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# MTS
# STRATEGIC PLAN
## 1997-1999

**FUNDED BY**
**THE NEW YORK CITY AIDS FUND**
**A SPECIAL PROJECT OF THE NEW YORK COMMUNITY TRUST**

# MTS Strategic Plan

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# Message from Board Co-Chairs

When we first discussed the Strategic Planning process, we wanted to ensure that the voices of our clients, staff members, volunteers, Board members, funders, the HIV/AIDS community, and customers were all heard. We were very successful in creating a planning process which was totally inclusive. The implementation phase will be equally representative.

The process began with a review of the past, including conversations with two of the MTS founders, Jeffrey Greene, M.D. and Jeffrey Shernoff, Esq. Hearing these founding voices helped us understand the growth and changes which MTS has experienced over the past ten years and anticipate the challenges which we will be facing in the future.

We have developed a Strategic Plan which provides a blueprint for our programs and services for the next three years. The Plan also gives us the Flexibility to respond to unforeseen changes in treatments, client needs and other realities in the HIV/AIDS community.

On behalf of the Board of Directors, we want to thank everyone who contributed to the creation of this Plan.

Rebecca Mazin

**Rebecca Mazin**

Lawrence Peters

**Lawrence Peters**

**MTS Co-Chairs**

# Introduction

MTS is at a critical point in its development. In the past four years MTS has grown from a $400,000 agency serving 200 clients per year to a $2.2 million agency which annually serves 600, employs 175 clients, and self-generates two-thirds of its revenue. During 1996, the introduction of protease inhibitors has dramatically affected the lives and expectations of individuals living with HIV/AIDS. The realities for MTS and our clients are changing rapidly. New drug therapies, reduced federal funding, shifting grantmaking priorities, changing workforce requirements and customer demand for new technologies are altering the environment in which MTS operates.

The 1997-1999 MTS Strategic Plan was developed as the blueprint for programs, services and funding in this changing environment. The planning process has tried to anticipate and incorporate the impact of the following:

- Requests for employment services are growing, but MTS cannot accommodate this greater demand with current programs and funding levels.
- MTS's client population has changed since 1993, with an increasing percentage of individuals having less than a high school education, no marketable skills, histories of substance abuse and very limited work experience.
- For those individuals with HIV/AIDS who have access to and can benefit from protease inhibitors, the disease has become a chronic condition with an uncertain, but hopeful future. New, more advanced therapies are entirely feasible.
- The federal JTPA program which has funded the MTS Work Experience program is being redesigned so that all funds will go to licensed schools.
- Employers are requiring a higher level of skills from new hires and are using more short-term and temporary workers.
- As businesses become more computerized, the type of support services utilized from outside vendors such as the MTS Business Service Center may change.

# Brief History of MTS

MTS was created in 1988 because two New York University physicians had clearly observed in their own medical practices that employed patients experienced fewer opportunistic infections, better mental and physical health, and a superior quality of life than those patients who stopped working and went onto disability benefits.

The founders of MTS recognized the therapeutic value of employment and developed MTS to demonstrate that an HIV/AIDS diagnosis should not mean the end of a person's productive work life. Unemployed individuals frequently suffer from depression and low self-esteem. Because mental health can have a direct impact on physical well-being, the consequences of unemployment can be devastating for men and women with HIV/AIDS.

The MTS motto, *"Because Employment is a Treatment That Works,"* guides our activities. The truth of this motto is demonstrated daily at MTS. Our 3,500 current and former clients tell us that without the responsibilities of employment, they wouldn't get out of bed in the morning; that without contact with co-workers, they would be isolated and depressed; that without their wages, they would be impoverished; and that without their jobs, they would be sick and dying.

MTS opened its doors in 1988 as a nonprofit business which employed Persons With AIDS (PWAs) only. This business offered office support services such as copying, mailing, database management and desktop publishing while demonstrating PWAs were valuable employees. This original small business has evolved into the Business Service Center which offers reproduction, printing, mailing and fulfillment services to nonprofit, for-profit and government organizations.

In 1989 MTS received its first training contract from the New York City Department of Employment (DOE). This was the first contract in the country to provide employment and training services to individuals with HIV/AIDS. This contract allowed MTS to design and implement training specifically geared to the needs of our clients. The MTS relationship with DOE has grown substantially because MTS has consistently received excellent ratings on contract performance.

Our first federal grant was received in 1990 from the US Department of Education, Rehabilitation Services Administration (RSA). This demonstration grant provided funding for MTS to develop an HIV-specific job placement model which has been very effective. A second RSA grant was received in 1994 which is funding a program to increase access to vocational rehabilitation services for men and women with HIV/AIDS.

Because there has been no HIV-related research which has focused on the life-sustaining value of employment, MTS began participating in research projects with Hunter College and Mt. Sinai Hospital Department of Rehabilitation Medicine in 1994. In recognition of these efforts, the National Institute for Disability and Rehabilitation Research awarded a three year research grant in 1996 to study the impact of MTS services and employment on the lives of our clients.

Since 1992 MTS has concentrated on diversifying its funding streams. The annual budget has grown to $2.2 million: 65% from MTS business ventures, 24% from government contracts, 4% from foundation grants, and 7% from special events and contributions.

## Overview of the Strategic Planning Process

The Strategic Plan was developed over a period of six months through the involvement of MTS's Board, staff, volunteers and clients, as well the support of numerous other individuals from outside the Agency. The entire process was designed and facilitated by a consultant (Jay Siegelaub).

The process began with the creation of a Strategic Planning Committee to coordinate the process, and serve as a link to the Board, staff, volunteers and clients of MTS. The Committee consisted of the Co-Executive Directors, the Board Co-Chairs, several Board Members, several representative staff members, a client, a volunteer and the consultant/ facilitator. Initial meetings identified members of the committee, and set guidelines for involvement in the process and decision-making. The major goals of the Committee were preparing for the Strategic Planning Retreat (October 18-19, 1996), and generation of the Strategic Plan itself.

A critical piece of the Strategic Planning process was the formation of nine committees which conducted interviews and collected data in preparation for the Planning Retreat . The membership of each committee included Board and staff members with some committees supplemented by client and volunteer participation. This committee structure allowed MTS to gather a large amount of information which was then discussed at the Retreat and integrated into the planning process. The Committees focused on these specific areas of interest and concern to MTS:

- Business Ventures
- Community Services
- Fundraising
- Labor Market
- Public Policy
- Client Needs
- Employment and Training
- Government Funding
- Organizational Infrastructure

(The Charters of these Committees are listed in Appendix B, on page 40.)

Interviews were conducted with a wide range of individuals and organizations, to obtain a comprehensive picture of issues facing MTS over the next several years. Interviewees were asked about MTS itself, current and future needs of people affected by HIV/AIDS, and the environment in which MTS operates or hopes to operate. Subjects of these interviews included:

- The Board and staff of MTS, its volunteers and past, current and potential clients,
- Representatives of HIV/AIDS Organizations, Employment and Training Agencies, Drug Treatment Centers, Housing Providers Agencies serving Individuals with Disabilities, and Social Service Agencies,

- Employers and customers of FLEX and the Business Service Center,

- Policymakers in the AIDS, employment and vocational rehabilitation, political, fundraising and grantmaking communities.

The information collected in the interviews was brought by each Committee to the Retreat. Committees made oral reports and presented SWOT lists (Strengths, Weaknesses, Opportunities, Threats). The Committees also prepared written reports which were distributed to Retreat participants, and which will serve as informational resources for future MTS planning efforts.

## SWOTs: Strengths, Weaknesses, Opportunities, Threats

SWOTs are a shorthand method of identifying the information the Committee members heard during their interviews and research. SWOTs represent issues impacting on MTS's effectiveness — first, those internal to the Agency ("Strengths and Weaknesses"), and then issues affecting MTS from outside the Agency ("Opportunities and Threats").

Strengths ("S") were developed in response to the question "What are MTS's strengths as an Agency?" while Weaknesses ("W") were identified by asking "In what areas is MTS weak, or needs improvement?"

Opportunities ("O") looked to identify things happening outside MTS that MTS could take advantage of — to do its job better, to bring under its umbrella, or in other ways, while Threats ("T") looked at the opposite side: "What is happening outside MTS that threatens its effectiveness or existence?"

The lists were posted after each Committee made its report. All identified issues were listed. Discussion focused around clarification, but there was no "right" or "wrong" information. This approach provided for a full airing of concerns and observations. In some cases we saw that a particular dynamic at MTS might be seen as both a Strength *and* a Weakness. The same was true for Opportunities and Threats

# SWOT Summary

The following is a summary extract of the SWOTs identified at the Retreat:

## STRENGTHS

- The MTS mission is clearly defined and strictly focused on the employment needs of individuals living with HIV/AIDS. MTS has a unique niche as the only organization in the country specifically dedicated to the employment needs of persons with HIV/AIDS.

- MTS has an eight year track record with concrete results. Our employment and training model is highly rated by funding sources and respected by other AIDS organizations. Staff members are very qualified in both social service and business disciplines and demonstrate an exceptional commitment to the mission and clients.

- MTS has created a caring, understanding and safe environment which helps clients gain skills and confidence while building self-esteem. Our specialized client services (benefits analysis, vocational counseling, work experience, placement opportunities) are not available elsewhere.

- MTS is a professionally run organization with a strong fiscal system. Staff members are mutually supportive and have created a rewarding work environment. The Board is an active, working group which is very dedicated to the agency.

- The operation of the two business ventures creates employment and training opportunities for clients while providing additional revenue to support MTS. MTS has developed a diversified and steady customer base.

- The advances in drug treatments have focused attention on quality of life issues including employment. The MTS model fits the current political focus on self-help programs and is a model that is equally appealing to all political persuasions.

## WEAKNESSES

- Our specific HIV focus limits our appeal to some funding sources and to many employers. The need to protect client confidentiality restricts public relations, marketing, outreach and sales efforts.

- MTS has low visibility within the national AIDS community and very limited experience in public policy. MTS is not involved in advocacy with other AIDS or disability agencies and has not developed any political allies.

- Training is mostly limited to participants in our government funded programs which target the economically disadvantaged. More diverse training and placement opportunities are needed to meet a range of client needs.

- Limited financial resources restrict our ability to solidify infrastructure and expand programs and businesses. Recent rapid growth needs to be assimilated and internal systems need to be developed for more effective communication and efficient operation.

## OPPORTUNITIES

- The new drug therapies and the resulting change in expectations creates opportunities to increase outreach, education, and placement so that more individuals can return to employment and independence. Our knowledge and model can be shared with other organizations and employers.

- Our large number of motivated clients are a fantastic asset for the development of any labor intensive business. New business development will be facilitated because MTS has proven that it can successfully operate business ventures.

- Increased awareness of the importance of employment creates opportunities for linkages with other agencies so that comprehensive services can be offered to clients.

- Welfare reform will change some service delivery patterns and will fund different programs. MTS's model may be appropriate for funding or replication.

- Economy is stronger with growth in New York City predicted for the non-profit, hospitality, and retail store sectors. The temporary employment sector is expanding as companies reduce fixed costs. Increased need for workers with good computer skills creates training and employment opportunities for our clients.

- Block grants to the states will move the decision-making to a local level and should increase advocacy/lobbying access.

## THREATS

- The changing outlook resulting from the new treatments could cause reduced funding and lessening interest as the public begins to think that AIDS is "cured".

- Welfare reform may create a flood of unskilled workers competing for public attention.

- Competition is increasing in several ways. High unemployment and company downsizings create a very competitive placement environment for our clients; similar temp and printing businesses have been established; increasing privatization in the social services field has attracted large corporations with significant resources; and reduced government funding has increased competition.

- A large influx of newly-healthy clients will strain MTS resources. New clients may have different needs and MTS may need to develop new services in response.

- Changes in workplace technology require that MTS training programs and businesses use limited resources to invest in up-to-date technology.

- If MTS does not move into Public Policy arena, the agenda will be set by other entities including disability and poverty groups whose goals may be at odds with the needs of the HIV/AIDS community. Other AIDS organizations may see money spent on employment as money diverted from their areas of interest.

# THE MTS MISSION

The mission of MTS was reviewed during the Strategic Planning process and the participants agreed that the mission itself has not changed and does not need to change. In light of recent treatment changes, the original mission seems crucially important today. This agreement was reached through a series of exercises and discussions about MTS values, Who is Served, How are Individuals Served, and What Value does MTS provide to Individuals and to Society. Summaries of these discussions appear in Appendix

There was universal agreement that the Mission Statement needed to be re-written to better communicate the mission. Within the context of the mission, further work is being done to clarify the means by which MTS should fulfill the mission.

