



SUFFOLK UNIVERSITY

CENTER FOR PUBLIC MANAGEMENT

**RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT
BOSTON EMA PART A MAI PROGRAMS**

Outcomes Measurement Summary Report

MINORITY AIDS INITIATIVE (MAI)

FY 2007

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EXECUTIVE SUMMARY

Suffolk University in conjunction with the Boston Public Health Commission (BPHC) has been assessing the impact of Ryan White Part A services on people living with HIV/AIDS (PLWH) in the Boston Eligible Metropolitan Area (EMA) since 1996. Suffolk University's Center for Public Management (CPM) collects individual client outcome data every six months from service providers and reports the results annually to BPHC.

Under Part A (formerly Title I), CPM has reported on client outcomes from 12 different service categories including those funded through the Minority AIDS Initiative (MAI) Program. However, as a result of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 which separated MAI from other Part A services, outcomes for clients receiving services through MAI in FY 2007 have been collected and reported on separately. MAI providers will continue to use the same Outcome Measurement System as Part A providers with the exception of reporting periods. The MAI reporting periods will change to February-July and August-January while Part A reporting periods will remain March-August and September-February.

As a result of these changes, this report includes three reporting periods of data for FY 2007 (March 2007-August 2007, September 2007-January 2008, and February 2008-July 2008). Data for FY 2006 includes outcome measurement reports received from MAI providers under the Part A fiscal year and is comprised of two reporting periods (March 2006-August 2006 and September 2006-February 2007).

In FY 2006, 399 outcome measurement reports were received from seven MAI providers representing 266 unduplicated clients. In FY 2007 (as a result of three reporting periods), 889 outcome measurement reports were received from eight MAI providers, yielding 453 unduplicated clients. This report compares outcome reports assessed during FY 2006 and FY 2007 for new and on-going MAI clients. In addition, the following study groups are included:

- 1) Six-Year Cohort of On-Going MAI clients
- 2) Black and Hispanic clients receiving case management services,
- 3) Black and Hispanic clients receiving peer support services, and;
- 4) New Client Cohort

Overall findings from the above comparisons suggest that MAI services have had a positive impact on PLWH in the Boston EMA. Specifically, in FY 2007 both on-going and new MAI clients continue to have fair health status and good quality of life status, and individual health and quality of life outcomes have remained at a fair or good outcome level.

Furthermore, with one exception (Maintenance of Primary Medical Care outcome for Black MAI clients receiving Case Management services), at least seventy-five percent (75%) of both Black and Hispanic clients receiving Case Management and/or Peer Support services showed stable or improved outcomes in FY 2007 for key health indicators including CD-4 Count, Viral Load, and Maintenance of Primary Medical Care.

The outcome comparisons completed for specific demographic groups (Black and Hispanic) and by service categories (Case Management and Peer Support) suggest that all MAI clients, regardless of race or type of service received, are improving and/or achieving good or excellent outcome levels.

METHODOLOGY

Development of the Outcomes Measurement System (OMS)

In 1996, Suffolk University's Center for Public Management (CPM) began working with the Boston Public Health Commission (BPHC) to develop an Outcome Measurement System (OMS) to evaluate the impact of Part A services on the health and quality of life of people living with HIV/AIDS (PLWH) in the Boston EMA. This partnership continued through the addition of the MAI program in 1999.

In 2001, two modifications were made to the OMS. First, the separate data instruments were merged into one instrument, yielding seven health and eight quality of life measures. Part A providers, including MAI, were required to report on five of the 15 outcomes which were most appropriate for each client served. Of the five, three were required to be health outcomes, including CD-4 Count and/or Viral Load. Second, analysts adopted unique and anonymous client identifiers that were developed by BPHC for clients utilizing Ryan White Part A and MAI services, allowing for the tracking of health and quality of life outcomes over time.

In 2004, analysts integrated the BPHC demographic database into the OMS, allowing more detailed analysis of the impact of Part A and MAI services on specific client populations.

In 2007, analysts made additional modifications to the OMS. Analysts merged outcomes from the previous instrument to yield four health and five quality of life measures. Part A and MAI providers must now report on all nine outcomes. The revised outcomes measurement tool was implemented in March 2007. In order to make comparisons between reporting periods, outcome data from the new tool were matched to previous outcome measures. The matching of previous outcomes to the current outcomes is detailed on page seven of this report.

Data Collection

Health and quality of life outcomes are evaluated every six months using a one-page standard outcome measurement tool. Outcome measurement reports are evaluated for **new clients** (clients who have started using MAI services during the current reporting period) and **on-going clients** (clients who are continuing to use MAI services and have had a case review during the current reporting period).

MAI providers are required to complete each of the nine outcome measures on the Outcome Measurement Tool for all clients receiving MAI services during the reporting period. Exceptions to this include a response of "Not Applicable" for questions that refer to a client's adherence to, and the side effects of, prescribed HIV-related medical therapies (Outcomes 4 and 5). If a client is not prescribed HIV-related medical therapies, a response of "Not Applicable" would be indicated for both outcomes.

To ensure confidentiality, a unique identifier is used for a client's outcome measurement report. This 13 digit code consists of the first three letters of the client's mother's first name, the six digit date of birth, and the last four digits of the client's social security

number. Client codes for undocumented clients or clients missing information are generated by employing Xs and 9s in the above fields. By utilizing these unique client identifiers, a client’s health and quality of life status, as well as service utilization, can be tracked over time.

In addition to unique client identifiers and outcome scores, providers also include the following information on the outcome measurement reports:

- Report date
- Agency name
- Agency contact name and phone number
- Client status (new intake or on-going)
- Intake date for new clients

Providers participate in a yearly training that includes verbal and written instructions (available in the Provider Manual) on completing and submitting outcome forms. BPHC staff assists in coordination of technical assistance for agencies related to outcomes submission and Suffolk staff provides individualized training on electronic submission and paper report completion.

Outcome Measures

MAI programs provide Case Management and Peer Support services to improve and maintain the health status and quality of life of people of color living HIV/AIDS. Additionally, MAI funded services seek to support individuals of racial and ethnic minorities who are living with HIV/AIDS.

