that our security measures and confidentiality policies run parallel. Additionally, in the event

staff need to work from home for an extended period of time, it will be important for the agency to contribute to personal office needs such as furniture, internet access, appropriate ergonomic equipment – an investment that may be funded in part by financial savings from downsizing our current office space (as referenced in the Finance section).

Digitizing client paperwork to support secure remote access for service delivery and reducing office space are important strategies to consider; however their implementation depend heavily on program documentation requirements set by the State’s Department of Health and Human Services, Medicaid, and the Federal Health Resources and Services Administration (HRSA), which administers the Ryan White Part B Program.

### **Maintain Robust Methods for Program Monitoring and Evaluation**

Following a MaineCare Audit in 2018, FPC established a case management support team that meets weekly to audit charts and discuss/address program challenges and strategies. The group’s work has helped to ensure contractual compliance, monitor program outcomes, and support the case managers with capacity needs.

FPC will build on this proven model to ensure all direct service programs are consistently monitored for program integrity. This multi-disciplinary team will also help facilitate program integration and support the development of collaborative solutions to barriers our clients face.

### **Ensure Emergency Preparedness and Disaster Recovery**

FPC will develop and routinely reassess an Emergency Preparedness and Disaster Recovery Manual to ensure our agency has a comprehensive plan to effectively prevent gaps in care during times of crisis. This policy will include establishment of up-to-date logs of equipment and software, establish and creation of a response team with clearly delineated responsibilities. It will take into account a wide range of possible scenarios, including natural disasters, public health and/or public safety emergencies, and property damage.

This manual will be reviewed by all staff as necessary and not less than annually. The response team members will have both printed and electronic copies to be accessed from any location. Response team members will be trained on roles, and emergency response simulations will be conducted twice annually.