## MTS Mission Statement

MTS provides a supportive environment that allows people with HIV/AIDS to recognize their talents and skills, explore their employment potential, and make choices that enhance their health and well being.

Using an individualized approach to training, job creation, job placement and counseling, MTS helps build self-esteem and confidence, foster independence, impart dignity and instill a sense of belonging and hope.

## The Critical/ Strategic Issues

At the Retreat participants heard the reports of the nine Committees. Participants then broke into six groups to define the "Critical/ Strategic Issues" facing the agency, based on the reports and the SWOTs. When the five groups reconvened it was fascinating to see that the groups identified almost identical Critical/Strategic Issues. These issues are problems or concerns facing the agency, *not* solutions. In the responses to these issues, participants developed the actual elements of the Strategic Plan.

The Critical/Strategic Issues facing MTS are:

A. How can we assure the Agency's PROGRAMS appropriately meet evolving client needs?

B. How can we maximize client CONFIDENTIALITY?

C. How can we assure an adequate FUNDING base for MTS programs?

D. How do we clarify the INFRASTRUCTURE and HIERARCHY for efficient and effective management of staff?

E. How do we INFLUENCE LEGISLATION, GOVERNMENT REGULATIONS, AND PUBLIC OPINION so they are favorable to the employment of PWA's/ HIV+'s?

F. How should we MARKET MTS services to ATTRACT CLIENTS/ CUSTOMERS?

G. How do we assure that clients have appropriate and adequate TRAINING?

H. What will we do to create more JOB OPPORTUNITIES?

## Strategic Responses to Critical Issues

Once the Critical Issues were agreed upon, six new committees were formed to formulate responses and solutions (proposals) for each issue. These proposals are the foundation of the MTS Strategic Plan.

A summary of the proposals is presented here, detailed proposals are presented on Page 16, and the Proposal Timeline is on Page 45.

Critical/ Strategic Issue:
**A. How can we assure the Agency's PROGRAMS appropriately meet evolving client needs?**

Proposals:

A1. Create and develop parameters for program assessment.
A2. Define goals/ outcomes and objectives for all programs and services.
A3. Evaluate existing programs and services.
A4. Determine who agency is willing and able to serve.
A5. Propose potential programs with goals/ objectives and redefine current programs.
A6. Select programs for the next 3 years and plan implementation.

Critical/ Strategic Issue:
**B. How can we maximize client CONFIDENTIALITY?**

Proposals:

B1. Create and implement a "DBA" to serve as the placement entity for all placement activities including FLEX and job development.
B2. Establish a client advisory committee to recommend policies and procedures to maximize clients' understanding and comfort with DBA.

Critical/ Strategic Issue:

C. How can we assure an adequate FUNDING base for MTS programs?

Overall Response:

C. Broaden base of development (fundraising) support and increase dollars raised to decrease reliance on government funding.

Proposals:

C1. Foundations/ Corporations: Expand research of potential funders within and outside of AIDS arena, including (but not limited to):
- Disability insurance/ work incentives
- Training & Employment
- Quality of Life
- Pharmaceuticals.

C2. Maximize Special Events Funding, through:
- Annual Gala
- Spring Event
- Proceed Donations
- Visibility Event.

C3. Maximize individual giving through:
- Annual Campaign
- Direct Mail Campaign
- Capital Campaign
- Wills, Bequests and Honorariums.

C4. Create Technical Assistance Funding Stream:
- Develop Technical Assistance strategy
- Develop funding strategy to secure seed money/ operational costs.

C5. Maximize revenue from the operation of business ventures
- Analyze business outcomes of BSC & FLEX, recommend modifications
- Examine feasibility of additional business ventures

Critical/ Strategic Issue:

D. How do we clarify the INFRASTRUCTURE and HIERARCHY for efficient and effective management of staff?

Proposals:

D1. Establish an Infrastructure Committee to identify critical short-term infrastructure needs and develop and implement solutions that address those needs.

D2. Continue work of Infrastructure Committee developed in Proposal D1, shifting focus to intermediate- and long-term goals.

D3. Commence regularly scheduled (monthly) MTS Staff Workshops designed to foster intra-staff communication.

Critical/ Strategic Issue:

E. How do we INFLUENCE LEGISLATION, GOVERNMENT REGULATIONS, AND PUBLIC OPINION so they are favorable to the employment of PWA's/ HIV+'s.

Proposal:

E1. Develop a Public Policy Agenda and Protocol

Critical/ Strategic Issue:

F. How should we MARKET MTS and DBA partner services to ATTRACT CLIENTS/ CUSTOMERS?

Proposals:

F1. Establish a Marketing team, and Conduct internal marketing/ sales goal-setting
F2. Create a volunteer corps: clients and volunteer to distribute flyers, palm cards, etc. in their communities, ask for announcements in church and community group bulletins, etc.

Critical/ Strategic Issue:

G. How do we assure that clients have appropriate and adequate TRAINING?

Proposals:

G1. Review DOE contract and revise services as needed.
G2. Determine skill requirements for FLEX assignments.
G3. Design and implement FLEX training and service plan.

Critical/ Strategic Issue:

H. What will we do to create more JOB OPPORTUNITIES?

Proposals:

H1. Review and expand Job Development activities
H2. Explore the development and implementation of an unpaid internship program

## Specifics of The Proposals

Each Proposal was carefully crafted by the committees and contains considerable detail which is not presented here. The following descriptions contain an excerpt of the major planning elements to provide a brief overview and give a sense of the issues being considered and addressed:

Each proposal is outlined in the following format:

*Proposal description*

*Objectives*

*Time Frame*

*Milestones*

*Person responsible*

*Deliverables*

*Cost*

Critical/ Strategic Issue:
A. How can we assure the Agency's PROGRAMS appropriately meet evolving client needs?

Proposal A1
Create and develop parameters for program assessment

Objectives:
- Prepare a written report of Program Assessment Parameters

Time Frame:
- Begun immediately after Retreat (October 1996)
- Complete by December 31,1996

Milestones:
- Review by committee then present to Board on December 12, 1996
- Revised/ final version by December 31,1996

Person responsible:
- Barbara Small

Deliverables:
- Written report

Costs:
- None beyond staff and board time

Proposal A2
Define goals/ outcomes and objectives for all programs and services

Objectives:
- Prepare written report of goals/ outcomes and objectives for all programs and services at MTS

Time Frame:
- Begun immediately after Retreat (October 1996)
- Complete by December 31, 1996

Milestones:
- Present to Board in January 1997

Person responsible:
- Jim Finn

Deliverables:
- Written report

Costs:
- None beyond Board, volunteer, and staff time

**Proposal A3**
**Evaluate existing programs and services**

Objectives:
- Written evaluation of existing programs and services

Time Frame:
- Begin after Proposals A1 and A2 are complete
- Complete by end of March, 1997

Milestones:
- Develop methodology by mid-January, 1997
- Data collection by the end of February, 1997
- Report completed (reviewed by Committee, then by the Board) by March, 1997

Person responsible:
- William Cannon

Deliverables:
- Written report

Costs:
- None beyond Board, volunteer, and staff time

**Proposal A4**
**Determine who agency is willing and able to serve**

Objectives:
- Written report recommending who agency is willing and able to serve

Time Frame:
- Begin March 1, 1997, after Proposal A3 is complete
- Present to April, 1997 Board Meeting

Milestones:
- Review by Committee

Person responsible:
- Steve Crombe

Deliverables:
- Written report

Costs:
- None beyond Board, volunteer, and staff time

Proposal A5
Propose potential programs with goals/ objectives and redefine current programs

Objectives:
- Written proposal of potential programs with goals/ objectives, along with redefinition of current programs (as necessary)

Time Frame:
- Begin April 1, 1997, after Proposals A3 and A4 are complete
- Present at May, 1997 Board meeting

Milestones:
- N/A

Person responsible:
- Rebecca Ellington

Deliverables:
- N/A

Costs:
- None beyond Board, volunteer, and staff time

Proposal A6
Select programs for the next 3 years and plan implementation

Objectives:
- A list of new and revised programs to meet agency's evolving client needs
- A list of potential future programs, prioritized and planned for

Time Frame:
- Begin after approval of recommended programs in Proposal A5
- New and revised programs started by January, 1998

Milestones:
- Select programs by September 30, 1997
- Budget by November, 1997
- Present selection to Board meeting of October, 1997

Person responsible:
- Deryl Peterson

Deliverables:
- List and description of recommended programs, prioritized, and with budgets

Costs:
- To be determined during planning

Critical/ Strategic Issue:
B. How can we maximize client CONFIDENTIALITY?

Proposal B1
Create and implement a "DBA" to serve as the placement entity for all placement activities including FLEX and job development

Objectives:
- Create an legal entity within MTS (a "DBA" - "Doing Business As") to shield MTS clients in the workplace from direct association with the MTS name, and consequently allow MTS to do active fundraising under its own name.

Time Frame:
- Process begun at Retreat (October, 1996); to be completed by February 28, 1997

Milestones:
- Begin trademark search in December, 1996
- File Certificate of Assumed Name by January 15, 1997
- Receive approval of DBA entity by January 31, 1997

Person responsible:
- Sam Eber

Deliverables:
- Trademark Search
- DBA Certificate

Costs:
- $1,125 for Search and filings
- $2,00 for brochures, stationery, timesheets, etc.

Proposal B2
Establish a client advisory committee to recommend policies and procedures to maximize clients' understanding and comfort with DBA

Objectives:
- Provide policies and procedures for protection of client confidentiality under the new DBA entity
- Maximize client understanding and comfort with the new DBA entity

Time Frame:
- Policies and procedures approved and implemented by March 1, 1997

Milestones:
- Committee formed by January 15, 1997

Person responsible:
- Barbara Small

Deliverables:
- Written policies and procedures

Costs:
- Staff and Board/ volunteer time

Critical/ Strategic Issue:
C. How can we assure an adequate FUNDING base for MTS Programs?

Overall Response
Broaden base of development (fundraising) support and increase dollars raised to decrease reliance on government funding

Proposal C1
Foundations/ Corporations: Expand research of potential funders within and outside of AIDS arena, including (but not limited to):
- Disability insurance/ work incentives
- Training & Employment
- Quality of Life
- Pharmaceuticals

Objectives:
- Increase Foundation/ Corporate grants to: $200,000 in 1997, $250,000 in 1998, and $300,000 in 1999

Time Frame:
- Begin immediately; time as indicated in Objectives
- Detailed timeline to be developed

Milestones:
- Develop target lists
- Cultivate contacts

Person responsible:
- Director of Development, with Board of Directors

Deliverables:
- Target and contact lists

Costs:
- Staff time, postage

| Proposal C2 | |
|---|---|
| Maximize Special Events Funding, through: | Annual Gala<br>Spring Event<br>Proceed Donations<br>Visibility Event |

Objectives:

- Annual *Gala* Costs/ Income of $60,000/ $155,000 in 1997,
  $60,000/ $175,000 in 1998,
  and $70,000/ $200,000 in 1999
- Annual *Spring Event* Costs/ Income of $10,000/ $35,000 in 1997,
  $12,500/ $50,000 in 1998,
  and $18.750/ $75,000 in 1999
- Annual *Proceed Donations* Costs/ Income of $3,000/ $25,000 in 1997,
  $4,000/ $40,000 in 1998,
  and $5,000/ $50,000 in 1999
- Annual *Visibility Event* Costs/ Income of $2,000/ $0 in 1997,
  $5,500/ $15,000 in 1998,
  and $9,000/ $25,000 in 1999
- *Total Special Events* Costs/ Income: $75,000/ $215,000 in 1997,
  $82,000/ $280,000 in 1998,
  and $102,750/ $350,000 in 1999
- Decrease cost/ revenue Ratio to under 30% within 3 years

Time Frame:

- Begin immediately; time as indicated in Objectives

Milestones:

- By January 15, 1997:
  - ◊ Conduct Gala recap meeting
  - ◊ Determine 1997 events calendar
- By April 1, 1997:
  - ◊ Complete CS Annual Solicitation
  - ◊ Complete Donor organization research and prepare solicitation materials
- Gala, 1997 — Raise donor level of giving to $250; increase corporate involvement
- Spring Event, 1997 — Produce a lower priced *inclusive* event
- Proceeds Donations, 1997 — Research and solicit organizations
- Visibility Event, 1997 — Open house (Business, Foundation/ Funding and Government contacts)
- Visibility Event, 1998 — Awards Dinner (10th Year Anniversary/ "First Annual Linda Laubenstein": Recognition and Fundraising)
- Visibility Event, 1998 — Laubenstein Award; increased fundraising

Person responsible:

