



AIDSNET builds healthier communities by planning and funding HIV/AIDS care and prevention services.

CHANGE

The United States is currently preparing to elect its 44th president in November of this year. The general theme we hear from both sides of the arena is one of change. Echoing that theme was the fact that two of the people who bid for the democratic nomination, one being a woman and the other being an African American, broke both the gender and race barriers historically found in those vying for this position.

It was mandated under the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (ACT) to spend 75% of awards on essential medical care known as core services. A limit of 25% of the funds could be used to provide support services. Since then, further reductions in supportive services have been made. Because the Special Pharmaceuticals Benefits Program (SPBP) lapsed funds in 2008, the Pennsylvania Department of Health's (PA DOH) award will be decreased by about \$11,760,000. It will not be known until 2009 how much, if any, of that will be taken out of the base award which funds the regional coalitions. The ACT is due for rewrite by the legislature by October 9, 2009. What changes will be made? Will they contain changes to the 75%/25% distribution or will they count core services provided indirectly by coalitions?

The Centers for Disease Control and Prevention (CDC) recently changed its estimates of annual HIV incidence from approximately 40,000 new HIV infections annually in 2005 to 56,300 in 2006. According to the CDC, this revision does not necessarily indicate a rise in the incidence rate but an awareness of more accurate numbers. Regardless of the reason behind the numbers, they have changed and they have increased from prior estimates.

The PA DOH is currently revising the case management standards. How will this change the delivery of case management to clients? Case management focuses on providing eligible services to clients with the goal of referring and/or maintaining clients in HIV-related clinical care and treatment. How will AIDSNET implement these changes for the benefit of the clients?

AIDSNET's Prevention Staffing Committee has been meeting to standardize the educational and experiential criteria of prevention personnel in order to raise the skills of staff that do prevention interventions. There is also tremendous turnover due to the low salaries they are given. These changes the committee is implementing will align more to the qualifications of a case manager. AIDSNET is encouraging prevention providers to raise their unit cost in order to raise the salaries of staff which will, in turn, raise the quality of prevention interventions and stabilize staff.

What is changing is that HIV infection among men who have sex with men (MSM) has increased nationally 1.5% each year. New diagnoses among white MSMs ages 13 to 24 rose 12.4% annually and 14.9% annually among black men in the same age category. The AIDSNET region is beginning to see a rise in infections among this group. What has not changed is that minorities with HIV/AIDS across the nation are disproportionately infected when compared to their percentage of the population. At the same time, new HIV cases nationally decreased by 4.4% per year among injection drug users and 9.5% annually among heterosexuals.

We are faced with the barriers of stricter funding guidelines, level or decreased funding, and changing statistics. They all challenge us to rethink our approaches to both the care and prevention services we provide if we are to keep providing quality services.

Sharon A. Brown
Chairperson

**Statement of Financial Position as of June 30, 2008
With Comparative Totals as of June 30, 2007**

ASSETS	2008	2007
Current Assets		
Cash	\$ 82,580	\$ 32,958
Accounts Receivable	177,806	180,471
Prepaid Expenses	<u>2,083</u>	<u>2,083</u>
Total Current Assets	\$ 262,469	\$ 215,512
Property and Equipment		
Furniture and Equipment	\$ 107,174	\$ 109,174
Less: Accumulated Depreciation	<u>(103,271)</u>	<u>(102,756)</u>
Total Net Property and Equipment	\$ 3,903	\$ 6,418
Other Assets		
Deposit	<u>\$ 378</u>	<u>\$ 378</u>
Total Other Assets	\$ 378	\$ 378
TOTAL ASSETS	<u>\$ 266,750</u>	<u>\$ 222,308</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable	\$ 185,743	\$ 143,036
Payroll Taxes Withholding	3,882	1,282
Accrued Expenses	5,478	4,500
Deferred Income	<u>0</u>	<u>0</u>
Total Liabilities	\$ 195,103	\$ 148,818
Net Assets		
Unrestricted Fund	\$ 66,326	\$ 65,404
Temporarily Restricted Fund	1,418	1,668
Equity in Property and Equipment	<u>3,903</u>	<u>6,418</u>
Total Net Assets	\$ 71,647	\$ 73,490
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 266,750</u>	<u>\$ 222,308</u>

Sources of Revenue		
Category	Amount	Percent
State 656	\$ 632,043	31%
Ryan White	950,862	46%
HOPWA	460,897	23%
Other	<u>2,207</u>	<1%
Total	\$2,046,009	

Expenses		
Category	Amount	Percent
Administrative and Operating	\$ 176,909	9%
Program Operating	184,129	9%
Subcontract Services and Consultant	1,540,027	75%
Depreciation	3,745	<1%
Patient Care	<u>144,272</u>	7%
Total	\$2,049,082	

The Challenge of Making a Difference Locally

The 2007-2008 fiscal year was a time of continuing improvement for AIDSNET and the organizations it supports. Organizations contracted with AIDSNET are now on a two-year funding cycle. All agencies are being educated on the importance of reaching people with unmet need who know they are positive, but are not in care as defined by Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and the PA DOH. AIDSNET has been dedicated to creating a continuum between care and prevention services rather than the separation that was the norm in the past.