There are four health outcome measures for PLWH receiving MAI or Part A services in the Boston EMA. The optimal outcome for each health indicator is shown in Figure 1.

FIGURE 1. HEALTH OUTCOME MEASURES

Health Outcome Measures	Optimal Outcome
1. CD-4 Counts	Client has a CD-4 count greater than 500
2. Viral Load	Client has an HIV Viral Load of less than 75 or an undetectable level
3. Maintenance of Primary Medical Care	Client has kept all scheduled primary medical care appointments in the past 6 months
4. Adherence to Prescribed HIV Related Medical Therapies	Client always adheres to HIV-related medical therapies as prescribed

There are five quality of life outcome measures for PLWH receiving MAI or Part A services in the Boston EMA. The optimal outcome for each quality of life indicator is shown in Figure 2.

FIGURE 2. QUALITY OF LIFE OUTCOME MEASURES

Quality of Life Outcome Measures	Optimal Outcome
5. Impact of Side Effects from HIV-related Medical Therapies	Client has no side effects or side effects are not impacting activities of daily living
6. Mental Health Status	Client shows no indication of mental health problems
7. Access to Psychosocial Support	Client is fully connected to psychosocial support when needed
8. Level of Self Sufficiency	Client is able to manage all day to day activities
9. Housing Status	Client has stable and satisfactory housing

Outcome Calculations

Analysts employed a four-step process in calculating outcome scores:

Step 1: Each of the four measurement levels was assigned a descending numeric score (9=crisis, 0=no need). (See example below.)

Outcomes: To improve and/or stabilize...	Client's Level of Need			
	Crisis Score=9	High Need Score=6	Moderate/Low Need Score=3	No Need Score=0
1. CD-4 counts	<input type="checkbox"/> Less than 50	<input type="checkbox"/> 50 - 199	<input type="checkbox"/> 200 – 500	<input type="checkbox"/> >500

Step 2: Numeric scores ranging from 0-9 were computed.

Step 3: Mean scores were generated.

Step 4: Mean scores were adjusted to a 100-point ascending scale (0=crisis, 100=no need/achieved outcome) by subtracting the mean from 9.00 and then multiplying the result by 11.1.

Note: If a client receives an outcome measurement report from more than one provider than the scores are averaged.

Calculating Health & Quality of Life Status

Analysts measured Health Status by averaging Outcomes 1 to 4, then executed Step 4 above. (Outcome 1: CD-4 Counts, Outcome 2: Viral Load, Outcome 3: Maintenance of Primary Medical Care, Outcome 4: Adherence to Prescribed HIV Related Medical Therapies).

Analysts measured Quality of Life Status by averaging Outcomes 5-9, then proceeded with step 4 above. (Outcome 5: Impact of Side Effects from HIV-related Medical Therapies, Outcome 6: Mental Health Status, Outcome 7: Access to Psychosocial Support, Outcome 8: Level of Self-Sufficiency, Outcome 9: Housing Status)

Interpreting Outcome Scores

All outcomes have four measurement levels ranging from crisis level (having a poor health or quality of life status) to achieving the optimal/desired outcome level (having an excellent health or quality of life status). The criterion a client must meet at each measurement level is detailed in the outcome measurement tool.

In this report, outcome scores are reported on a 100-point scale. A score of 100 indicates that a client has reached the optimal goal. Outcomes scores that are less than 100 are categorized as good (score: 68-99), fair (score: 34-67), and poor (score: 0-33).

Reported Outcome Score	Health/Quality of Life
100	EXCELLENT... Achieved outcome goal. May need continued services to maintain goal achievement.
68-99	GOOD... Making significant progress towards outcome goal. Needs some additional services to reach the goal.
34-67	FAIR... Making some progress toward reaching the outcome goal. There is a significant need for additional services.
0-33	POOR... In crisis and in need of substantial additional services.

Comparisons of the New Tool to the Old Tool

In an effort to use all outcome data collected with the previous tool in future comparisons, analysts attempted to match the 15 outcomes from the 2001 Outcomes Measurement Tool with the nine outcomes from the 2007 Outcomes Measurement Tool. Decisions on which outcomes to match were based on a qualitative interpretation. In order to include as much of the historical data as possible, all outcomes from the previous tool were matched to outcomes in the new tool, including some outcomes from the previous tool which were merged. Applied statistical protocol determined that these comparisons were not highly correlated, and thus not an accurate indicator of outcome changes between FY 2006 and FY 2007.

In order to address concerns about the validity of comparing historical data collected with the old tool to data collected with the new tool, additional testing was done to determine other options for linking outcomes from the new tool with the old tool. During this analysis three of the outcomes reported on in the previous tool (Level of Depression, Coping Skills and Level of Stress, and Knowledge about HIV/AIDS) could not be matched successfully to any of the outcomes on the new tool and thus were removed from FY 2007 comparisons.

Before excluding the removed outcomes from future comparisons, weak correlations between outcomes from the old tool and new tool were considered, along with the logical role of these old outcomes within the new tool. Through these discussions, BPHC staff agreed that it was logically sound to remove these outcomes from future comparisons. The results of additional testing suggested that the following matching below (excluding the three outcomes) had higher correlations, and therefore were more reliable. Figure 3 below depicts the final outcome comparisons which are used when comparing FY 2007 data to previously collected outcomes data.