- Director of Development, with support of:
  - ◊ Special event assistant
  - ◊ Special events volunteer committee
  - ◊ Board of Directors

Deliverables:

- Results of Gala recap

- 1997 Events calendar
- Solicitation materials

Costs:

- Special events costs (as indicated in Objectives, above)
- Shared % of costs for staff use

| Proposal C3 | |
|---|---|
| Maximize individual giving through: | Annual Campaign<br>Direct Mail Campaign<br>Capital Campaign<br>Wills, Bequests and Honorariums |

Objectives:

- *Annual Campaign* Costs/ Income of $0/ $10,000 in 1997, $1,500/ $15,000 in 1998, and $1,500/ $25,000 in 1999
- *Direct Mail* Costs/ Income of $5,000/ $0 in 1997, $5,000/ $10,000 in 1998, and $10,000/ $25,000 in 1999
- *Capital Campaign* Costs/ Income of $0/ $0 in 1997, and $1,500/ $5,000 in 1998
- *Wills/ Bequests, Honorariums* Costs/ Income of TBD

Time Frame:

- Begin immediately; time as indicated in Objectives

Milestones:

- Annual Campaign, 1997 — Research and develop 1998 strategy
- Direct Mail, 1997 — Research and designate consultant; develop donor base (trade/ buy); Incorporate with newsletter; implement December piece
- Capital Campaign, 1997 — Research and develop strategy for 1998 based on program needs
- Capital Campaign, 1998 — Implement strategy
- Wills, Bequests, Honorariums, 1997 — Research and develop 1998 strategy (with legal advice)

Person responsible:

- Director of Development, with support of:
  - ◊ Co-Executive Directors
  - ◊ Board of Directors
  - ◊ Volunteers with contacts

Deliverables:

- Results of research (as specified in Milestones)
- Strategy statements (as specified in Milestones)

Costs:

- Minimal costs for prospecting
- Marketing. donor packages

- Postage
- Major investment for direct mail;
- Consultant
- Testing
- Buy or Trade Lists
- Shared % of costs for staff use

**Proposal C4**
**Create Technical Assistance Funding Stream**

**Objectives:**

- Develop Technical Assistance strategy based on programs and services (i.e., replication)
- Develop funding strategy to secure seed money/ operational costs

**Time Frame:**

- Committee formed in June 1997
- Written report completed by 10/31/97

**Milestones:**

- TA Development Committee
- TA Recommendations Report

**Person responsible:**

- Michael Naimy

**Deliverables:**

- Analysis of MTS model and program design to determine areas for replication and technical assistance
- Analysis of funding source and revenue potential for TA
- Written implementation plan

**Costs:**

- None in 1997

Proposal C5
Maximize revenue from the operation of Business Ventures

Objectives:

- Enhance the operation and revenue of the existing businesses (BSC and FLEX)
- Develop new businesses to create employment for clients and generate revenue for programs and services

Time Frame:

- March 1997 through January 1998

Milestones:

Formation of Business Ventures Committee in March 1997

- Written evaluation of BSC and FLEX for presentation to July Board Meeting
- Preliminary evaluation of potential business ventures for presentation to September Board meeting
- Business Plan for new business venture prepared for January 1998 Board meeting

Person responsible:

- Michael Naimy

Deliverables:

- Written Evaluation
- Recommendations for new business ventures
- Business Plan for selected venture

Costs:

- $1,000 in 1997
- Future costs will be determined during evaluation and specified in Business Plan

Critical/ Strategic Issue:
D. How do we clarify the INFRASTRUCTURE and HIERARCHY for efficient and effective management of staff?

Proposal D1
Establish an Infrastructure Committee to identify critical short-term infrastructure needs (including issues related to work environment, equipment, resources) and develop and implement solutions that address those needs.

Objectives:

- Develop a committee of selected MTS staff, Board members, and an outside objective facilitator (consultant)
- Develop revised personnel manual and job descriptions
- Seek and study space issues, to determine whether MTS is currently using its physical space in the most effective manner that meets program and business needs
- Supervise efforts made by MTS and Union Settlement to improve intra-staff communications
- Focus on longer-term infrastructure needs and issues

Time Frame:

- Commence immediately following Retreat (October, 1996)
- Complete written plan by June 15, 1997 (as per Milestones below)

Milestones:

- Formation of Infrastructure Committee: December 15, 1996
- Commencement of Staff Forum Workshops: January 15, 1997
- Hiring of outside consultant: February 1, 1997
- Completion of Personnel Manual: February 1, 1997
- Completion of Job Descriptions: April 1, 1997
- Completion of written plan for future efforts: June 15, 1997

Person responsible:

- Infrastructure Committee meeting bi-monthly to oversee progress, with support of Barbara Small (Co-Executive Director), Sam Laganaro (HR, Operations), Richard Mueller (Comptroller)

Deliverables:

- Personnel Manual
- Job Descriptions
- Written plan for future efforts

Costs:

- If consultant used: $5,000
- Staff salaries, as allocated to proposal

Proposal D2

**Continue work of Infrastructure Committee developed in Proposal D1, shifting focus to intermediate- and long-term goals.**

Objectives:

- Study MTS' intermediate and long-term infrastructure needs
- Develop and propose solutions that address those needs.
- Make sure MTS' infrastructure develops along with MTS, and is Flexible and adaptable enough to meet changing needs.
- Prepare a report describing committee findings and recommendations, to be forwarded to MTS Board for review and approval.
- Make committee ongoing, to oversee Board-approved changes to infrastructure

Time Frame:

- One year from formation of Infrastructure Committee to submission of its first report to MTS Board.

Milestones:

- Formation of Infrastructure Committee: December 15, 1996
- Shift of Infrastructure Committee to intermediate- and long-term needs and goals: June 15, 1997 (after completion of Proposal D1).
- Submission of first report to MTS Board: December 15, 1997

Person responsible:

- Committee meeting bi-monthly to oversee progress, with support of Barbara Small (Co-Executive Director), Sam Laganaro (HR, Operations), Richard Mueller (Comptroller)

Deliverables:

- Report describing committee findings and recommendations

Costs:

- Other than normal staff salaries: unknown

Proposal D3

**Commence regularly scheduled (monthly) MTS Staff Workshops designed to foster intra-staff communication**

Objectives:

- Foster intra-staff communication
- Provide a place where staff can discuss issues that affect their feelings about working at MTS
- Propose changes that staff believes would enhance the quality of working conditions

Time Frame:

- Commence January 15, 1997
- Continue indefinitely

Milestones:

- Bi-monthly oversight by Infrastructure Committee

Person responsible:

- Infrastructure Committee, with support of Barbara Small (Co-Executive Director), Sam Laganaro (HR, Operations), Richard Mueller (Comptroller)

Deliverables:

- TBD

Costs:

- Little or none if Union Settlement is available

Critical/ Strategic Issue:
E. How do we INFLUENCE LEGISLATION, GOVERNMENT REGULATIONS, and PUBLIC Opinion so they are favorable to the employment of PWA's/ HIV+'s?

Proposal E1
Develop a Public Policy Agenda and Protocol

Objectives:
- To help develop policies which will benefit our clients and facilitate their employment choices
- To enable Managers and Directors to answer press queries re: Public Policy
- To enable MTS to regularly inform Press, Legislatures, and Agencies about policy measures that will improve MTS operations and effectiveness
- To have all staff aware of MTS's Public Policy Protocol

Time Frame:
- Implement Public Policy Office by January, 1998

Milestones:
- Form Public Policy Committee: February 1, 1997
- Create Internet Connection: March 1, 1997
- Information gathering: March, 1997
- Determine issues to be addressed by Public Policy Office: April 1, 1997
- Report to Board in April for their endorsement
- Public Policy Meeting: April 1, June 1, September 1, 1997
- Establish Protocol: by November 1, 1997

Person responsible:
- Co-Executive Director
- Public Policy Committee
- Staff designate

Deliverables:
- Identified public policy issues
- Public Policy Protocol

Costs:
- Internet Connection: $2,000
- $100/ month for meetings
- $3,000 for educational seminars
- 1997: $10,000

Critical/ Strategic Issue:
F. How should we MARKET MTS services to ATTRACT CLIENTS/ CUSTOMERS?

Proposal F1
Establish a Marketing team, and conduct internal marketing/ sales goal-setting

Objectives:

- Increase professional expertise by integrating Board Marketing Committee with Internal Committee
- Increase FLEX and BSC earnings
- Develop a more diverse client skill mix
- Increase participation by major corporations

Time Frame:

- Implement by June, 1997

Milestones:

- Develop marketing plan
- Develop target lists
- Develop sales/ marketing reports
- Create Internet connection (communication via Home Page) (see also Public Policy, Proposal E1)
- Design advertising campaign

Person responsible:

- Internal Committee, consisting of:
    - ◊ Milton Faulkner (Job Development)
    - ◊ Rebecca Ellington (FLEX)
    - ◊ William Cannon (Outreach)
    - ◊ Marck Fedor (BSC)
    - ◊ Darla Pasteur (Development)
    - ◊ Marck Fedor (Public Policy)
    - ◊ Board/Volunteer Committee, Ray Azoulay

Deliverables:

- Marketing Plan
- Target lists
- Sales/ marketing reports
- Internet connection
- Advertising Campaign

Costs:

- Mailing
- Ad placement
- Internet connections
- List software
- Data entry
- 1997 - $14,000
- 1998 - $16,000
- 1999 - $20,000

Proposal F2

Create a volunteer outreach corps: clients and volunteers to distribute flyers, palm cards, etc. in their communities, ask for announcements in church and community group bulletins, etc.

Objectives:

- Increase the number of work-ready client applicants

Time Frame:

- Develop corps plan by April 1997 for presentation to Board
- Implement by June, 1997

Milestones:

- Develop training program for volunteers
- Coordinate guidelines for distribution

Person responsible:

- Marck Fedor & Jecenia DeJesus

Deliverables:

- Implementation plan
- Distribution guidelines

Costs:

- Minimal - printing and copying of $2,000 and volunteer expenses of $1,500

Critical/ Strategic Issue:
G. How do we assure that clients have appropriate and adequate TRAINING?

Proposal G1
Review DOE contract and revise services as needed.

Objectives:

- Increase the number of clients who complete program
- Increase job placements
- Increase job retention
- Reduce the number of job referrals required for placement

Time Frame:

- Begin 1/97 to review contract, revisions in place by 4/97

Milestones:

- Written review and recommendations submitted to Co-Executive Director in March, 1997
- Recommendations in March for inclusion in proposal to DOE for 1998 and 1999 contracts
- Implement revisions in April, 1997

Person responsible:

- Maureen Latman, Training Manager, with support of the Training Committee

Deliverables:

- Written Report
- Program Modifications

Costs:

- Staff time and effort only in 1997
- Possible expenditures of $2,000 to $5,000 for program enhancements in 1998 and 1999

Proposal G2
Determine skill requirements for FLEX assignments.

Objectives:

- Review jobs which have come into FLEX during the past year
- Written report identifying skill requirements

Time Frame:

- January through March, 1997

Milestones:

- Collect data on FLEX jobs by 1/31/97
- Written report submitted to Co-Executive Director by 3/31/97

Person responsible:

- Rebecca Ellington and Training Committee

Deliverables:

- Written report

Costs: None

Proposal G3
Design and implement FLEX training and service plan.

Objectives:

- Increase skill levels of clients
- Increase number of clients in the FLEX pool
- Increase job placements

Time Frame:

- April 1997 through January 1998

Milestones:

- Design computer training and implement in June 1997
- Design and implement service plan for FLEX clients by August 1997
- Evaluate training and service results in January 1998

Person responsible:

- Rebecca Ellington and Training Committee

Deliverables:

- Computer training course
- Written service plan
- Written Evaluation

Costs:

- 1997 costs are estimated at $40,000 for increased staff
- 1998 costs are estimated at $90,000

Critical/ Strategic Issue:
H. What will we do to create more JOB OPPORTUNITIES?

