



2012-2013 ANNUAL REPORT

THE YEAR OF CHANGE

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

The Year of Change

AIDSNET is one of seven consortia (regions) across the Commonwealth that was formed by the PA Department of Health, Division of HIV (Division) following the passage of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act in 1990. The seven consortia are funded under Part B of the CARE Act. This funding is aimed toward providing those supportive services that will help clients access and maintain HIV medical care.

In last year's annual report, I used "The Year of Change" as the theme and decided to use the same this year as it remains appropriate. Given the long anticipated arrival of the Affordable Care Act (ACA), the positive changes within the Division, the structural changes recommended by the Health Resources and Services Administration (HRSA) and the shifting of populations addressed in prevention interventions by the Centers for Disease Control and Prevention (CDC), the field of HIV is in continual transition.

HRSA, which funds the CARE Act, strongly recommended a change in the current structure of the seven regions. In response, the Division announced that it will be changing the regional model to mirror the six Community Health Districts. In addition, the Division will be posting a Request for Application (RFA) which any region can apply to provide services for one or more regions. The timeline is not firm but will probably happen sometime in 2016. AIDSNET's Board and staff have formed a workgroup in anticipation of the RFA.

In anticipation of these changes, the Division will only contract with the regions for one year beginning with 2013-2014. Going forward, the Division will be carrying over contracts with the regions until the RFA is posted and new contracts are awarded. The challenging aspect of going forward is the restriction of a five percent cap on increases to all service categories based on the original budget of 2013-2014

In preparation for the ACA, AIDSNET had an insurance broker talk to the three case management agencies regarding the complexities of clients signing up for the marketplace. He explained that it was imperative that clients pick a plan that included their HIV physician and a drug formulary that included their medications. It is too soon to see the impact the ACA will have on Part B services, but it is anticipated that there will be shifting in the support areas that Part B addresses as more funds become available due to medical expenses being paid by health insurance companies. Another possibility is that Part B funds will be cut by the amount that is now covered under insurance. Many of our clients are already on Medicaid, which was not expanded in Pennsylvania, so it is imperative that low-income people not on Medicaid sign up for health insurance. At the current time, the CARE act plans to continue to pay for services of individuals who do not sign up; but it is doubtful that this will continue indefinitely as its mandate is to be payor of last resort.

This past year, we have seen an increase in the need for oral healthcare services, so much so that we had to impose an annual \$2,000 cap per client. Beginning July of 2013, we will contract with two dental providers and enter into letters of agreement with two others. The biggest barrier to funding oral health care services is the fact that most dental providers want immediate payment. AIDSNET was able to find providers that agreed to wait for payment. AIDSNET is exploring resources outside of the Division's funding to meet this increasing need.

There has been a number of “late testers” who receive concurrent diagnoses of HIV and AIDS. Some of this is due to their personal denial of risk, and some of it is due to the denial of the physicians treating them. The latter is happening in the older population, presenting with symptoms for quite some time, but not being tested for HIV until they are admitted to the hospital in the late stages of AIDS. To address this issue, AIDSNET collaborated with other agencies in the Lehigh Valley and the Pennsylvania/MidAtlantic AIDS Education and Training Center in Philadelphia (Regional Prevention Committee) to present a conference attended by Doctors, Dentists, Nurses, Case Managers, DOH personnel, and others. Part of the agenda was talking about the importance of routine HIV testing in primary care practice settings and early initiation of anti-retroviral treatment (ART). The National Institute of Health has updated their guidelines to recommend initiation of ART upon diagnosis, regardless of CD4 count (a marker of the immune functioning targeted by HIV), in order to slow replication of the virus.

We have also seen an increase in positive tests for young men who have sex with men (MSM). This younger MSM population has not seen the devastation of the 80’s and 90’s and think they can just “take a pill.” AIDSNET is again organizing the Regional Prevention Committee with the goal of reaching young Black and Latino MSMs, who are disproportionately represented in HIV MSM statistics.