FIGURE 3. OUTCOME COMPARISONS: NEW TOOL VS. OLD TOOL

New Tool	Old Tool
Outcome 1: CD-4 Count	Outcome 1: CD-4 Count
Outcome 2: Viral Load	Outcome 2: Viral Load
Outcome 3: Maintenance of Medical Care	Outcome 5: Ability to Maintain Medical Care
Outcome 4: Adherence to Prescribed HIV Related Medical Therapies	Outcome 6: Ability to Adhere to Medical Therapies
Outcome 5: Impact of Side-Effects from HIV-related Medications	Outcome 14: Level of Side Effects from Medications
Outcome 6: Mental Health Status	Outcome 13: Level of Crisis Intervention
Outcome 7: Access to Psychosocial Support	Outcome 10: Level of Support Network
Outcome 8: Level of Self Sufficiency	Outcome 7: Ability to Advocate
Outcome 9: Housing Status	Outcome 9: Ability to Maintain Housing

Data Quality

Upon receipt, Suffolk reviews each outcome measurement report for missing or inconsistent information. After data entry, the project supervisor randomly selects reports and cross-references them with the database for data input errors. In addition, reports detailing clients entered into the database are distributed to providers submitting outcome measurement reports. Providers then check their lists to ensure that Suffolk entered the unique identifiers for their clients correctly. This report is helpful for large providers or for

agencies with high staff turnover to ensure consistency in data collection. Providers also use this report as a reference to ensure that reports are completed on all clients receiving services in the next reporting period.

Survey Reliability

For the FY 2007 Part A Mid-Year Report, analysts performed statistical tests to determine the reliability of the new tool which was utilized for the first time during the March 2007-August 2007 reporting period. The two fundamental questions addressed when assessing survey reliability are 1) how much of the variability in outcome scores is due to measurement error? and 2) how much is due to variability in true scores? Results reported in the FY 2007 Part A Mid-Year Report indicated a moderate degree of internal consistency.¹ This type of reliability often helps researchers interpret data, predict the value of scores, and predict the limits of the relationship among variables. Reliability measures how consistently providers are interpreting and applying the outcome measurement levels when assessing individual outcomes. Statistical tests used to measure the reliability of the new tool included a Guttman Split half, an unequal-length Spearman-Brown, and Cronbach's alpha. Both the Guttman and Spearman-Brown tests provide correlation estimates of internal reliability of the tool while Cronbach's alpha measures for internal consistency within the tool.² Split half computations yielded a Guttman Split half correlation of .6660 and an unequal-length Spearman-Brown correlation of .6710. To confirm split-halves reliability, Cronbach's alpha yielded a standardized alpha of .6980 for nine items.³

It was noted in the FY 2007 Mid-Year Report that the moderate level of internal reliability might be due to an unequal balance between the reporting of poor and excellent outcome measures. In the old tool, outcomes with more positive results were more likely to be picked by providers (e.g. high percentage of clients in good or excellent status for CD-4 Counts) whereas in the new tool all nine outcomes are assessed, including those which may not yield a high percentage of good or excellent outcomes (e.g. Impact of Side Effects from HIV-related Medical Therapies). This may yield poor correlations between the outcomes.

In June of 2008, the reliability testing was again conducted using the full set of data collected in FY 2007 (March 2007-August 2007 and September 2007-February 2008 reporting periods). Results indicated a higher level of reliability with the tool. Specifically, the Guttman Split half reliability yielded a correlation from .6660 to .7620 and the unequal-length Spearman-Brown improved from .6710 to .7850. To confirm split-halves reliability, Cronbach's alpha yielded a standardized alpha of .7700 for nine items which also increased from the previously reported .6980.⁴

Results of the reliability testing indicate a moderate to high level of internal reliability for the new tool at the 95% confidence level. In split-half reliability measurement, the higher the

¹ Measures how consistently individuals respond to items utilizing the same scales of measurement.

² Measures whether or not items assessing the same general constructs produce comparable scores.

³ The closer the correlations are to 1.00, the greater the survey tool reliability.

⁴ The closer the correlations are to 1.00, the greater the survey tool reliability.

intercorrelations among items (the closer the score is to 1.00), the greater the reliability that the items are consistently measuring the same underlying construct. Since the Outcome Measurement Tool is designed to measure an array of constructs related to both health and quality of life outcomes a score of 1.00 is not expected.

The increase in reliability scores may be due in part to the increase in the number of outcome measurement reports (two reporting periods vs. one reporting period) or because of improved consistency in reporting among providers. In other words, providers are now more familiar with the tool due to additional training and utilization as compared to the previous reporting period.

Statistical Notes

An Independent Samples *t* Test was employed to determine whether or not there was a statistically significant change in outcome scores between fiscal years. Since each sample consisted of a different set of clients, the Levene test was used to determine whether or not the sample variances were equal before using the *t* test. If equal variances are assumed incorrectly, the likelihood of making a Type I error increases. In other words, there is a risk that a researcher will report a change as statistically significant when in fact it is not. If the Levene test indicates that variances are not equal than the *t* test assuming unequal variances is used.

Statistical significance indicates that there is a high probability that a result is not likely due to chance alone. An observed difference between two groups is considered statistically significant when a statistical test determines that chance accounts for this difference 5% or less of the time. In other words, there is a 95% certainty that the observed results cannot be explained solely by chance.

In this report, researchers marked statistically significant relationships with a single asterisk (*) for $p < .05$, indicating there is only a 5% chance that the results fall outside the data presented.

DATA SAMPLE

Figure 4 shows the number of outcome reports submitted by each MAI provider in FY 2006 and FY 2007. In FY 2007 there are 490 more outcome measurement reports than in FY 2006. This difference is explained by the six-month extension of FY 2007, which resulted in three instead of two reporting periods. In addition, FY 2007 includes outcome reports from eight providers as compared to seven providers in FY 2006.

FIGURE 4. OUTCOME SUBMISSIONS BY PROVIDER
FY 2006 (March 2006-February 2007) vs. FY 2007 (March 2007-July 2008)

MAI Provider	FY 2006 # of Outcome Reports Submitted	FY 2007 # of Outcome Reports Submitted
Casa Esperanza	36	14
CCHER	26	25
Centro Latino de Chelsea	51	74
Dimock Community Health Center	117	262
Greater Lawrence Family Health Center	69	156
Latino American Health Institute	43	90
Whittier Street Neighborhood Health Center	57	91
Upham's Corner	0	177
Total	399	889

FY 2007 includes 460 unduplicated clients as compared to 266 unduplicated clients in FY 2006. Figure 5 details the number of unduplicated clients in FY 2006 and FY 2007 by provider. There were 34 clients in FY 2006 and seven clients in FY 2007 that received services from more than one MAI provider.

