



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

Waiting for the Bottom Line

Last year at this time, we were anticipating a Presidential election and “Change” was a key slogan in the campaign. We certainly observed a historical change with the election of Barack Obama, our first African-American President. Change is also evident in the increasing role of women, including women of color, in key government roles. At the same time, our country is struggling with complex issues, including a debt crisis that is straining governments, businesses, and families. Unemployment rates have skyrocketed, and home foreclosures have reached record numbers. Our elected officials struggle to find ways to address these complex issues.

We watch with interest and concern over the health care debate currently raging across our nation. How do we decrease health care costs for those who are insured and provide coverage for the tens of millions who are uninsured? We currently rank last among the top 19 industrialized nations in health indicators, and the World Health Organization ranks the United States 37th among the world's health systems. Health insurance premiums have nearly doubled since 2000, a rate three times faster than wages. While there is broad consensus that aspects of our health care system need to change, there are many conflicting opinions as to how to accomplish this. We know that we can not sustain our current level of health care spending. However, most are asking what is the bottom line? How much more debt are we going to incur? How will it be funded and how much debt will we pass on to future generations?

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 mandates spending 75% of funds on essential medical care known as core services. The Health Resources and Services Administration (HRSA) has interpreted this to mean that only Part B services paid directly from States' Departments of Health (DOH) can be counted. The Part B funds that AIDSNET and the six other coalitions across the Commonwealth receive are not counted toward core services. The coalition model was originally developed to meet regional needs. However, many states have abandoned this model in an effort to meet the 75% rule. Given the geographical diversity of this State, its people and vast access-to-care barriers, the PA-DOH's current position is to keep the regional model. However, it is getting pressure from HRSA to conform to criteria that can easily be met by a state model. We will have to wait and see if the regional model in the Commonwealth survives this pressure.

The Commonwealth is currently experiencing a crippling budget impasse. When will the budget be passed? How many of our human services are we going to lose? Alternatively, how much are our taxes going to be raised? Will we lose needed health, educational and social services and/or receive tax increases? In other words, what will the bottom line look like?

Amidst all this uncertainty, AIDSNET is determined to plan and provide for the continuation of services because individuals and communities who need these services can not wait. AIDSNET's Planning Committee, consisting of representation from providers, board members and clients, met to devise a methodology to implement the adoption of HRSA and PA-DOH defined performance indicators for care services. With the continuing progress in the medical treatment of HIV disease, these performance indicators will track to see if the client is receiving those medical services deemed critical for HIV care and to have the best health possible. A subcommittee was formed to develop the procedure for tracking these measures and identifying any process or client-level barriers.

While the rhetoric is disconcerting and the eventual changes that are put into place will probably be less than optimal and certainly change the bottom line, AIDSNET continues to plan and fund the dedicated agencies providing services to those in need. That will always be our bottom line. Our commitment is to remain a stable partner to those living with HIV/AIDS – even in the face of change and uncertainty.

Karen Smoyer
Chairperson

**Statement of Financial Position as of June 30, 2009
With Comparative Totals as of June 30, 2008**

ASSETS	2009	2008
Current Assets		
Cash	\$ 408,719	\$ 82,580
Accounts Receivable	202,496	177,781
Prepaid Expenses	<u>5,463</u>	<u>2,083</u>
Total Current Assets	\$ 616,678	\$ 262,444
Property and Equipment		
Furniture and Equipment	\$ 105,593	\$ 107,174
Less: Accumulated Depreciation	<u>(100,732)</u>	<u>(103,271)</u>
Total Net Property and Equipment	\$ 4,861	\$ 3,903
Other Assets		
Deposit	<u>\$ 378</u>	<u>\$ 378</u>
Total Other Assets	\$ 378	\$ 378
TOTAL ASSETS	<u>\$ 621,917</u>	<u>\$ 266,725</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable	\$ 540,918	\$ 185,743
Payroll Taxes Withholding	-	3,857
Accrued Expenses	5,579	5,478
Deferred Income	<u>0</u>	<u>0</u>
Total Liabilities	\$ 546,497	\$ 195,078
Net Assets		
Unrestricted Fund	\$ 69,441	\$ 66,376
Temporarily Restricted Fund	1,118	1,368
Equity in Property and Equipment	<u>4,861</u>	<u>3,903</u>
Total Net Assets	\$ 75,420	\$ 71,647
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 621,917</u>	<u>\$ 266,725</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	\$ 191,508	9
Program Operating	183,998	8
Subcontract Services and Consultant	1,688,685	77
Depreciation	2,352	<1
Patient Care	<u>128,180</u>	6
Total	\$2,194,723	