Proposal H1
Review and expand job development activities

Objectives:
- Increase number of placements for graduates of the DOE program
- Increase the number of FLEX jobs available for our clients
- Increase the number of clients who transition to permanent employment

Time Frame:
- Start January, 1997, and be ongoing

Milestones:
- DOE report due March 31, 1997
- FLEX report due March 31, 1997
- Plan due June 30, 1997

Person responsible:
- Milton Faulkner and the Training Committee

Deliverables:
- Written report analyzing DOE job placement for 1995 and 1996
- Written report analyzing FLEX assignments, including transitional placements for 1995 and 1996
- Plan for expansion of Job Development

Costs:
- May incur printing costs, but those are already budgeted under the DBA

Proposal H2
Explore the development and implementation of an unpaid Internship program

Objectives:
- Expand the number and type of training environments
- Increase the length of training
- Increase the number of placements

Time Frame:
- June through December, 1997

Milestones:
- Committee formed in June, 1997
- Research report completed by September 15,, 1997
- Program outline presented to November Board meeting
- Implementation plan completed by December 31, 1997

Person responsible:
- Rebecca Mazin and Training Committee

Deliverables:
- Internship Committee

- Research report on other successful internship programs
- Program Outline for presentation to Board
- Implementation Plan

Costs:

- None in 1997
- $15,000 to $25,000 in 1998

# Implementing the Strategic Plan

Implementation of the Strategic Plan has already begun, with such Issues as A. Examining and Assessing the Agency's Programs (Proposals A1-A6), and B. Client Confidentiality started at the Planning Retreat itself. Other proposals (as indicated in the timelines in the Details section) are already underway. Proposal projects also run different lengths — from a few months (B1. Creating the DBA to help maintain Client Confidentiality), to several years (C. Planning for Adequate Funding).

In addition, several of the Proposals are designed to generate *additional* projects to fulfill the stated goal. As a result, there will eventually be *more* projects than are indicated in this Strategic Plan.

Worksheets generated for each project (as excerpted in the "Details of Projects," page 16 and following) have been used to define detailed project plans, and will provide the foundation for successful implementation of each project.

Monitoring for *all* projects is guided by the milestones and deliverables specified in each proposal's worksheets.

Reviewing and Revising the Strategic Plan
To be truly effective, the Strategic Plan must be a "living" plan — responding to changing needs and situations within the agency, as well as in the social/ economic/ political environment. The Board and Senior Management will maintain procedures to respond proactively to these changes.

In this Strategic Plan there are several proposals that will be developed further as the Plan is implemented. Critical/ Strategic Issue A in particular — "How can we assure the Agency's PROGRAMS appropriately meet evolving client needs?" — while focusing on the Agency as it is currently operating, will also create the tools for *ongoing* assessment of the agency and how well it functions in its environment. The Committee overseeing the processes for Issue A have identified the generation of these tools as part of their function. The Interview Committees created for the Agency's Strategic Planning process will also serve an ongoing function for monitoring the Agency's environment.

The internal and external issues affecting the goals and direction of the agency will be attended to in a thoughtful and timely manner in order to keep the current Plan progressing and relevant. The Executive Committee of the Board will review the progress of the Plan on a monthly basis using the Timeline as its basic document. The full Board will review the Plan quarterly. As new issues emerge the appropriate Board sub-committee will use the same approach that was used in the planning process to analyze issues and formulate responses.

# MTS BUDGET 97

| CATEGORY | TOTAL | OFFICE | PROGR. | FLEX | BSC | DEV | TOTAL |
|---|---|---|---|---|---|---|---|
| REVENUE | | | | | | | |
| GOVERNMENT GRANTS | $564,423 | | $421,476 | $10,500 | $132,447 | $0 | $564,423 |
| GENERAL CONTRIBUTION | $15,000 | | | | | $15,000 | $15,000 |
| FOUNDATION GRANTS | $150,000 | | | | | $150,000 | $150,000 |
| CORPORATE GRANTS | $50,000 | | | | | $50,000 | $50,000 |
| VESID | $35,000 | | $35,000 | | | | $35,000 |
| BUSINESS SERVICE CENTER | $600,000 | | | | $600,000 | | $600,000 |
| MTS FLEX | $800,000 | | | $800,000 | | | $800,000 |
| FUNDRAISING EVENTS | $235,000 | | | | | $235,000 | $235,000 |
| OTHER | $15,000 | | | | | $15,000 | $15,000 |
| TOTAL REVENUE | $2,464,423 | | $456,476 | $810,500 | $732,447 | $465,000 | $2,464,423 |
| **EXPENSES** | | | | | | | |
| STAFF SALARY | $872,300 | $38,190 | $374,440 | $168,390 | $147,890 | $143,390 | $872,300 |
| FLEX WAGES | $566,141 | | | $566,141 | | | $566,141 |
| TRAINING WAGES | $108,607 | | | | $108,607 | | $108,607 |
| TOTAL FRINGE | $249,783 | $12,091 | $72,397 | $103,165 | $41,496 | $20,635 | $249,783 |
| CONSULTANTS | $65,000 | $6,000 | $30,000 | $12,000 | $12,000 | $5,000 | $65,000 |
| DEVELOPMENT | $25,000 | $2,500 | $15,000 | $2,500 | $2,500 | $2,500 | $25,000 |
| COST OF SALES | $200,000 | | | | $200,000 | | $200,000 |
| SPECIAL EVENT | $80,000 | | | | | $80,000 | $80,000 |
| OUTREACH/MARKETING | $30,000 | | $4,000 | $9,000 | $4,000 | $13,000 | $30,000 |
| EQUIPTMENT RENTAL & MAINT | $67,400 | $2,570 | $15,420 | $2,570 | $44,270 | $2,570 | $67,400 |
| TRANSPORTATION | $9,100 | $300 | $6,700 | $300 | $1,500 | $300 | $9,100 |
| OFFICE SUPPLIES | $30,000 | $1,500 | $9,000 | $1,500 | $16,500 | $1,500 | $30,000 |
| RENT & UTILITIES | $106,000 | $10,600 | $63,600 | $10,600 | $10,600 | $10,600 | $106,000 |
| TELEPHONE | $15,000 | $1,500 | $9,000 | $1,500 | $1,500 | $1,500 | $15,000 |
| POSTAGE | $5,000 | $500 | $3,000 | $500 | $500 | $500 | $5,000 |
| INSURANCE | $6,000 | $600 | $3,600 | $600 | $600 | $600 | $6,000 |
| OUTSIDE SERVICES | $17,000 | $1,700 | $10,200 | $1,700 | $1,700 | $1,700 | $17,000 |
| MISC | $10,000 | $1,000 | $6,000 | $1,000 | $1,000 | $1,000 | $10,000 |
| TOTAL EXPENSES | $2,462,331 | $79,051 | $622,357 | $881,466 | $594,663 | $284,795 | $2,462,331 |
| PROFIT/LOSS | $2,092 | -$79,051 | -$165,881 | -$70,966 | $137,784 | $180,205 | $2,092 |

# MTS BUDGET 98

| CATEGORY | TOTAL | OFFICE | PROGR. | FLEX | BSC | DEV | TOTAL |
|---|---|---|---|---|---|---|---|
| REVENUE | | | | | | | |
| GOVERNMENT GRANTS | $500,000 | | $380,000 | $0 | $120,000 | $0 | $500,000 |
| GENERAL CONTRIBUTION | $15,000 | | | | | $15,000 | $15,000 |
| FOUNDATION GRANTS | $150,000 | | | | | $150,000 | $150,000 |
| CORPORATE GRANTS | $50,000 | | | | | $50,000 | $50,000 |
| VESID | $35,000 | | $35,000 | | | | $35,000 |
| BUSINESS SERVICE CENTER | $800,000 | | | | $800,000 | | $800,000 |
| MTS FLEX | $900,000 | | | $900,000 | | | $900,000 |
| FUNDRAISING EVENTS | $275,000 | | | | | $275,000 | $275,000 |
| OTHER | $15,000 | | | | | $15,000 | $15,000 |
| TOTAL REVENUE | $2,804,423 | | $456,476 | $910,500 | $932,447 | $505,000 | $2,804,423 |
| **EXPENSES** | | | | | | | |
| STAFF SALARY | $915,000 | $50,000 | $404,000 | $168,000 | $148,000 | $145,000 | $915,000 |
| FLEX WAGES | $656,131 | | | $656,131 | | | $656,131 |
| TRAINING WAGES | $108,607 | | | | $108,607 | | $108,607 |
| TOTAL FRINGE | $261,312 | $12,091 | $72,397 | $114,693 | $41,496 | $20,636 | $261,312 |
| CONSULTANTS | $72,000 | $10,000 | $32,000 | $10,000 | $10,000 | $10,000 | $72,000 |
| COST OF SALES | $250,000 | | | | $250,000 | | $250,000 |
| DEVELOPMENT | $50,000 | $5,000 | $30,000 | $5,000 | $5,000 | $5,000 | $50,000 |
| SPECIAL EVENT | $110,000 | | | | | $110,000 | $110,000 |
| OUTREACH/MARKETING | $50,000 | | $8,000 | $18,000 | $11,000 | $13,000 | $50,000 |
| EQUIPTMENT RENTAL & MAINT | $115,000 | $3,000 | $16,420 | $2,580 | $90,000 | $3,000 | $115,000 |
| TRANSPORTATION | $9,400 | $400 | $6,700 | $400 | $1,500 | $400 | $9,400 |
| OFFICE SUPPLIES | $30,000 | $1,500 | $9,000 | $1,500 | $16,500 | $1,500 | $30,000 |
| RENT & UTILITIES | $106,000 | $10,600 | $63,600 | $10,600 | $10,600 | $10,600 | $106,000 |
| TELEPHONE | $15,000 | $1,500 | $9,000 | $1,500 | $1,500 | $1,500 | $15,000 |
| POSTAGE | $5,000 | $500 | $3,000 | $500 | $500 | $500 | $5,000 |
| INSURANCE | $6,000 | $600 | $3,600 | $600 | $600 | $600 | $6,000 |
| OUTSIDE SERVICES | $25,000 | $2,500 | $15,000 | $2,500 | $2,500 | $2,500 | $25,000 |
| MISC | $15,000 | $1,500 | $9,000 | $1,500 | $1,500 | $1,500 | $15,000 |
| TOTAL EXPENSES | $2,799,450 | $99,191 | $681,717 | $993,504 | $699,303 | $325,736 | $2,799,450 |
| PROFIT/LOSS | $4,973 | -$99,191 | -$225,241 | -$83,004 | $233,144 | $179,264 | $4,973 |

# MTS BUDGET 99

| CATEGORY | TOTAL | OFFICE | PROGR. | FLEX | BSC | DEV | TOTAL |
|---|---|---|---|---|---|---|---|
| REVENUE | | | | | | | |
| GOVERNMENT GRANTS | $500,000 | | $380,000 | $0 | $120,000 | $0 | $564,423 |
| GENERAL CONTRIBUTION | $15,000 | | | | | $15,000 | $15,000 |
| FOUNDATION GRANTS | $150,000 | | | | | $150,000 | $150,000 |
| CORPORATE GRANTS | $50,000 | | | | | $50,000 | $50,000 |
| VESID | $35,000 | | $35,000 | | | | $35,000 |
| BUSINESS SERVICE CENTER | $850,000 | | | | $850,000 | | $850,000 |
| MTS FLEX | $950,000 | | | $950,000 | | | $950,000 |
| FUNDRAISING EVENTS | $325,000 | | | | | $325,000 | $325,000 |
| OTHER | $15,000 | | | | | $15,000 | $15,000 |
| TOTAL REVENUE | $2,954,423 | | $456,476 | $960,500 | $982,447 | $555,000 | $2,954,423 |
| **EXPENSES** | | | | | | | |
| STAFF SALARY | $970,000 | $58,000 | $430,000 | $172,000 | $158,000 | $152,000 | $970,000 |
| FLEX WAGES | $726,000 | | | $726,000 | | | $726,000 |
| TRAINING WAGES | $108,607 | | | | $108,607 | | $108,607 |
| TOTAL FRINGE | $264,000 | $12,000 | $74,000 | $115,000 | $44,500 | $18,500 | $264,000 |
| CONSULTANTS | $72,000 | $10,000 | $32,000 | $10,000 | $10,000 | $10,000 | $72,000 |
| COST OF SALES | $275,000 | | | | $275,000 | | $275,000 |
| DEVELOPMENT | $30,000 | $3,000 | $18,000 | $3,000 | $3,000 | $3,000 | $30,000 |
| SPECIAL EVENT | $110,000 | | | | | $110,000 | $110,000 |
| OUTREACH/MARKETING | $50,000 | | $8,000 | $18,000 | $11,000 | $13,000 | $50,000 |
| EQUIPTMENT RENTAL & MAINT | $135,000 | $3,000 | $16,420 | $2,580 | $110,000 | $3,000 | $135,000 |
| TRANSPORTATION | $9,400 | $400 | $6,700 | $400 | $1,500 | $400 | $9,400 |
| OFFICE SUPPLIES | $30,000 | $1,500 | $9,000 | $1,500 | $16,500 | $1,500 | $30,000 |
| RENT & UTILITIES | $106,000 | $10,600 | $63,600 | $10,600 | $10,600 | $10,600 | $106,000 |
| TELEPHONE | $15,000 | $1,500 | $9,000 | $1,500 | $1,500 | $1,500 | $15,000 |
| POSTAGE | $5,000 | $500 | $3,000 | $500 | $500 | $500 | $5,000 |
| INSURANCE | $6,000 | $600 | $3,600 | $600 | $600 | $600 | $6,000 |
| OUTSIDE SERVICES | $25,000 | $2,500 | $15,000 | $2,500 | $2,500 | $2,500 | $25,000 |
| MISC | $15,000 | $1,500 | $9,000 | $1,500 | $1,500 | $1,500 | $15,000 |
| TOTAL EXPENSES | $2,952,007 | $105,100 | $697,320 | $1,065,680 | $755,307 | $328,600 | $2,952,007 |
| PROFIT/LOSS | $2,416 | -$105,100 | -$240,844 | -$105,180 | $227,140 | $226,400 | $2,416 |

## Appendix B: Committee Charters

Business Ventures Committee will analyze current and potential business ventures to ascertain which factors have contributed to success/ failure and the potential for future growth. The committee will also seek to identify potential ventures to determine which could offer good training, job creation and/or revenue generating activities.