FIGURE 5. OUTCOME SUBMISSIONS BY PROVIDER
FY 2006 (March 2006-February 2007) vs. FY 2007 (March 2007-July 2008)

Provider	# of Unduplicated Clients FY 2006	# of Unduplicated Clients FY 2007
Casa Esperanza	30	9
CCHER	26	14
Centro Latino de Chelsea	29	30
Dimock Community Health Center	77	167
Greater Lawrence Family Health Center	45	94
Latino American Health Institute	24	37
Whittier Street Neighborhood Health Center	35	42
Upham's Corner	0	67
Total	266	460

Figure 6 below shows the number of new and on-going MAI clients during FY 2006 and FY 2007. The table also shows the number of MAI clients who were identified as both new and on-going during the same fiscal year.

FIGURE 6. OUTCOME SUBMISSIONS BY CLIENTS STAUS
FY 2006 (March 2006-February 2007) vs. FY 2007 (March 2007-July 2008)

Provider	FY 2006	FY 2007
New	62	133
On-going	215	366
Both ⁵	17	46

As detailed in Figure 7 below, analysts were able to match demographic data for 85% of the MAI clients receiving services in FY 2007 (384 out of 453 unduplicated clients).

FIGURE 7. FY 2007 MAI DEMOGRPAHICS
FY 2007 (March 2007-July 2008)
(n=384)

Gender	% of clients
Male	53%
Female	46%
Hispanic or Latino/a	% of clients
Hispanic	48%
Non Hispanic	34%
Not Known	18%
Federal Race Categories	% of clients
White	18%
Black	54%
Asian	2%
Native Hawaiian/Other Pacific Islander	2%
American Indian or Alaskan Native	3%
Unknown	21%
Other Racial or Ethnic Groups	% of clients
African	10%
Brazilian	2%
Cape Verdean	5%
Haitian	16%
Portuguese	3%

⁵ Clients are included in both the new and on-going study groups primarily as a result of being assessed in the first reporting period of FY 2007 as new and then assessed as on-going in subsequent reporting periods.

RESULTS

When reviewing Figures 8 through 11, please note that the same clients are not consistently assessed across fiscal years. In addition, the number of unduplicated clients (n) reported on in FY 2007 is larger than in previous fiscal years because it includes outcome measurement reports from three instead of two reporting periods.

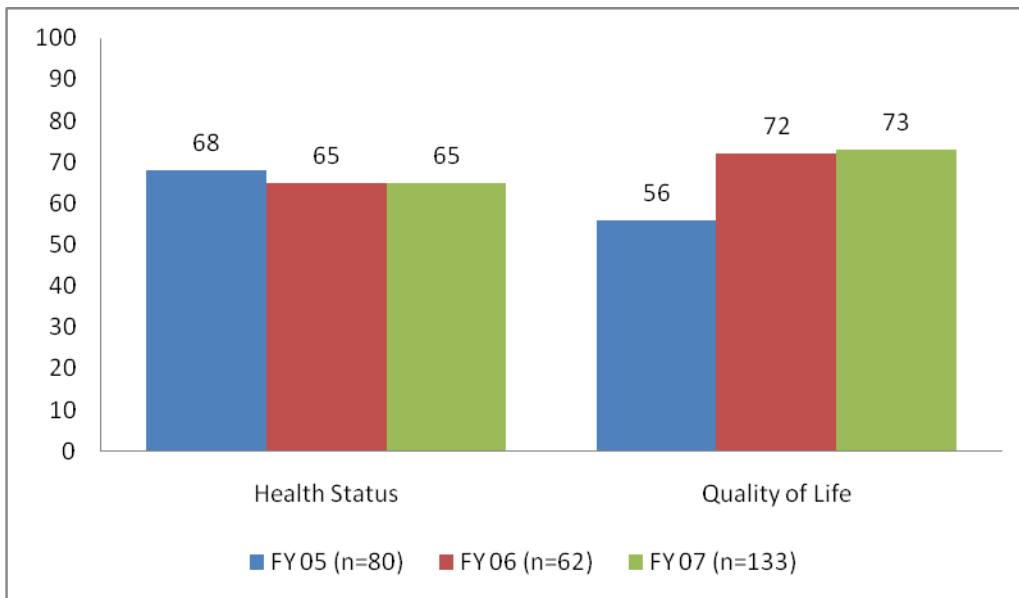
Health Status & Quality of Life: New MAI Clients

- Health status for new MAI clients did not change significantly between FY 2005 and FY 2007. However, the average quality of life outcome scores for new MAI clients increased by 17 points between FY 2005 and FY 2007. As a result, new MAI clients in FY 2007 are at a good quality of life status.

FIGURE 8. NEW MAI CLIENTS: HEALTH STATUS AND QUALITY OF LIFE OVER TIME

Health Status: Aggregate Average Scores for Outcomes #1-4
Quality of Life: Aggregate Average Scores for Outcomes #5-9

FY 2005 (March 2005-February 2006) vs. FY 2006 (March 2006-February 2007) vs. FY 2007 (March 2007-July 2008)



Reported Outcome Score	Health/Quality of Life
100	EXCELLENT ...Achieved outcome goal.
68-99	GOOD ...Making significant progress towards outcome goal. Needs some additional services to reach the goal.
34-67	FAIR ...Making some progress toward reaching the outcome goal. There is a significant need for additional services.
0-33	POOR ...In crisis and in need of substantial additional services.