2008-2009 Program Report

Our Bottom Line — Serving Clients and Our Communities

The 2008-2009 fiscal year was a time of fiscal and programmatic challenges. The normal contract period of July 1, 2008 to June 30, 2009 was extended by the PA Department of Health to September 30, 2009. This involved budget and contract changes for AIDSNET and all the organizations it supports. The most recent challenge has been the budget impasse causing disruption or reduction in services for those agencies who could not continue to provide assistance to clients without reimbursement. However, throughout this crisis, other agencies gladly offered to temporarily take clients into their case management agencies to prevent gaps in needed services. It is heartening to see that dedication to clients has no boundaries.

Care Services

This past year, 1,146 clients were served by the four case management agencies supported by AIDSNET. Of these, 49 percent were HIV positive and 49 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, emergency financial assistance, legal services, Health Insurance Premium and Cost Sharing Assistance (HIP), transportation, outpatient medical care and mental health.

Clients Receiving Care Services

Service	Clients
Housing	125
Emergency/Financial Assistance and Insurance Payments	49
Legal Services	42
HIP	28
Transportation	27
Outpatient Medical, Dental and Eye Care	23
Mental Health Services	6

Approximately 70 percent of those served by the case management agencies were racial/ethnic minorities and 74 percent had an annual income equal or below the federal poverty level. Approximately 22 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). 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. AIDSNET, as part of its Quality Management Plan, is working with providers to devise a methodology to implement the adoption of statewide performance indicators for care services. In the face of an ever increasing spotlight on the medical model, however, it is important to remember that support services must not be minimized. Funding must be available to continue to assist clients to receive these necessary support services that will help them access the medical care they need.

Prevention Services

During the 2008-2009 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 50 percent of all prevention contacts. Of all prevention contacts, 68 percent were with racial minorities and 48 percent were with Latinos (contacts may be duplicated under race and ethnicity).

Clients Receiving Prevention Services

Service	Percent*
IDG	32
Outreach	30
HC/PI	21
IDI	18

*May not equal 100% due to rounding

Currently more than 85% of prevention staff implementing prevention interventions have either an Associate's or Bachelor's Degree. This reflects the sophistication needed to deliver IDIs and IDGs in the community. AIDSNET's funding for prevention has been reduced by 4% for the next two fiscal years (2009-2011) as part of the Commonwealth's attempt to decrease the budget deficit. It is unknown at this time if/how the budget, in its final form, will impact prevention funding. Regardless, AIDSNET remains committed to improving the quality of prevention activities.

Subcontracted Services

Officers	Prevention Services	Fiscal Year Expense	Percent of Category Total	Percent of Total Services
Karen Smoyer <i>Chairperson</i>	Outreach	\$ 72,151	16.84%	3.97%
Karen M. Hicks, Ph.D. <i>Vice-Chairperson</i>	Interventions Delivered to Individuals	174,429	40.72%	9.60%
	Interventions Delivered to Groups	148,216	34.60%	8.16%
Claudia Stemler <i>Secretary/Treasurer</i>	Health Communications/ Public Information	31,912	7.45%	1.76%
	Other	<u>1,662</u>	<u>0.39%</u>	<u>0.09%</u>
	Subtotal Prevention Services	<u>\$ 428,370</u>	<u>100.00%</u>	<u>23.58%</u>
Directors				
Lester R. Bahr	Care Services			
Judith N. Lasker	Case Management	\$ 834,111	60.07%	45.91%
Evelyn Overstreet	Patient Care	128,180	9.23%	7.06%
Lawrence J. Regneth	Adherence	84,303	6.07%	4.64%
Greg Reppert	Legal Services	21,161	1.53%	1.16%
Geoffrey Roche	Short-Term Rent, Mortgage, Utility Payments	95,085	6.85%	5.23%
Elaine Rodríguez	Tenant-Based			
Michael A. Stellato	Rental Assistance	170,114	12.25%	9.36%
Harjot Thind	Housing Supportive Services	47,159	3.40%	2.60%
Gabriele Young	Housing Operating Costs	<u>8,384</u>	<u>0.60%</u>	<u>0.46%</u>
	Subtotal Care Services	<u>\$1,388,497</u>	<u>100.00%</u>	<u>76.42%</u>
Staff				
Ann Stuart Thacker <i>Executive Director</i>	Grand Total All Services	<u>\$1,816,867</u>		100.00%

Victoria McKinzey-
Gonzalez
Program Manager

Robin Haydt
Fiscal Officer

Carol Vanderhoff
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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