Client Needs Committee will identify the needs which individuals with HIV/AIDS have in obtaining and retaining employment, the characteristics of clients who need services and the appropriate services. The committee will also evaluate the effectiveness of current programs.

Community Services Committee members will meet with representatives of (other social service organizations) to determine their perspective on unmet needs, evaluation of MTS services and the potential for cooperative relationships or linkages.

Employment and Training Committee will identify specific skill training which would increase employment opportunities, training methods and resources, employment objectives, employer expectations and job placement options. The committee will also examine the potential for providing Technical Assistance to other organizations.

Fundraising Committee will gather information on funding trends regarding revenue generation, foundations and corporate contributions, private donors, and special events.

Government Funding Committee members will determine the potential for funding from city, state and federal agencies in economic development, social services, training and vocational rehabilitation fields.

Labor Market Committee will interview employers and analyze labor market trends to indicate which occupations and industries have potential for growth/ shrinkage.

Organizational Infrastructure Committee will determine strengths and weaknesses of the current organization, examine issues relating to the dual role of MTS as a social service organization and a business, and ascertain how to explore employee concerns in a manner that allows the greatest openness and discussion of those concerns.

Public Policy Committee will identify public policy issues which could affect MTS and potential MTS roles in advocacy.

# APPENDIX C: MTS Values

Prior to the Retreat, participants met to discuss both

- the Values of the Agency, and
- "Who Do We Serve?" and "How Do We Serve Them?"

The following lists were developed, and became input to the post-retreat Mission discussions:

WHO DO WE SERVE?
Individuals

- Men and women with HIV/AIDS who want to work
- The full diversity of the population affected by HIV including:
  - ◊ Those from drug treatment facilities
  - ◊ Ex-Offenders
  - ◊ Low Skilled
  - ◊ Semi- and Mid-skilled
  - ◊ Professional and Highly skilled
  - ◊ VESID Referrals

The General Community

- FLEX Employers
- BSC Customers
- Community Based Organizations
- Hospitals and Clinics
- Government Agencies
- The General Public
- Personal Networks (Friends, relatives, etc. )

HOW DO WE SERVE THEM?
individuals:

- Outreach
- Assessment
- Intake
- Benefits Analysis
- The DOE Program
  - ◊ Paid Work Experience
  - ◊ Computer classroom training
  - ◊ Vocational Counseling
  - ◊ Permanent Job Placement
- Supportive Peer Environment
- Job Creation

- Placement for temp and permanent positions
- Referrals for Support Services (Counseling, Housing, Child Care, etc.)

The General Community
- Education
- Advocacy
- Interns
- Dependable Skilled Staff
- Business Services
- Information on the Value of Employment
- Assistance with Fundraising
- Diagnostic Vocational Evaluations

ARE THERE UNMET CLIENT NEEDS FALLING WITHIN THE MTS MISSION?
- Expanded Testing Services
- Expanded Training Services
- Longer period for Work Experience
- More equipment and skill options in Work Experience
- Expanded permanent placement
- Life Planning and Financial Planning Services
- Education (Basic, GED)
- Medical
- Mental Health
- Youth

## MTS & VALUE

We had two different discussion about Values during the Strategic Planning process. The first (prior to, and in preparation for the Retreat) focused on what the participants in the process (i.e., people within MTS) saw as the *Value* of MTS regarding:

- its clients,
- each other (board and staff)
- the community in which MTS operates
- its (business) customers.

This list was generated as an opening discussion of MTS' Mission — to help define the values that *shape* the organization's mission.

The second, generated towards the end of the Retreat, responded to the question "What *Value* does MTS provide to the HIV/AIDS community in terms of employment" (i.e., how participants believe the community views MTS).

The following list is what participants saw as MTS's Value.

Regarding OUR CLIENTS?

| | |
|---|---|
| Confidentiality (identified as *critical*) | Building self-esteem |
| Fighting discrimination | Fair wage and compensation |
| Healing | Flexible programs |
| Focus on living | Independence |
| Hope | Mental health |
| Appropriate vocational training | Fair evaluation of vocational skills and needs |
| Enhancing quality of life | Protection of benefits |
| Equal access to employment | Right to work |
| Right to employment | |

Regarding EACH OTHER?

| | |
|---|---|
| Respect for cultural diversity and life experience | Representative of community that we serve |
| Diversity | Productive |
| Effective communication | Inclusion |
| Respect to be heard | Support (mentioned by all 3 groups) |
| Trust | Respect of each other's roles |
| Respect for divergent views | Commitment and dedication |
| Compassionate | |

Regarding THE GENERAL COMMUNITY?

| | |
|---|---|
| Maintain ethical reputation | Ethical and effective use of money raised through fundraising |
| Maximize communities outreach (let them know we exist) | Maintain clear position of our issues of employment |
| Fighting discrimination | Educating |
| Awareness of QOL (Quality-of Life) issues — and importance of employment in QOL | Promoting employment |
| Money | |

Regarding OUR CUSTOMERS?

| | |
|---|---|
| Highest quality work/ quality service | Good customer service |
| Fair pricing | Competitive |
| Professional | Business community can make a difference through social services |
| Dependable | Cost effective |
| Approachable/ available | Reliable |

---

This is the second list, in response to: "What *Value* does MTS provide to the HIV/AIDS community in terms of employment":

| | |
|---|---|
| Providing Health Coverage | Confidentiality Safety |
| Maintain Confidentiality | Provide safe and supportive environment |
| Counseling and support services during job re-entry phase | Supportive safe environment for clients to pursue employment goals |
| Social Service information | AIDS-employment advocacy |
| Education and public policy advocacy of AIDS/HIV employment issues | Placement that accommodates client needs |
| Therapeutic role of employment | Self-esteem and instilling work ethic |
| Increase productive work force | Motivation (building) |
| Jobs! ! | Job placement — temp and permanent |
| Create jobs and financial independence | Build and regain self-esteem |
| Ability to provide flexible employment (full-time/ part-time/ flexible) | Benefits work incentives advocacy |
| Job retention/ readiness | Economic self-sufficiency |
| Income | Exploring employment options |
| Benefit analysts | Full Case management (to have) |
| Employment plan and follow-up (to have) | Training skill building |
| Training !! | Individual responsibility (to have) |
| Financial planning | To be HIV employment advocate (to have) |
| Educating larger community | |

| **MTS Strategic Plan Timeline** | | | | | **X**=Project activity this month | | | | | | | | | | | | **M**=Milestone this month | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Critical/ Strategic Issue (A,B,etc); Proposal (A1, A2, etc.)** | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D |
| **A. How can we assure the Agency's PROGRAMS appropriately meet evolving client needs?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A1. Create and develop parameters for program assessment. | X | M | | | | | | | | | | | | | | | | | | | | | | | | |
| A2. Define goals/ outcomes and objectives for all programs and services. | | X | M | | | | | | | | | | | | | | | | | | | | | | | |
| A3. Evaluate existing programs and services. | | | M | M | M | | | | | | | | | | | | | | | | | | | | | |
| A4. Determine who agency is willing and able to serve. | | | | X | X | M | | | | | | | | | | | | | | | | | | | | |
| A5. Propose potential programs with goals/ objectives and redefine current programs. | | | | | X | M | | | | | | | | | | | | | | | | | | | | |
| A6. Select programs for the next 3 years and plan implementation. | | | | | | | X | X | X | X | M | X | M | X | M | X | X | X | X | X | X | X | X | X | X | X |
| **B. How can we maximize client CONFIDENTIALITY?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B1. Create and implement a "DBA" to serve as the placement entity for all placement activities including Flex and job development. | | | X | X | M | | | | | | | | | | | | | | | | | | | | | |
| B2. Establish a client advisory committee to recommend policies and procedures to maximize clients' understanding and comfort with DBA. | | | | | M | X | M | | | | | | | | | | | | | | | | | | | |
| **C. How can we assure an adequate FUNDING base for MTS programs?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C1. Foundations/ Corporations: Expand research of potential funders within and outside of AIDS arena | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C2. Maximize Special Events Funding, through: Annual Gala; Spring Event; Proceed Donations; Visibility Event | X | X | M | X | X | M | X | X | X | X | X | X | X | X | X | X | X | M | X | X | X | X | X | X | X | X |
| C3. Maximize individual giving through: Annual Campaign; Direct Mail Campaign; Capital Campaign; Wills, Bequests and Honorariums | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| C4. Create Technical Assistance Funding Stream: Develop Technical Assistance strategy; Develop funding strategy for Technical Assistance | | | | | | | | X | X | X | X | M | | | | | | | | | | | | | | |
| C5. Maximize revenue from the operations of buisiness ventures: Analyze business outcomes of BSC and FLEX and recommend modifications; Examine feasibility of additional business ventures | | | | | M | X | X | X | M | X | M | X | X | M | | | | | | | | | | | | |
| **D. How do we clarify the INFRASTRUCTURE and HIERARCHY for efficient and effective management of staff?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1. Establish an Infrastructure Committee to identify critical short-term infrastructure needs and develop and implement solutions that address those needs. | X | M | M | M | X | M | X | M | | | | | | | | | | | | | | | | | | |
| D2. Continue work of Infrastructure Committee developed in Proposal D1, shifting focus to intermediate- and long-term goals. | | M | X | X | X | X | X | M | X | X | X | X | X | M | | | | | | | | | | | | |
| D3. Commence regularly scheduled (monthly) MTS Staff Workshops designed to foster intra-staff communication. | | | M | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| **E. How do we INFLUENCE LEGISLATION, GOVERNMENT REGULATIONS, AND PUBLIC OPINION so they are favorable to the employment of PWA's/ HIV+'s?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E1. Develop a Public Policy Agenda and Protocol | | | | M | X | M | X | M | X | X | M | X | M | X | M | | | | | | | | | | | |
| **F. How should we MARKET our MTS and DBA partner services to ATTRACT CLIENTS/** | | | | | | | | | | | | | | | | | | | | | | | | | | |

| **CUSTOMERS?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| F1. Establish a Marketing team, and conduct internal marketing/ sales goal-setting | | X | X | X | X | X | X | M | X | X | X | X | X | M | X | X | | | | | | | | | | |
| F2. Create a neighborhood volunteer corps: clients and volunteer to distribute flyers, palm cards, etc. in their communities, ask for announcements in church and community group bulletins, etc. | | | X | X | X | X | X | M | | | | | | | | | | | | | | | | | | |
| **G. How do we assure that clients have appropriate and adequate TRAINING?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G1. Review DOE contract and revise services as needed. | | | M | X | M | M | | | | | | | | | | | | | | | | | | | | |
| G2. Determine skill requirements for FLEX assignments. | | | M | X | M | | | | | | | | | | | | | | | | | | | | | |
| G3. Design and implement FLEX training and service plan. | | | | | | X | X | M | X | M | X | X | X | X | M | X | X | X | X | X | X | X | X | X | X | X |
| **H. What will we do to create more JOB OPPORTUNITIES?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1. Review and expand Job Development activities | | | X | X | M | X | X | M | X | X | X | X | X | X | | | | | | | | | | | | |
| H2. Explore the development and implementation of an unpaid internship program | | | | | | | | M | X | X | M | X | M | M | X | X | X | X | X | X | X | X | X | X | X | X |

APPENDIX E

**New York City AIDS Fund**
MIS 1996 Grant

**Summary of** Actual **Project Budget**

| | Total | Funding Source: AIDS Fund | |
|---|---|---|---|
| Personnel (PS): Title | | | |
| _____ | $ _____ | $ _____ | $ _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Fringe Benefits: | _____ | _____ | _____ |
| Subtotal PS: | 0 | 0 | 0 |
| **Other Than Personnel Services (OTPS):** | | | |
| Supplies | 750 | 750 | 750 |
| Printing | 650 | 650 | 650 |
| Telephone | 0 | 0 | 0 |
| Postage | 150 | 150 | 150 |
| Travel | 500 | 500 | 500 |
| Other: Stipends | 450 | 450 | 450 |
| Subtotal OTPS: | 2,500 | 2,500 | 2,500 |
| Total PS + OTPS: | 2,500 | 2,500 | 2,500 |
| Overhead/Indirect Costs: (up to 10% of PS + OTPS) | 0 | 0 | 0 |
| **Consultants:** (identify) | | | |
| Jay Siegelaub | 12,500 | 12,500 | 12,500 |
| _____ | _____ | _____ | _____ |
| **TOTAL PROJECT BUDGET:** | $15,000 | | |
| **Amount Requested from AIDS Fund:** | | $ 15,000 | |
| **Amount from Other Sources:** (Document in budget narrative.) | | | $ 15,000 |

# MTS

## *"Employment is a Treatment That Works"*

New treatment therapies are raising the remarkable hope of reducing AIDS to a chronic but controllable illness like diabetes. Many people who were looking at an impending death sentence are now looking forward to living and working again. This exciting development creates both joy and fear by forcing people to grapple with the question, ***"I'm going to live – now what?"***

MTS (Multitasking Systems of New York, Inc) has been helping clients answer this question since 1988 as the only 501(c)(3) social service organization in the country specifically dedicated to providing employment training and job placement services to men and women with HIV/AIDS. The objective of MTS programs is to help individuals living with HIV/AIDS regain their independence, financial self-sufficiency and create a better quality of life through employment.