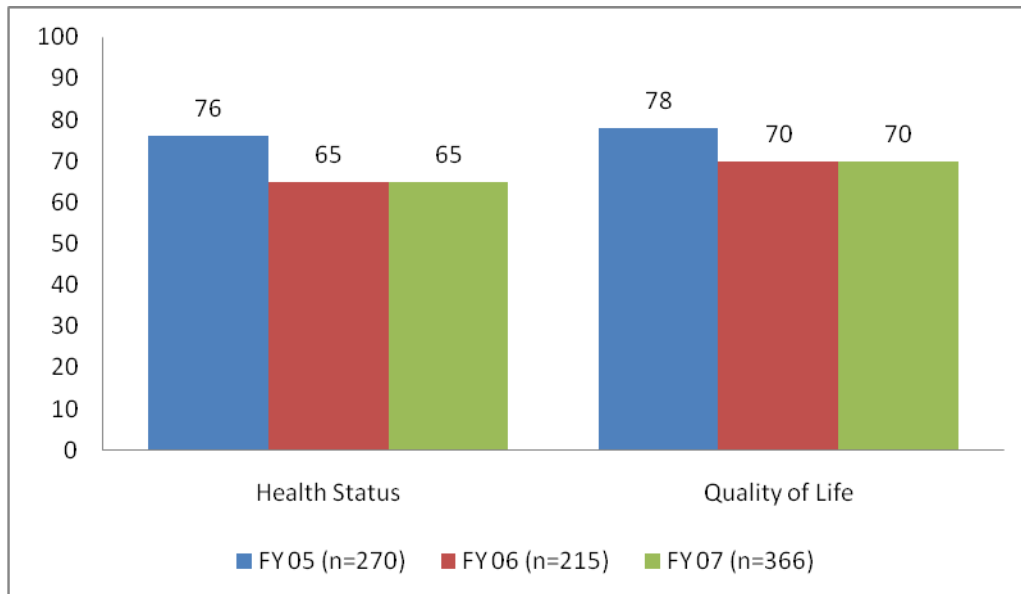
Health Status & Quality of Life: On-Going MAI Clients

- Health status and quality of life status for on-going MAI clients remained constant from FY 2006 to FY 2007, indicating that on-going MAI clients continue to have a good health and quality of life status.

FIGURE 9. ON-GOING MAI CLIENTS: HEALTH STATUS AND QUALITY OF LIFE OVER TIME

Health Status: Aggregate Average Scores for Outcomes #1-4
Quality of Life: Aggregate Average Scores for Outcomes #5-9

FY 2005 (March 2005-February 2006) vs. FY 2006 (March 2006-February 2007) vs. FY 2007 (March 2007-July 2008)



Reported Outcome Score	Health/Quality of Life
100	EXCELLENT ...Achieved outcome goal.
68-99	GOOD ...Making significant progress towards outcome goal. Needs some additional services to reach the goal.
34-67	FAIR ...Making some progress toward reaching the outcome goal. There is a significant need for additional services.
0-33	POOR ...In crisis and in need of substantial additional services.

Individual Health Outcomes: New and On-Going MAI Clients

Since the same clients are not represented in a given fiscal year, the change in outcome scores between fiscal years is measured by calculating the numerical increase or decrease in individual scores.

- In FY 2007, new MAI clients had a fair outcome level for Adherence to Prescribed HIV Related Medical Therapies indicating there is a significant need for MAI services.
- Comparing FY 2006 to FY 2007, both new and on-going MAI clients have maintained good outcome levels for CD-4 Count, Viral Load, and Maintenance of Medical Care.

FIGURE 10. MAI HEALTH OUTCOME SCORES
FY 2006 (March 2006-February 2007) vs. FY 2007 (March 2007-July 2008)

Health Outcomes (# and description)	New Intakes			On-Going Clients			Optimal Outcome Goal
	FY 2006 (n=62)	FY 2007 (n=133)	Change in Outcome Score	FY 2006 (n=215)	FY 2007 (n=366)	Change in Outcome Score	
Outcome 1: CD-4 Count	60	70	10↑	71	70	-1↓	100 = CD Count >500
Outcome 2: Viral Load	70	76	6↑	76	74	-2↓	100 = <75/virus undetectable
Outcome 3: Maintenance of Medical Care	67	68	1↑	76	68	-8↓	100 = Kept all scheduled primary medical care appointments in the past 6 months.
Outcome 4: Adherence to Prescribed HIV Related Medical Therapies	Not evaluated	46	N/A	Not evaluated	60	N/A	100 = Always adheres to HIV – related medical therapies as prescribed.

Reported Outcome Score	Health/Quality of Life
100	EXCELLENT ...Achieved outcome goal.
68-99	GOOD ...Making significant progress towards outcome goal. Needs some additional services to reach the goal.
34-67	FAIR ...Making some progress toward reaching the outcome goal. There is a significant need for additional services.
0-33	POOR ...In crisis and in need of substantial additional services.

Individual Quality of Life Outcomes: New and On-Going MAI Clients

- As compared to FY 2006, the Impact of Side-Effects from HIV-related Medications outcome declined significantly for both new and on-going MAI clients. In other words, in FY 2007 new and on-going MAI clients reported a greater impact of side effects on their daily living.

FIGURE 11. MAI QUALITY OF LIFE OUTCOME SCORES
FY 2006 (March 2006-February 2007) vs. FY 2007 (March 2007-July 2008)

Quality of Life Outcomes (# and description)	New Intakes			On-Going Clients			Optimal Outcome Goal
	FY 2006 (n=62)	FY 2007 (n=133)	Change in Outcome Score	FY 2006 (n=215)	FY 2007 (n=366)	Change in Outcome Score	
Outcome 5: Impact of Side-Effects from HIV-related Medications	73	58	-15↓	71	61	-10↓*	100 = No side effects or side effects are not impacting activities of daily living
Outcome 6: Mental Health Status	67	68	1↑	61	63	2↑	100 = No indication of mental health problems
Outcome 7: Access to Psychosocial Support	81	82	1↑	77	78	1↑	100 = Fully connected to psychosocial support when needed
Outcome 8: Level of Self Sufficiency	71	79	8↑	64	73	9↑*	100 = Able to manage all day to day activities
Outcome 9: Housing Status	69	79	10↑	78	76	-2↓	100 = Stable and satisfactory housing