Care Services

This past year, 928 clients were served by the four case management agencies supported by AIDSNET. Of these, 58 percent were HIV positive and 41 percent had AIDS as defined by the CDC (the AIDS status of one percent of clients was unknown). Services provided through case management were in the areas of housing, transportation, legal services, emergency financial assistance, outpatient medical care and mental health.

Clients Receiving Care Services	
Service	Clients
Housing	126
Transportation	62
Legal Services	60
Emergency/Financial Assistance and Insurance Payments	55
Outpatient Medical, Dental and Eye Care	24
Mental Health Services	14

Approximately 71 percent of those served by the case management agencies were racial/ethnic minorities and 67 percent had an annual income equal or below the federal poverty level. Approximately 24 percent seen by the case managers had no health insurance and an additional 65 percent had some form of public health insurance (e.g., Medicare, Medicaid). While HIV/AIDS clearly affects every socio-economic segment of society, people who seek assistance from the case management agencies generally do not have the resources or health insurance to support their own

care. Due to the dramatic medical advances in the care of people living with HIV/AIDS, the main focus of AIDS service organizations should be on clients accessing HIV medical care and maintaining perfect or near perfect medication adherence. The organizations continue to be challenged to find better ways to serve those who are isolated by poverty and stigma, as well as language and cultural barriers.

Prevention Services

During the 2007-2008 fiscal year, AIDSNET continued its efforts to make prevention services more effective by emphasizing Interventions Delivered to Individuals (IDI) and Interventions Delivered to Groups (IDG) over Outreach and Health Communications/Public Information (HC/PI) activities. IDI and IDG have a risk reduction component and are much more intensive as compared to Outreach and HC/PI. IDI and IDG accounted for 53 percent of all prevention contacts. Of all prevention contacts, 39 percent were with racial minorities and 44 percent were with Latinos (contacts may be duplicated under race and ethnicity).

Clients Receiving Prevention Services	
Service	Percent
Outreach	33%
IDI	18%
IDG	35%
HC/PI	14%

In trying to reach more high-risk individuals with more intensive IDIs and structured IDGs, AIDSNET has refined prevention activities and will continue to do so. The predominant purpose for outreach is now the recruitment of individuals for IDIs or IDGs. AIDSNET has been working with prevention agencies in standardizing educational and experiential expertise when hiring prevention staff. When applying for future funding, AIDSNET is encouraging prevention agencies to raise their unit cost in order to increase the salaries of prevention staff. This is aimed at decreasing staff turnover and improving prevention services. Also, going forward, more emphasis will be placed on structured interventions reaching populations at risk that more align to the current HIV/AIDS statistics.

Subcontracted Services

Officers	Prevention Services	Fiscal Year Expense	Percent of Category Total	Percent of Total Services
Sharon A. Brown <i>Chairperson</i>	Outreach	\$ 72,887	18%	4%
Karen Smoyer <i>Vice-Chairperson</i>	Interventions Delivered to Individuals	161,987	39%	10%
Karen M. Hicks, Ph.D. <i>Secretary/Treasurer</i>	Interventions Delivered to Groups	140,150	34%	8%
	Health Communications/ Public Information	36,010	9%	2%
	Other	<u>3,263</u>	<u><1%</u>	<u><1%</u>
Directors	Subtotal Prevention Services	<u>\$ 414,297</u>	<u>100%</u>	<u>25%</u>
	Care Services			
Shannon Faye Alejandro	Case Management	\$ 781,703	62%	46%
Judith N. Lasker, Ph.D.	Patient Care	144,272	11%	9%
Miriam E. Lavandier	Adherence	44,675	3%	3%
Evelyn Overstreet	Legal Services	22,742	2%	1%
Greg Reppert	Short-Term Rent, Mortgage, Utility Payments	106,450	8%	6%
Elaine Rodriguez	Tenant-Based			
Carolyn Solt	Rental Assistance	109,726	9%	7%
Michael A. Stellato	Housing Supportive Services	58,675	5%	3%
Claudia Stemler	Housing Operating Costs	<u>1,760</u>	<u><1%</u>	<u><1%</u>
Harjot Thind	Subtotal Care Services	<u>\$1,270,003</u>	<u>100%</u>	<u>75%</u>
Staff	Grand Total All Services	<u>\$1,684,300</u>		100%
Ann Stuart Thacker <i>Executive Director</i>				

Victoria McKinzey-Gonzalez
Program Manager

Robin Haydt
Fiscal Officer

Deborah Saring
Program Specialist

Cindy L. Grube
Administrative Assistant

AIDSNET, a private, non-profit organization, is one of seven federally-mandated HIV/AIDS coalitions in Pennsylvania. It was founded in 1991 on the premise that the best way to contain the HIV pandemic is through a regional strategy. With an annual budget of approximately \$2 million, AIDSNET currently subcontracts with twelve agencies throughout Berks, Carbon, Lehigh, Monroe, Northampton and Schuylkill counties. AIDSNET is responsible for the development of a comprehensive continuum of prevention and care services and acts as the fiscal agent for federal Part B of the Ryan White HIV/AIDS Treatment Modernization Act and Housing Opportunities for People with AIDS (HOPWA), State 656, and other HIV/AIDS-related funding. The organization's efforts are aimed at both stopping the spread of HIV infection and providing medical and social services to those who have been infected.

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