Prevention services continue to provide interventions proven to be effective. Because of the CDC’s shift to “high impact prevention” interventions (needle exchange, condom distribution, getting people tested, linking to and retaining in care and medical adherence to decrease community viral load, thus decreasing further transmissions), training for many of the interventions is no longer available. As a result, one of our community-based agencies could no longer provide the contracted interventions when it lost staff. With no training available, it could not hire a replacement. “Treatment as prevention” has shifted a significant portion of prevention efforts into medical interventions. The huge improvements in treatment over the years, along with the sophistication in prevention activities, have resulted in a complete reinvention of HIV prevention, which we expect will continue into the future.

AIDSNET will adapt to changes as they occur regarding the CARE Act, the ACA, the CDC and in the Division’s administration of Part B funds. What is certain is that as long as AIDSNET exists, regardless of changes, its primary focus will be that clients are treated with dignity, have access to the most current treatment regimens available and receive treatment from experienced HIV physicians. We are also dedicated to continue to fund prevention services aimed at reducing HIV transmission. AIDSNET continues to be committed to building healthier communities by planning and funding HIV/AIDS care and prevention services.

Ann Stuart Thacker
Executive Director

**Statement of Financial Position as of June 30, 2013
With Comparative Totals as of June 30, 2012**

ASSETS	2013	2012
Current Assets		
Cash	\$ 69,486	\$ 66,325
Accounts Receivable	172,049	148,640
Prepaid Expenses	<u>2,958</u>	<u>7,316</u>
Total Current Assets	\$ 244,493	\$ 222,281
Property and Equipment		
Furniture and Equipment	\$ 116,849	\$ 110,553
Less: Accumulated Depreciation	<u>(108,918)</u>	<u>(107,280)</u>
Total Net Property and Equipment	\$ 7,931	\$ 3,273
Other Assets		
Deposit	\$ <u>2,677</u>	\$ <u>378</u>
Total Other Assets	\$ 2,677	\$ 378
TOTAL ASSETS	\$ <u>255,101</u>	\$ <u>225,932</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable	\$ 165,693	\$ 153,793
Payroll Taxes Withholding	2,225	(1,794)
Accrued Expenses	9,110	5,021
Deferred Income	<u>0</u>	<u>0</u>
Total Liabilities	\$ 177,028	\$ 157,020
Net Assets		
Unrestricted Fund	\$ 70,142	\$ 65,639
Temporarily Restricted Fund	0	0
Equity in Property and Equipment	<u>7,931</u>	<u>3,273</u>
Total Net Assets	\$ 78,073	\$ 68,912
TOTAL LIABILITIES AND NET ASSETS	\$ <u>255,101</u>	\$ <u>225,932</u>

Sources of Revenue		
Category	Amount	Percent
State 656	\$ 528,179	23
Ryan White Part B	1,169,051	56
HOPWA	470,356	21
Other	<u>5,503</u>	< 1
Total	\$2,173,089	

Expenses		
Category	Amount	Percent
Administrative and Operating	\$ 207,236	10
Program Operating	198,996	9
Subcontract Services and Consultant	1,546,517	71
Depreciation	1,638	< 1
Patient Care	<u>209,540</u>	10
Total	\$2,163,927	

2012-2013 Program Report

The 2012-2013 fiscal year continued to be a time of structural and programmatic changes. With the anticipated arrival of the Health Insurance Marketplace, the positive changes within the Division of HIV/AIDS, the structural changes recommended by the HRSA and the shifting of target populations for prevention services by the CDC, AIDSNET worked to ensure quality and continuity of services. On the care side, AIDSNET moved away from pooled funding for care services and initiated direct contracts and letters of agreement with oral health care, mental health and legal service providers. On the prevention side, the focus on prevention has shifted to increased testing, prevention with positives and men who have sex with men (MSM), condom distribution and expanded testing for disproportionately affected populations. As part of this shift, only Effective Behavioral Interventions (EBIs) that have proven to promote changes in behavior, thereby reducing the risk of becoming infected or transmitting the virus, were approved for funding. Both HRSA and the CDC agree that the focus should be “Treatment as Prevention” to keep clients healthy and to decrease the transmission of the virus. Hopefully, the many changes will not prove a barrier to that goal.