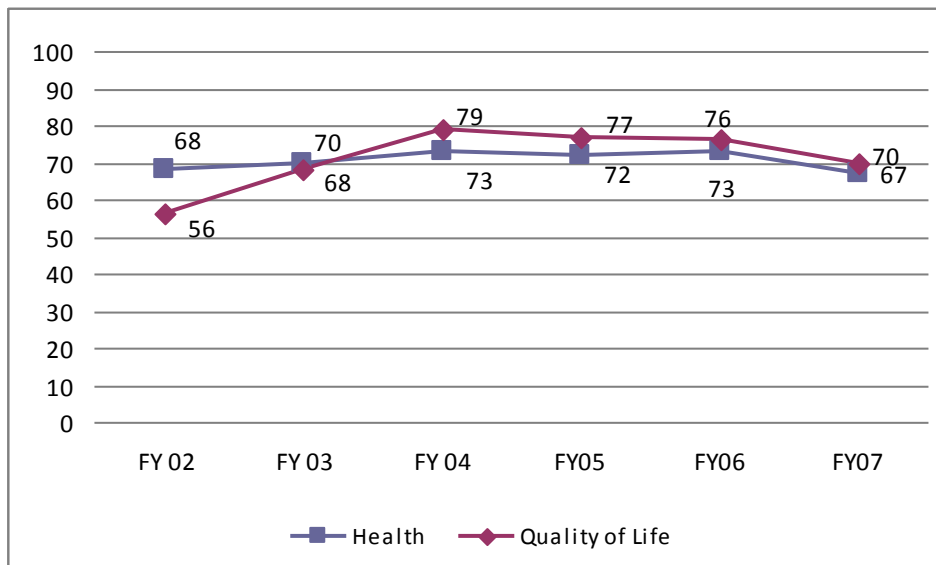
Reported Outcome Score	Health/Quality of Life
100	EXCELLENT ...Achieved outcome goal.
68-99	GOOD ...Making significant progress towards outcome goal. Needs some additional services to reach the goal.
34-67	FAIR ...Making some progress toward reaching the outcome goal. There is a significant need for additional services.
0-33	POOR ...In crisis and in need of substantial additional services.

* Statistically significant, p<.05 (95% level of certainty in the findings).

Six-Year Cohort

- A cohort of 35 MAI clients receiving an outcome measurement report once each fiscal year beginning in FY 2002 and continuing until FY 2007 was tracked in order to identify changes in overall health status and quality of life status for on-going MAI clients.
- The average health and quality of life outcome scores for the Cohort dropped by six points in FY 2007 but remained in the fair to good range.

FIGURE 12. CHANGE IN HEALTH & QUALITY OF LIFE OUTCOMES OVER TIME
Health: Aggregate Average Scores for Outcomes #1-4
Quality of Life: Aggregate Average Scores for Outcomes #5-9



Reported Outcome Score	Health/Quality of Life
100	EXCELLENT ...Achieved outcome goal.
68-99	GOOD ...Making significant progress towards outcome goal. Needs some additional services to reach the goal.
34-67	FAIR ...Making some progress toward reaching the outcome goal. There is a significant need for additional services.
0-33	POOR ...In crisis and in need of substantial additional services.

Two-Year Cohorts

The following section details the impact of Case Management and Peer Support services on Black and Hispanic MAI clients for four specific outcomes: CD-4 Count, Viral Load, Maintenance of Medical Care, and Adherence to Prescribed HIV Related Medical Therapies.

The change in outcome level (declined, stable or improved) from FY 2006 to FY 2007 for Adherence to Prescribed HIV Related Medical Therapies is not included in this report. Prior to FY 2007, MAI providers were not required to report on all outcomes, and subsequently the adherence outcome was not among the health indicators selected in FY 2006.

However, outcome levels (poor/in crisis, fair, good or excellent) in FY 2007 are shown for all four outcomes assessed. This data is also broken down by race (Black and Hispanic) and service category (Case Management and Peer Support).

With the exception of Black MAI clients receiving case management services, Black and Hispanic MAI clients receiving case management and/or peer support services showed stable or improved outcomes when comparing outcome levels for CD-4 count, Viral Load, and Maintenance of Medical Care outcome between FY 2006 and FY 2007.

Regardless of service type, at least 70% of both Black and Hispanic clients showed good or excellent outcomes for the four key health indicators: CD-4 Count, Viral Load, Maintenance of Medical Care, and Adherence to Prescribed HIV Related Medical Therapies.

Black MAI Clients Receiving Case Management Services

FIGURE 13. BLACK MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES: FY 2006 VS. FY 2007

Outcome	Total # of Black MAI Clients	Change in Client Level Outcomes FY 2006 vs. FY 2007					
		Declined		Stable		Improved	
		n	% of Clients	n	% of Clients	n	% of Clients
Outcome 1: CD-4 Count	80	14	18%	45	56%	21	26%
Outcome 2: Viral Load	85	17	20%	43	51%	25	29%
Outcome 3: Maintenance of Medical Care	81	25	31%	36	44%	20	25%

FIGURE 14. BLACK MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: CD-4 COUNT

Outcome 1 CD-4 Count	Total # of Black MAI Clients	Client Level Outcomes - FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		CD-4 Count less than 50		CD-4 Count 50 – 199		CD-4 Count 200 – 500		CD-4 Count >500	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	190	11	6%	17	9%	94	49%	68	36%

FIGURE 15. BLACK MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: VIRAL LOAD

Outcome 2 Viral Load	Total # of Black MAI Clients	Client Level Outcomes -FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Viral Load >100,000		Viral Load 10,000–100,000		Viral Load 75 – 9,999		Viral Load <75/virus undetectable	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	186	9	5%	24	13%	96	52%	57	30%

FIGURE 16. BLACK MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: MAINTENANCE OF MEDICAL CARE

Outcome 3 Maintenance of Medical Care	Total # of Black MAI Clients	Client Level Outcomes -FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Missed all or had no scheduled primary medical care appointments in the past 6 months		Kept some scheduled primary medical care appointments in the past 6 months		Kept most scheduled primary medical care appointments in the past 6 months		Kept all scheduled primary medical care appointments in the past 6 months	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	185	11	6%	35	19%	85	46%	54	29%

FIGURE 17. BLACK MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: ADHERENCE TO PRESCRIBED HIV RELATED MEDICAL THERAPIES