***"You get diagnosed with HIV or AIDS and you feel like damaged goods. MTS says you're not damaged goods, you're not a throwaway. We think you're worthwhile. MTS teaches you how to live with this disease rather than die from it."*** These are the words of just one of the clients who have come to us because they want to work rather than collect benefits, but cannot find work on their own or require special accommodations due to medical, physical or emotional needs.

Common factors that must be addressed for most individuals considering a return to the workplace include long periods of unemployment, a need to upgrade or learn new skills to be competitive in the workforce, and the need for a nurturing environment to re-acclimate and build confidence. For the majority of clients, making the commitment to transition to permanent employment is a frightening and complex decision. "What if I get sick again? How will I schedule my meds and doctors appointments? What if I get fired and lose my benefits?" People need a supportive process that offers a range of opportunities that can be tailored to fit the individual needs for a variety of backgrounds.

MTS has developed a comprehensive **Transitional Employment Model** that combines individualized case management and counseling services with innovative training, job creation and placement opportunities that are designed to meet the special needs of people with HIV/AIDS and that are unavailable elsewhere. The program is partially funded by government support including the U.S. Department of Education (Rehabilitation Services Administration) and the NYS Office of Vocational and Educational Services to Individuals with Disabilities. In addition, we operate two nonprofit business ventures (FLEX and Business Services) that generate 54% of the agency's revenue to directly pay for client/workers wages and benefits while providing unique employment and training options

One example of the many clients who have dramatically benefited from the MTS Transitional Employment Model is a 42 year old man previously employed as a chef. When he was diagnosed, he no longer had the strength or desire to continue in this field, but felt it was too late for someone "middle-aged" with HIV to make a career change. He entered the MTS Work Experience program and successfully completed both the basic and advanced WordPerfect training sessions. After working at a long-term FLEX assignment as Administrative Assistant for the Executive Director of a New York Foundation, he has been hired as a permanent full-time employee, earning $32,000 annually with complete benefits coverage. Without training and the extra help of transitional employment, he would still be at home, isolated and depending on public benefits.

## MTS TRANSITIONAL EMPLOYMENT MODEL
## Training, Job Creation and Placement Components

Client needs vary greatly regarding the adjustment period needed to return to employment, based on individual skill level and work history. Almost all MTS permanent placements are a result of clients successfully completing this transitional process. This model has potential for replication with a variety of populations and in various kinds of labor markets.

**Vocational Training:** Our comprehensive computer training program addresses the need for clients to learn skills which are not dependent on physical stamina, can be used throughout the course of this episodic illness and can be used to negotiate customized work situations such as home-based employment. For individuals who are returning to work after several years on disability, computer training provides current marketable skills. The program includes 120 hours of classroom instruction and individualized sessions per client. A full time computer instructor is employed to supervise an eight-station computer lab which is available to all clients.

**Transitional Employment Options:** This component allows clients to reinforce their classroom training with on-the-job experience. Based on individual requirements, MTS places clients in supportive paid work assignments that allows each person to gradually increase stamina, learn to handle stress, and develop coping mechanisms to manage changed capabilities. FLEX operates similarly to a temporary employment agency with the added benefit that clients/workers receive health insurance, sick days and paid vacation. FLEX assignments are made by the FLEX manager and do not require employer job interviews or resumes. Thus, our clients are placed based on the basis of their abilities, not their history. Special scheduling arrangements to accommodate medical appointments and episodes of illness include part-time assignments, job sharing and off-hour assignments. The Business Service Center is a competitive business which sells copyshop, printing, mailing and fulfillment services to the private, public and nonprofit sectors and serves as a training site for 40 clients per year. This work period is combined with counseling and group vocational sessions that specifically address health and work-related issues. The process helps people enhance their self-esteem and regain the confidence to transition to permanent employment.

**Permanent Placement:** When a client concludes their personal transition process and is ready to make the commitment to permanent employment, MTS provides an additional range of individualized services. Our placement staff identifies job opportunities with both nonprofit and profit-sector organizations, helps the client customize their resume and role-plays in preparation for interviews. Clients continue to receive support services for three months, and all MTS program participants are encouraged to return for follow-up services or re-placement at any time. Records for 1996 indicate an approximate 60% retention rate after 6 months.

## MTS TRANSITIONAL EMPLOYMENT MODEL
## Education and Counseling Components

MTS programs are based on the belief of the therapeutic value of employment. However, MTS recognizes that employment is not an appropriate choice for everyone and we believe that individuals deserve the right to make an **informed** decision about entering employment based on accurate information about entitlement and transition options.

**MTS Education Services** include an on-going outreach effort to inform individuals in all five boroughs about our employment programs. MTS staff conduct information seminars for over 35 community based AIDS service organizations, health care providers and Residential Drug Treatment Communities each year. MTS has developed and published a comprehensive Benefits Workbook (enclosed) which incorporates information from public entitlement sources and addresses the most frequently asked questions about returning to work.

The New York City AIDS Fund awarded MTS a 1997 grant to develop and implement comprehensive benefits training seminars for both individuals and organizations to educate the increasing number of men and women who are considering returning to work. The grant also provides funding to research and publish a 1997 version of the Benefits Workbook which will incorporate policy changes resulting from welfare reform. MTS also receives federal funding from the Department of Education as part of a three-year demonstration grant to establish a linkage with VESID, the New York State rehabilitation agency. This project was designed to insure that individuals with HIV/AIDS receive the same level of rehabilitation services as persons with other disabilities.

MTS also conducts weekly registration sessions that provide an overview of employment issues to all interested individuals and covers the following topics:

- Therapeutic Value of Employment
- Available MTS Client Services
- Rights and Protection under the Americans with Disabilities Act (ADA)
- Relationship of Benefits, Work Incentives, Wages

**MTS Counseling Services** helps men and women with HIV/AIDS take control of their lives through an active decision-making process. MTS has developed a comprehensive service model which includes the following:

- Individualized Benefit Analysis
- Skills Testing and Assessment
- Career Planning and Vocational Counseling
- Job Search Skills Development and Resume Preparation
- Group Support Sessions
- Case Management

**MTS CLIENT POPULATION:** Ninety-eight percent of MTS clients are New York City residents. Most clients are economically disadvantaged (86.7% receive public benefits) and 54% have histories of substance abuse. Other MTS demographics include:

| Race | | Gender | | Age | |
|---|---|---|---|---|---|
| **Hispanic** | **26%** | **Female** | **22%** | **30-39** | **39%** |
| **African -American** | **49%** | **Male** | **78%** | **20-29** | **18%** |
| **Asian** | **1%** | | | **40-49** | **30%** |
| **White** | **24%** | | | **50-59** | **13%** |

The following chart shows the growth of client services since 1993 and goals for 1997:

| CLIENT SERVICES | 1993 ACTUAL | 1994 ACTUAL | 1995 ACTUAL | 1996 ACTUAL | 1997 GOALS |
|---|---|---|---|---|---|
| Orientation | 440 | 512 | 650 | 946 | 1000 |
| Intake and Counseling | 202 | 243 | 310 | 624 | 700 |
| Training | 27 | 52 | 109 | 95* | 150 |
| Transitional Placement | 68 | 143 | 220 | 275 | 302 |
| Permanent Placement | 85 | 52 | 87 | 77 | 110 |

**** Clients received an average of 10 hours of computer training in 1995. A comprehensive training program including classroom instruction and individualized sessions averaging 60 hours per client was introduced in 1996.***

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# THE TISCH BUILDING

GMHC

GAY MEN'S HEALTH CRISIS

12 Jerry Herman Theater Desk, Meals Program and Dining Room, Nutrition Counseling and Wellness Services

11 Client Advocacy, Therapeutic Recreation and Complementary Therapies, Robert C. Woolley and Jeffrey S. Childs Living Room

10 Not occupied by GMHC

9 Communications, Executive Offices, Human Resources, Public Policy, Wall of Honor

8 The Michael Palm Center for AIDS Care and Support: Buddy Program, Group Services, Intake, Intensive Case Management, Linkage, Quality Assurance

7 Legal Services, Lesbian AIDS Project, Treatment Education and Advocacy, Women's Education Services

6 David Geffen Center for HIV Prevention and Health Education, The Corner, HIV Prevention, Hotline/A Team

5 Accounting, Development, Information Systems

4 Community Partnership Initiative, Evaluation/Research, Ombudsman, Training, Volunteers

3 Not occupied by GMHC

2 AIDS Walk New York/Dance-A-Thon, Child Life Playroom and Food Pantry, Facilities and Mailroom, Publications Fulfillment

1 New York Hospital-Cornell Medical Center Chelsea Center for Special Studies (CCSS)

# GMHC News Release

October 23, 1997
FOR IMMEDIATE RELEASE
Contact: Stephen Soba, (212) 367-1214
Christopher Norbury, (212) 367-1221

## GAY MEN'S HEALTH CRISIS CELEBRATES MOVE INTO NEW HOME, CREATING THE WORLD'S MOST COMPREHENSIVE AIDS FACILITY

### Ribbon-Cutting at The Tisch Building Recognizes Record-Setting $3.5 Million Gift

Gay Men's Health Crisis (GMHC), the nation's oldest and largest AIDS service, education and advocacy organization, opened its new home, The Tisch Building, today. Designed to improve urgently needed services for its 9,000 clients — men, women and children with AIDS, and their families — the building brings five GMHC sites under one roof at 119 West 24th Street. Combining a unique capacity to deliver AIDS services as well as HIV testing and primary care, the new location becomes the most comprehensive HIV/AIDS facility in the world. With New York City continuing to experience the highest rate of AIDS cases nationwide — nearly 100,000 cases — GMHC planned its new home to better serve people with HIV and AIDS, many of whom are benefiting from new treatments, but who are also facing new and more complex challenges.

At an official ribbon-cutting ceremony, the twelve-story building was named The Tisch Building in honor of Joan and Preston Robert Tisch, whose $3.5 million gift to GMHC is the largest individual gift to an AIDS service organization in the history of the epidemic. David Hollander, Board Chair of GMHC, said, "We are deeply grateful to Joan and Bob Tisch for their extraordinary support. Due to their generosity, the long-held dream of uniting all of GMHC's work under one roof today becomes a reality." A tireless ambassador, activist and fundraiser in the fight against AIDS, Mrs. Tisch has been a GMHC volunteer and Board member for ten years, and is the Founding Chair of GMHC's President's Council.

"Far more than bricks and mortar, The Tisch Building represents a huge leap forward in GMHC's ability to respond to an ever-changing epidemic — to serve our clients, stem the spread of HIV, and advocate for enlightened public policies," said Mark Robinson, Executive Director of GMHC. The newly-renovated building, he pointed out, not only offers more space, privacy, efficiency and flexibility, but houses:

- the David Geffen Center for HIV Prevention and Health Education that for the first time links HIV testing to a range of support and prevention programs;
- the Michael Palm Center for AIDS Care and Support, incorporating GMHC's array of client services for people with HIV and AIDS; and,
- the New York Hospital-Cornell Medical Center Chelsea Center for Special Studies (CCSS), providing primary medical care for people with HIV and AIDS, with the Cornell Clinical Trials Unit conducting research on new treatments.