Care Services

This past year, 1,161 clients were served by the three case management (CM) agencies supported by AIDSNET. Of these clients, 54 percent were HIV positive and 45 percent had AIDS as defined by the CDC (the HIV progression of one percent of clients was unknown). Services provided through case management were in the areas of housing, outpatient medical/oral/vision care, emergency financial assistance (which includes prescriptions and Ryan White Housing Support), transportation, Health Insurance Premium and Cost Sharing Assistance (HIP), legal services, and mental health. Oral health care services continued to increase for the fourth year in a row. Oral health care spending is up 35% over last year and will be a priority service for AIDSNET in 2013-2014 and 2014-2015. A cost-free oral health care provider/clinic with the capacity to serve clients in the AIDSNET region has been identified. This information has been shared with AIDSNET case management agencies in an effort to increase oral health care providers and services and reduce the burden on available patient care funds.

Clients Receiving Care Services

Service	Clients
Housing	104
Outpatient Medical, Oral Health & Vision	72

Emergency Financial Assistance	65
Transportation	52
HIP and Insurance Payments	39
Legal Services	31
Mental Health Services	2

Approximately 42 percent of those served by the case management agencies were racial/ethnic minorities, and 66 percent had an annual income equal to or below the federal poverty level. Nineteen percent of clients in CM continue to have no health insurance. An additional 67 percent of clients continue to have some form of public health insurance (e.g., Medicare, Medicaid). It is anticipated that some of the uninsured clients will be eligible for health insurance beginning in January 2014 with the implementation of the Marketplace portion of the Affordable Care Act. The main focus is ensuring that clients are accessing medical care without any interruptions in their HIV and other needed medical care and medications. During FY 2012-2013, 42 percent of people receiving CM services were over the age of fifty, which brings with it the ‘elder’ co-morbidities, which is being exacerbated by the effects of the virus and the antiviral medications. The High Five Consumer Advisory Group continues to grow, as does the annual High Five Group Consumer Education Summit. In these changing times, it is imperative that clients’ voices be heard and counted.

Prevention Services

A total of 7,712 individuals were reached through CDC approved Tier I and Tier II EBIs during fiscal year 2012-2013. Interventions Delivered to Individuals (IDI) comprised 44% and 56% were Interventions Delivered to Groups (IDG). Of all prevention contacts, 79 percent were white, 35 percent were Hispanic, 60 percent were male and 63% were 20-39 years old. Heterosexual contact continued to be the largest risk group reached at 61% followed by Intravenous Drug Use at 32%.

As stated previously, the funding focus for care and prevention has changed to increasing testing and providing “prevention with positives.” It has been scientifically proven that reduction in viral load increases the quality and quantity of life and reduces HIV transmission. AIDSNET supports this change in direction. However, we want to provide ‘treatment as prevention’ without increasing the stigmatization of people living with HIV. This again calls for a committed, well-informed, active client involvement if we are to be successful.

Subcontracted Services Fiscal Year 2012-2013

Officers	Prevention Services	Fiscal Year Expense	Percent of Category Total	Percent of Total Services
Greg Reppert <i>Chairperson</i>	Subtotal Prevention Services	\$ 387,254	100	22.05
David Holland <i>Vice Chairperson</i>				
Lizabeth K. Fox <i>Secretary/Treasurer</i>	Care Services			
	Case Management	\$ 803,940	58.73	45.78
	Patient Care	209,541	15.31	11.93
	Adherence	34,163	2.49	1.95
	Short-Term Rent, Mortgage, Utility Payments	43,066	3.15	2.45
	Tenant-Based Rental Assistance	250,498	18.30	14.27
	Permanent Housing Placement	<u>27,593</u>	<u>2.02</u>	<u>1.57</u>
	Subtotal Care Services	\$1,368,801	100.00	77.95
Directors	Grand Total All Services	<u>\$1,756,055</u>		100.00
Morgan Anastasio				
Sarah Chirau				
Tristina FitzPatrick				
Sharl Morris				
Evelyn Overstreet				
Elizabeth A. Rice				
Lisa Spiro				
Michael A. Stellato				
Claudia Stemler				

Staff

Ann Stuart Thacker
Executive Director

Victoria McKinzey-
Gonzalez
Program Manager

Robin Haydt
Fiscal Officer

Carol Vanderhoff
Program Specialist

Cindy L. Berish
Administrative Assistant

AIDSNET, a private, non-profit organization, is one of seven federally-mandated HIV 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 five 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-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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