Outcome 4 Adherence to Prescribed HIV Related Medical Therapies	Total # of Black MAI Clients	Client Level Outcomes -FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Rarely adheres to HIV-related medical therapies as prescribed		Sometimes adheres to HIV-related medical therapies as prescribed		Frequently adheres to HIV-related medical therapies as prescribed		Always adheres to HIV-related medical therapies as prescribed	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	161	7	4%	19	12%	84	52%	51	32%

Black MAI Clients Receiving Peer Support Services

FIGURE 18. BLACK MAI CLIENTS RECEIVING PEER SUPPORT SERVICES: FY 2006 VS. FY 2007

Outcome	Total # of Black MAI Clients	Change in Client Level Outcomes FY 2006 vs. FY 2007					
		Declined		Stable		Improved	
		n	% of Clients	n	% of Clients	n	% of Clients
Outcome 1: CD-4 Count	58	10	18%	32	56%	16	26%
Outcome 2: Viral Load	55	9	16%	29	53%	17	31%
Outcome 3: Maintenance of Medical Care	52	11	21%	24	46%	17	33%

FIGURE 19. BLACK MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: CD-4 COUNT

Outcome 1 CD-4 Count	Total # of Black MAI Clients	Client Level Outcomes -FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		CD-4 Count less than 50		CD-4 Count 50 – 199		CD-4 Count 200 – 500		CD-4 Count >500	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	142	5	4%	10	7%	73	51%	54	38%

FIGURE 20. BLACK MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: VIRAL LOAD

Outcome 2 Viral Load	Total # of Black MAI Clients	Client Level Outcomes -FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Viral Load >100,000		Viral Load 10,000–100,000		Viral Load 75 – 9,999		Viral Load <75/virus undetectable	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	139	4	3%	19	13%	68	49%	48	35%

FIGURE 21. BLACK MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: MAINTENANCE OF MEDICAL CARE

Outcome 3 Maintenance of Medical Care	Total # of Black MAI Clients	Client Level Outcomes -FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Missed all or had no scheduled primary medical care appointments in the past 6 months		Kept some scheduled primary medical care appointments in the past 6 months		Kept most scheduled primary medical care appointments in the past 6 months		Kept all scheduled primary medical care appointments in the past 6 months	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	142	8	5%	30	21%	59	42%	45	32%

FIGURE 22. BLACK MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: ADHERENCE TO PRESCRIBED HIV RELATED MEDICAL THERAPIES

Outcome 4 Adherence to Prescribed HIV Related Medical Therapies	Total # of Black MAI Clients	Client Level Outcomes -FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Rarely adheres to HIV-related medical therapies as prescribed		Sometimes adheres to HIV-related medical therapies as prescribed		Frequently adheres to HIV-related medical therapies as prescribed		Always adheres to HIV-related medical therapies as prescribed	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	126	7	5%	19	15%	55	44%	45	36%

Hispanic MAI Clients Receiving Case Management Services

FIGURE 23. HISPANIC MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES: FY 2006 VS. FY 2007

Outcome	Total # of Hispanic MAI Clients	Change in Client Level Outcomes FY 2006 vs. FY 2007					
		Declined		Stable		Improved	
		n	% of Clients	n	% of Clients	n	% of Clients
Outcome 1: CD-4 Count	70	11	16%	39	55%	20	29%
Outcome 2: Viral Load	68	12	18%	35	51%	21	31%
Outcome 3: Maintenance of Medical Care	65	16	24%	31	48%	18	28%

FIGURE 24. HISPANIC MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: CD-4 COUNT

Outcome 1 CD-4 Count	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		CD-4 Count less than 50		CD-4 Count 50 – 199		CD-4 Count 200 – 500		CD-4 Count >500	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	105	8	7%	20	19%	25	24%	52	50%

FIGURE 25. HISPANIC MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: VIRAL LOAD

Outcome 2 Viral Load	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Viral Load >100,000		Viral Load 10,000–100,000		Viral Load 75 – 9,999		Viral Load <75/virus undetectable	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	106	9	8%	23	22%	44	42%	30	28%

FIGURE 26. HISPANIC MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: MAINTENANCE OF MEDICAL CARE

Outcome 3 Maintenance of Medical Care	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Missed all or had no scheduled primary medical care appointments in the past 6 months		Kept some scheduled primary medical care appointments in the past 6 months		Kept most scheduled primary medical care appointments in the past 6 months		Kept all scheduled primary medical care appointments in the past 6 months	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	102	9	9%	23	23%	41	40%	29	28%

FIGURE 27. HISPANIC MAI CLIENTS RECEIVING CASE MANAGEMENT SERVICES IN FY 2007: ADHERENCE TO PRESCRIBED HIV RELATED MEDICAL THERAPIES

Outcome 4 Adherence to Prescribed HIV Related Medical Therapies	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Rarely adheres to HIV-related medical therapies as prescribed		Sometimes adheres to HIV-related medical therapies as prescribed		Frequently adheres to HIV-related medical therapies as prescribed		Always adheres to HIV-related medical therapies as prescribed	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	92	6	%	12	13%	47	51%	27	29%

Hispanic MAI Clients Receiving Peer Support Services

FIGURE 28. HISPANIC MAI CLIENTS RECEIVING PEER SUPPORT SERVICES: FY 2006 VS. FY 2007

Outcome	Total # of Hispanic MAI Clients	Change in Client Level Outcomes FY 2006 vs. FY 2007					
		Declined		Stable		Improved	
		n	% of Clients	n	% of Clients	n	% of Clients
Outcome 1: CD-4 Count	71	12	17%	39	55%	20	28%
Outcome 2: Viral Load	64	11	17%	33	52%	20	31%
Outcome 3: Maintenance of Medical Care	58	14	24%	28	48%	16	28%

FIGURE 29. HISPANIC MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: CD-4 COUNT

Outcome 1 CD-4 Count	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		CD-4 Count less than 50		CD-4 Count 50 – 199		CD-4 Count 200 – 500		CD-4 Count >500	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	143	7	5%	17	12%	76	53%	43	30%