# GMHC News Release

David Tuzo, a long-time GMHC client, spoke at the ribbon-cutting ceremony, saying, "What does this new building mean to me? It means my life." Tuzo has used a variety of GMHC services over the past six years, including the meals program, nutritional counseling, treatment education, financial advocacy and legal services, as well as the Child Life program for himself and his son. "Here's the truth," Tuzo said. "Without GMHC, I would have died. It made a light for me at the end of the tunnel when I was all in darkness. It made my life worth living again. Thanks to GMHC, I don't look back. I only look ahead."

The Tisch Building is designed to be sensitive to the physical, psychological and emotional needs of people living with or at risk for HIV and AIDS. It also helps staff and volunteers serve them more effectively. By offering more space, Mr. Robinson said, clients will be able to "eat well, take classes, engage in therapeutic recreational activities and attend workshops that help them deal with the stress of HIV."

Attractions of the new building include: The Maurice Sendak Child Life Room for families with young children is filled with light and Sendak fantasy figures; the Robert Woolley Living Room gives clients, staff and volunteers a comfortable place to meet and mingle; and the Jerry Herman Theater Desk offers free tickets for shows to clients.

"We've also tripled the private space for counseling, therapy and other support services, offered one-on-one or in groups," Robinson said. "Meeting rooms are designated specifically for youth who are increasingly at-risk for the virus, and for our growing number of clients who are women.

"The Tisch Building has the most up-to-date environmental features," he noted. "Filtered water is available on every floor, reducing the risk of cryptosporidium, an intestinal disease caused by a parasite often found in tap water. And increased air exchanges can help prevent the transmission of TB."

GMHC's new home also provides better facilities for 6,500 volunteers, the core of its workforce, who often work directly with people in crisis as hotline counselors, support group facilitators and home-based buddies.

* * *

**GAY MEN'S HEALTH CRISIS, INC.**
**THE TISCH BUILDING 119 WEST 24 STREET NEW YORK, NY 10011**

Remarks of Mark Robinson
Executive Director, GMHC
Ribbon Cutting Ceremony
October 23, 1997

I would also like to praise the many wonderful people who made this building possible.

My special thanks to:

— Charles Thannhauser of architects Thannhauser & Esterson for his innovative design and generosity;

— A.J. Contractors, who became a true partner in this project, understanding its importance to New Yorkers affected by HIV and AIDS;

— Zintis Muiznieks and Warren Anker, who helped shepherd the project through with the architects, engineers and contractors;

— organized labor for their generous support;

— Atlantic and Sterling banks for their financing; and

— all of the GMHC staff and volunteers for their flexibility, dedication and forbearance.

It's been a long haul, but look at what we've accomplished! The Tisch Building consolidates GMHC's five sites under one roof. Far more than bricks and mortar, it represents a huge leap forward in our ability to respond to an ever-changing epidemic — to serve our clients better, stem the spread of HIV among groups at highest risk, and advocate for more enlightened public policies.

What does this building offer?

There's more space. For clients to eat well, take classes, engage in therapeutic recreational activities, and attend workshops that help them deal with the stress of HIV. The new children's playroom is much larger and filled with light.

The Robert Woolley and Jeffrey Childs Living Room is an inviting, informal place for clients, staff and volunteers to meet and mingle.

Workspace for the thousands of GMHC volunteers coming through these quarters is more spacious and comfortable.

There's more privacy. We've tripled the private space for counseling, therapy and other support services, offered one-on-one or in groups. We have an on-site Quiet Room, for staff and volunteers to meditate. Meeting rooms are designated specifically for youth, and for our growing number of clients who are women.

The Tisch Building offers more efficiency and flexibility. It has the most up-to-date environmental features. Filtered water is available on every floor, reducing the risk of cryptospiridium.

And increased air exchanges can help prevent the transmission of TB. The design uses modules that can be rearranged as the epidemic and needs change.

But The Tisch Building is far more than its design and physical characteristics. Not a day goes by that a man or a woman does not stop me to thank GMHC for this new space. Sometimes, they even hug me and tell me how safe they feel in our new home.

This building represents the personal struggle of every man, woman and child with AIDS who comes through these doors.

It represents the tens of thousands of people whose beloved memory we mourn.

And it embodies the commitment of every volunteer, staff member and donor who will never forget nor forsake them.

Remarks of David Hollander
Chair, GMHC Board of Trustees
Ribbon Cutting Ceremony
October 23, 1997

Hello. I'm David Hollander, Chair of the GMHC Board of Trustees. On behalf of the Board, welcome to the clients, staff, volunteers, donors and friends of GMHC!

Special greetings to the government leaders who join us this afternoon.

The dream of uniting all of GMHC under one roof today becomes a reality. I'd like to extend my warmest thanks to all the generous donors who made this building possible. And let me pay special tribute to the visionary givers of the leadership gifts:

— David Geffen; the new David Geffen Center for HIV Prevention and Health Education for the first time links HIV testing to a range of support and prevention programs;

— Michael Palm; the new Michael Palm Center for AIDS Care and Support incorporates GMHC's array of client services for people with HIV and AIDS living longer with more complex needs.

— and finally, long-time GMHC volunteer and Board member, Joan Tisch and her husband Bob.

A tireless AIDS activist and fundraiser, Joan has been an incredibly involved memeber of our Board for ten years. Joan and Bob have given to GMHC the largest individual gift ever given to an AIDS service organization in the history of the epidemic. In tribute to the extraordinary generosity of this remarkable family, we are naming our new home, The Tisch Building.

We're pleased to have Joan and Bob, their son Jonathan and daughter Laurie here today. And I'd like to introduce Mrs. Tisch to you now.

Let me also thank Louis Bradbury, my predecessor as GMHC Board Chair, for his foresight and dedication. It was Louis who struck the original spark for this building.

And thanks to our neighbors in this building and our partners in fighting AIDS -- the New York Hospital-Cornell Medical Center Chelsea Center for Special Studies, which will provide primary outpatient HIV/AIDS care and offer clinical trials here. Together we offer the most comprehensive AIDS facility in the world.

While we are very proud of this achievement, there is no denying that this is a bittersweet occasion.

Sixteen years into this horrible epidemic, we are saddened that the needs remain so great. Too many people don't practice safer sex or have access to clean needles. Too many people don't know that they are infected. Too many people are not benefitting from the new treatments, in many cases

because they lack the very basics of life. And far too many people — mistaking new hope for victory — have abandoned the fight against AIDS.

Our lease of this building lasts for 13 more years. With all my heart, I hope that a cure and a vaccine will at last be found, and that our successors here don't need to renew that lease. But I vow to you on behalf of Gay Men's Health Crisis, that as long as the virus continues to destroy lives, we will be here in the fight.

Remarks of David Tuzo
Ribbon Cutting Ceremony
October 23, 1997

What does this new building mean to me? It means my life. When I learned I was HIV-positive eleven years ago, I was struggling to provide a better life for me and for my son, Jamar. My own childhood was hell — getting beaten, abandoned, on the streets.

GMHC gave me and my son a second chance. I was really depressed. An alcoholic. A single parent. Positive. Gay. In the closet.

I first joined AA in the old building on 20th Street. The AA meeting was next to the Child Life playroom. So my son, Jamar, was being cared for while I was being cared for. I've been clean and sober for six years.

Before I came to GMHC, I had pneumonia so bad that I thought I was going to die. I had to go on feeding machines. My weight was way down. My T-cells were way down.

GMHC helped me put on weight and build up muscle. I'm on the latest drugs, and I feel great. Every month a nutritionist here makes sure I eat right, especially on the new drugs. I use the free food pantry to make ends meet. I read GMHC Treatment Issues to keep up about new treatments.

GMHC made me be a better parent for Jamar and for my foster kids. Through GMHC, I found a place in a safer neighborhood where I can raise my sons. My foster son Joe was on the street, in a gang, in jail. At 19 years old, he is at last learning to read books like "The Cat In The Hat."

GMHC helped me get public assistance when my family needed it. Now they are helping me get off welfare and back to work. I hated getting charity.

After ten years of being sick and looking at four walls, I am now well enough to hold a job. I work as a teacher's aide at a public school, playing Simon Sez, Red Light-Green Light and all the games I never played when I was little.

Here's the truth: Without GMHC, I would have died. You made a light for me at the end of the tunnel when I was all in darkness. You made my life worth living again. Thanks to you, I don't look back. I only look ahead.

# Clinton Presidential Records
# Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Clinton's requests, adopting higher spending levels for Federal AIDS programs across the board. **OCTOBER** Black leaders convene at Harvard to urge the black community to mount an aggressive campaign against AIDS. **NOVEMBER** Although Clinton trounces Dole, Republicans retain control of the House and Senate. • GMHC unveils educational campaign and research effort highlighting stake HIV-positive men have in stopping the spread of the virus. • Cover stories hailing AIDS breakthroughs and the "end" of the epidemic appear in *The New York Times Magazine*, *The Wall Street Journal* and *Newsweek*. **DECEMBER** With women accounting for the highest proportion ever of U.S. AIDS cases, GMHC inaugurates Department of Women's Education Services to offer safer sex workshops, support groups and community forums, and to coordinate agencywide services for women. • A *New York Times* columnist warns false talk of a cure could set up patients for "devastating disappointment if treatments fail." • Nobel laureate David Baltimore is appointed to oversee and pump up AIDS vaccine research at the National Institutes of Health.

***June 30, 1996* – 548,102 cases of AIDS have been diagnosed in the U.S.; 343,000 people are dead.***

*Latest statistics available from the Centers for Disease Control and Prevention, December 31, 1996.

*Gay Men's Health Crisis is the world's oldest and largest not-for-profit AIDS organization, providing services to people with AIDS and their loved ones, educating the public and advocating for fair and effective AIDS policies.*

*For more information or for a free copy of our Catalog of AIDS Educational Resources, please call the Hotline.*

**HOTLINE: 212/807–6655**
**TDD: 212/645–7470 (for the deaf)**

FIRST IN THE FIGHT AGAINST AIDS

GMHC

*Written by Jacqueline L. Goldenberg & Daniel Wolfe*
*Designed by Stephen Louis de Francesco*



# A POCKET HISTORY OF AIDS AND GAY MEN'S HEALTH CRISIS

GMHC

GAY MEN'S HEALTH CRISIS

# THE TISCH BUILDING

GMHC

GAY MEN'S HEALTH CRISIS

12 Jerry Herman Theater Desk, Meals Program and Dining Room, Nutrition Counseling and Wellness Services

11 Client Advocacy, Therapeutic Recreation and Complementary Therapies, Robert C. Woolley and Jeffrey S. Childs Living Room

10 Not occupied by GMHC

9 Communications, Executive Offices, Human Resources, Public Policy, Wall of Honor

8 The Michael Palm Center for AIDS Care and Support: Buddy Program, Group Services, Intake, Intensive Case Management, Linkage, Quality Assurance

7 Legal Services, Lesbian AIDS Project, Treatment Education and Advocacy, Women's Education Services

6 David Geffen Center for HIV Prevention and Health Education, The Corner, HIV Prevention, Hotline/A Team

5 Accounting, Development, Information Systems

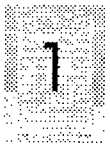
4 Community Partnership Initiative, Evaluation/Research, Ombudsman, Training, Volunteers

3 Not occupied by GMHC

2 AIDS Walk New York/Dance-A-Thon, Child Life Playroom and Food Pantry, Facilities and Mailroom, Publications Fulfillment

1 New York Hospital-Cornell Medical Center Chelsea Center for Special Studies (CCSS)

# WHAT WE DO IN GMHC'S TISCH BUILDING . . . ONE FLOOR AT A TIME

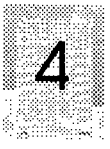


**The New York Hospital-Cornell Medial Center Chelsea Center for Special Studies (CCSS)** — a collaboration between New York Hospital's Center for Special Studies, the Cornell Clinical Trials Unit, and GMHC — is the first-ever large-scale partnership of an academic medical center with a community-based AIDS services organization. **CCSS** (scheduled to open in late October, 1997) will provide state-of-the-art care for people living with HIV and AIDS and linkages to Cornell's Clinical Trials Unit, as well as the spectrum of GMHC's social services. Similarly, GMHC's Geffen Center for HIV Prevention and Health Education will be able to refer clients to **CCSS**.