FIGURE 30. HISPANIC MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: VIRAL LOAD

Outcome 2 Viral Load	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Viral Load >100,000		Viral Load 10,000–100,000		Viral Load 75 – 9,999		Viral Load <75/virus undetectable	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	144	9	6%	22	15%	73	51%	40	28%

FIGURE 31. HISPANIC MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: MAINTENANCE OF MEDICAL CARE

Outcome 3 Maintenance of Medical Care	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Missed all or had no scheduled primary medical care appointments in the past 6 months		Kept some scheduled primary medical care appointments in the past 6 months		Kept most scheduled primary medical care appointments in the past 6 months		Kept all scheduled primary medical care appointments in the past 6 months	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	145	7	5%	32	22%	64	44%	42	29%

FIGURE 32. HISPANIC MAI CLIENTS RECEIVING PEER SUPPORT SERVICES IN FY 2007: ADHERENCE TO PRESCRIBED HIV RELATED MEDICAL THERAPIES

Outcome 4 Adherence to Prescribed HIV Related Medical Therapies	Total # of Hispanic MAI Clients	Client Level Outcomes FY 2007							
		Poor/In Crisis		Fair		Good		Excellent	
		Rarely adheres to HIV-related medical therapies as prescribed		Sometimes adheres to HIV-related medical therapies as prescribed		Frequently adheres to HIV-related medical therapies as prescribed		Always adheres to HIV-related medical therapies as prescribed	
		n	% of Clients	n	% of Clients	n	% of Clients	n	% of Clients
	132	7	5%	24	18%	59	45%	42	32%

Impact of MAI services on New Clients

The table below shows the positive impact of MAI services on a New Client Cohort over an eighteen month period. The New Client Cohort consists of 25 clients who were new to MAI services during the first reporting period of FY 2007(March 2007-August 2007) and had a follow-up review during the last reporting period of FY 2007 (February 2008-July 2008). The New Client Cohort improved in seven out of nine outcomes.

FIGURE 33. YEAR END REVIEW FOR NEW MAI CLIENTS

Outcomes	Outcome Score (New to MAI services) First Review of FY 2007 (March 2007-August 2007) (n=25)	Outcome Score (After Receiving MAI services) Year-End Review (Feb 2008-July 2008) (n=25)	Change in Outcome Score	(%) Improvement after MAI services
Outcome 1: CD-4 Count	64	74	+10	16%↑
Outcome 2: Viral Load	65	77	+12	18%↑
Outcome 3: Maintenance of Medical Care	65	69	+4	6%↑
Outcome 4: Adherence to Prescribed HIV Related Medical Therapies	46	65	+19	41%↑
Outcome 5: Impact of Side-Effects from HIV-related Medications	53	73	+20	38%↑
Outcome 6: Mental Health Status	58	68	+10	17%↑
Outcome 7: Access to Psychosocial Support	78	76	-2	3%↓
Outcome 8: Level of Self Sufficiency	71	72	+1	1%↑
Outcome 9: Housing Status	68	64	-4	6%↓

LIMITATIONS

With the exception of cohorts, new and on-going clients in different reporting periods do not necessarily reflect the same set of clients. Therefore, caution should be used when comparing average health and quality of life outcome measurement scores across fiscal years. Similarly, since “new” or “on-going” reflect client status at the time of reporting, client progress from new to on-going status cannot be captured in this report.

Reliability measures indicate that the new tool has a moderate to high level of internal reliability. However, comparisons of outcome measures collected with the new tool versus the old tool have inherent validity issues. One factor affecting comparisons between outcomes collected with the previous tool and outcomes collected with the current tool is a change in the definition of outcomes. For example, Maintenance of Primary Medical Care was previously quantified by the number of missed appointments a client had in six months. More than 12 missed appointments indicated a poor outcome. However, in the new tool, exact numbers of missed appointments have been replaced by more flexible options. These definitions now vary between “missed all appointments”, “kept some”, “kept most”, or “kept all appointments”. This change in the outcome definition allows for a more equal comparison between clients regardless of the number of appointments each client has had. However, clients may now be reporting slightly different outcome levels according to the new definitions.

The number of clients assessed for each outcome also differs significantly in this report due to the change in outcome tools. Because providers are now required to report on all outcomes, many outcomes have a much higher number of clients. In addition, FY 2007 includes an additional reporting period of data. Therefore, caution should be used when interpreting these outcomes and the general findings in this report.

It is important to note that the outcome data presented in this report has been provided by MAI service providers and does not include outcome or service data from providers funded through other state or federal funding sources. Therefore, the health and quality of life outcomes reported may not be fully representative of the PLWH population receiving medical or support services in the Boston EMA.

CONCLUSION

Despite the discrepancy in sample sizes between fiscal years, and the limitations associated with the new outcome measurement tool, it is important to recognize that the findings presented in this report are consistent with previous reports. In other words, outcomes in FY 2007 continue to show the positive impact of MAI services on PLWH.

Specifically, from FY 2005 to FY 2007, new and on-going clients, receiving MAI services, maintained fair health and good quality of life status. Examining the same clients over time, via the six-year and two-year cohorts, MAI services have been successful in helping clients maintain their overall health and quality of life as well as improve on key health outcomes.

Overall, there is little disparity between Black and Hispanic clients receiving case management and/or peer support services, and in fact, over 75% of these client groups have shown stable or improved health outcomes (CD-4 Count, Viral Load, and Maintenance of Medical Care) from FY 2006 to FY 2007.

Looking at individual health outcomes during FY 2007, at least 75% of Black and Hispanic clients receiving case management and/or peer support services achieved good or excellent outcomes for Adherence to Prescribed HIV Medical Therapies, indicating that they frequently or always adhere to their medical therapies.

All in all, findings from the above comparisons suggest that MAI services have had a positive impact on PLWH in the Boston EMA. MAI clients (regardless of race or service use) continue to have fair health status and good quality of life. Individual health and quality of life outcomes remain consistently good or fair suggesting the need for continued MAI services as clients work toward achieving optimal outcomes in FY 2008.