**Child Life** provides recreational opportunities, nutrition counseling, monthly access to a food pantry, child-sitting in the Maurice Sendak Playroom, and supportive services to children and families living with HIV/AIDS.

**Facilities'** staff of security guards, administrators and maintenance personnel ensure that everything runs smoothly throughout GMHC. In addition, **Facilities** distributes mail, keeps every floor stocked with supplies, and maintains office equipment.

**(The Third Floor is not occupied by GMHC)**



**Community Partnership Initiative (CPI)** works with smaller, New York City-based community organizations to strengthen their capacity to develop, deliver and manage HIV-related programs. **CPI**'s technical assistance comes in three forms: the time and expertise of GMHC staff and volunteers; specialized consulting tools to help organizations improve their management systems and the design of their own programs; and collaboration with outside technical assistance providers who specialize in programs beyond GMHC's area of expertise.

**Evaluation/Research (E/R)** has three main goals: promoting efficient and effective programs that meet the needs of all the communities served by GMHC; offering a model for other, smaller, organizations to follow in their research endeavors; and assisting with fundraising efforts by providing statistical data to support grant applications from government agencies. **E/R** also encourages, supports, and influences HIV-related research by collaborating with other agencies and individuals in their programmatic and research efforts.

The **Ombudsman** is a neutral, confidential, informal resource. For clients, the **Ombudsman** provides assistance with conflicts, concerns or complaints about GMHC. For employees, the **Ombudsman** serves as a confidential and informal resource for personal health-related concerns.

GMHC's **Training** department offers internal support to employees and volunteers by providing professional development and skills-building. In addition, the **Training** department provides technical assistance and professional development training to service providers throughout New York City. Other Training services include: ***Speakers Bureau***, a referral network of volunteers who make presentations on a number of AIDS-related topics; and ***Employer Consulting Services***, an "AIDS-In-The-Workplace" training service available to employer throughout the area.

The **Volunteer** department recruits and trains the volunteers who make all of GMHC's work possible, in addition to placing them in appropriate departments. The department provides **Spectrum of Support (SOS)**, a wide range of services for volunteers, including Reiki, yoga, Spanish classes, and grief recovery groups. The **Volunteer** department also supplies technical assistance and training on volunteer management issues to GMHC staff and other community-based organizations.

**Development** allows GMHC's various programs to function by securing necessary funding through government grants, corporate and foundation grants and private donations of both cash and supplies. **Development** employs a variety of fundraising methods, including major and capital gift solicitation, direct marketing, workplace giving campaigns, matching gifts, and planned giving. The department also produces special events such as AIDS Walk New York, the AIDS Dance-a-Thon, theater parties, concerts and others benefits.

5 The **Accounting** department is responsible for keeping books and records for GMHC's three related organizations which have a combined budget of approximately $30 million. The department is also responsible for the agency's payroll, accounts payable, cash receipts, Medicaid billing, grants management, and financial analysis. In addition, **Accounting** coordinates the annual budget process and responds to private and government audits throughout the year.

**Information Systems (IS)** has responsibility for all computer networking issues (hardware- and software-related), database operations, needs assessment, and network backup operations.

6 GMHC's **David Geffen Center for HIV Prevention and Health Education** is making HIV testing more effective by providing a safe, respectful environment for people to be tested for HIV. Working from the principle that testing for HIV is an opportunity for individuals to make decisions in their lives that contribute to their sense of control and well-being, the **Geffen Center's** focus is on client-centered counseling which addresses each client's needs, desires, and experiences. Clients work with the same counselor through every step of the testing process, and are able to get answers to their questions and make appropriate plans whether their test results come back positive or negative. The **Geffen Center** offers referrals to a wide array of services at GMHC and within the community, regardless of HIV status. The **Geffen Center** also offers child care, counseling in Spanish, and a sliding scale fee system, so HIV testing is available to everyone. **Geffen Center** hours: Tuesday - Friday: 12:00 - 8:00 PM; Saturday: 10:00 AM - 6:00 PM.

**HIV Prevention** brings peer-based educational counseling programs to gay and bisexual men, homosexually active men who don't identify as gay, transgendered individuals, and young gay men and lesbians. Recognizing that avoiding HIV infection is still the best defense against AIDS and that no single HIV prevention effort can be universally effective, GMHC has a number of targeted prevention projects: ***Beyond 2000***, an initiative inviting 2000 gay and bisexual men to create a 21st Century that is free of HIV infection; ***Proyecto P.A.P.I.: Creando Espacios*** for Latino gay men; ***Peer 2000: together 2 change tomorrow*** for gay youth and young adults; ***Soul Food: Brothers Healing Brothers*** for black gay men; ***Substance Use Counseling and Education (SUCE)***, for gay men to explore the relationship between substance use and safer sex; and ***The Corner***, a drop-in ear point acupuncture clinic. GMHC's **HIV Prevention** programs are designed for men who are HIV-positive, HIV-negative, or who don't know their HIV status.

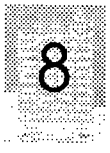
GMHC's **Hotline** (212/807-6655), which began in 1981 as an answering machine in a volunteer's apartment, now employs nearly 100 trained volunteer peer counselors who provide HIV-related education, referrals, emotional support, and information about other GMHC services to over 37,000 callers a year. The **Hotline's A-Team** provides the same quality counseling to visitors who come to us in person. With a database containing a wealth of information about our services and those of other organizations, the **Hotline** also assists other departments by spreading the word about their services and informally serving as GMHC's Information Central. **Hotline** hours: Monday - Friday, 10:00 AM - 9:00 PM; Saturday: 12:00 - 3:00 PM; **A-Team** hours: Monday - Thursday, 11:00 AM - 8:00 PM. TTY (212/645-7470) for the deaf/hearing impaired.

7 **Legal Services** assists clients in virtually every area of legal practice affecting people living with AIDS, including: immigration; employment-related matters; family law; insurance; landlord-tenant; SSI/SSD; debtor-creditor; and HIV-related employment discrimination and breaches of confidentiality. Though every effort is made to solve clients' problems through advocacy, GMHC's staff attorneys are in court virtually every day. The Department also works with clients and the public on pro-active matters, most notably through the following monthly forums: *Your Rights and Responsibilities as an Employee with HIV; HIV and Your Debts; HIV and Immigration;* and *Returning to Work: How working will effect your benefits, entitlements and insurance.*

**Treatment Education and Advocacy (TEA)** empowers people living with HIV to become active participants in their own healthcare through: ***Treatment Issues***, the most widely-read AIDS treatment newsletter in the world; ***Fact Sheets*** on specific medications and opportunistic infections; and ***The Peer Project***, walk-in peer counseling for anyone with concerns about HIV treatment and/or HIV disease.

**TEA** houses the most comprehensive HIV/AIDS ***Treatment Library*** in New York and also produces monthly workshops in English and Spanish, including: *Test Talk: Sorting it Out* for men and women considering the HIV test; *HIV Treatment: Making Sense, Making Choices*; and *What's Buggin' You*, an introduction to HIV-related complications and infections. **TEA** also advocates for research on new and more effective drugs for HIV and AIDS by interacting with government agencies, pharmaceutical companies, healthcare providers, and the media.

**Women's Education Services (WES)** provides woman-specific information, advocacy, referrals, early intervention, educational materials and forums, counseling, community outreach, and other forms of support to women living with or affected by HIV/AIDS. Home to the landmark **Lesbian AIDS Project (LAP)** which focuses on the needs and concerns of women who partner with women, **WES** also provides support groups, education and workshops on HIV prevention for women partnering with men and their families.
In addition to direct services, **LAP**'s widely respected peer project is involved in local community-building and neighborhood outreach to all women. On a national level, **WES** is involved in advocating for women's prevention awareness and further the understanding of lesbian HIV issues and needs. **WES** provides brochures and information packets, including woman-friendly safer sex kits, to all women at risk for HIV.
**WES** and **LAP** offer a variety of groups and services in Spanish and English, including: safer sex workshops for women who partner with women as well as women who partner with men; ear point acupuncture for relaxation and sobriety maintenance; social events like the **LAP** Women's Social and the agency-wide Women's Open House; and women's drop-in groups such as *Positive Living with Methadone, Women in Recovery,* and *Lesbians in HIV-Magnetic (positive/negative) Couples.*



**The Buddy Program** matches short- and long-term volunteers with clients who need emotional support and/or help with daily tasks, such as light housekeeping, grocery shopping, and accompaniment to medical appointments.

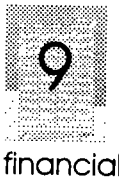
**Group Services** offers a variety of specialized therapy groups that address specific needs of people with AIDS or their caregivers.

**Intensive Case Management** works with clients and their caregivers to evaluate their current and/or anticipated problems, especially in relation to public services and entitlements.

**The Linkage Project** works in collaboration with the Jewish Board of Family and Children's Services to assess clients' mental health and substance abuse treatment needs and make appropriate referrals for services. The project also provides clinical training and support to staff.

The **Intake Unit** screens and registers new clients who are interested in on-going services at GMHC. Specially trained volunteer clinicians then meet with clients to assess their specific needs (in English, Spanish, or American Sign Language) and referrals are made to appropriate GMHC departments. TTY (212/645-7470) for the deaf/hearing impaired.

**Quality Assurance** makes certain that all clients are provided services in an efficient manner and that those services reflect GMHC's mission and strategic plan. **Quality Assurance** also manages client records and provides statistics for monthly and annual reports.



GMHC's **Executive Offices** maintain responsibility for coordinating all activities and policies among the agency's departments between the Board of Directors and staff, and between the agency and external bodies such as government agencies and other service providers. The executive office is ultimately responsible for answering to GMHC's constituents and for ensuring financial integrity.

**Communications** works with the media on AIDS-related news stories; assists with the production of special events such as AIDS Walk and Dance-a-Thon; designs, edits, and produces educational materials, media campaigns, and agency publications such as: GMHC's Annual Report; ***The Volunteer,***

GMHC's bi-monthly newsletter (circulation 60,000); ***GMHC Facts,*** local, federal, and global HIV/AIDS statistics, updated monthly; ***GMHC News,*** monthly updates on GMHC events, activities, and staff changes; ***GMHC in Brief,*** weekly newsletter addressing city, state and federal concerns; and GMHC's web site (www.gmhc.org).

**Human Resources** oversees the traditional roles of employee recruitment and retention, personnel policies & procedures, benefits administration, and tuition assistance. The department also provides confidential advice on employee relations and job counseling.

**Public Policy** advocates for enhanced AIDS funding and sound HIV-related public policies at the city, state, and federal levels. **Public Policy** directly lobbies elected officials and their appointees; testifies in public hearings; submits written comments on proposed regulations; issues position papers on questions of importance to the AIDS community; and supports existing coalitions on a variety of AIDS issues. The Department's community organizing unit, **NY CAN!** (New York Citizens' AIDS Network), organizes letter writing campaigns, constituent visits, client testimony, and other forms of grassroots pressure in support of advocacy objectives. **GMHC Action**, a 501(c)(4) status entity conducts voter registration drives, publicizes candidate positions on HIV-related issues, and encourages affected communities to vote in support of sound HIV-related policies.

**(The Tenth Floor is not occupied by GMHC)**

11

**Client Advocacy** works with GMHC clients to ensure access to health care, and government benefits including: Social Security, food stamps, Medicaid, and Division of AIDS Services/Income Support. Other services include: Financial Hotline (212/367-1125); Healthcare Complaint Hotline (212/367-1120); and Monthly forums on public benefits, insurance, housing, and managed care.

**Therapeutic Recreation** offers clients a wide variety of social, recreational, and educational opportunities. Activities such as painting, sculpture, poetry, and ESL classes are provided on-site. In addition, over 500 donated scholarships to local schools and universities as well as more than one million dollars' worth of donated theater tickets are distributed annually.

12

GMHC's **Meals** Program serves lunch Monday - Thursday, 12:30 - 3:00 PM and dinner on Friday evenings, 5:00 - 8:30 PM. All meals are nutritious and served in a safe, comfortable environment. Festive dinners are served on holidays, and monthly cooking classes provide instruction on shopping and preparing nutritious food inexpensively and efficiently.

**Nutrition Counseling and Wellness Services** provides nutrition assessments and counseling specifically designed to meet the needs of individuals living with AIDS. Complementary therapies, such as chiropractic care, yoga, and acupuncture, enable clients clients to take an active role in managing their own pain, stress, and health.

**This building symbolizes the passion of those who first fought AIDS, the courage of those who carry on today, and the conviction that all our efforts will speed the end of this epidemic. We salute the founders, clients, volunteers, staff, and donors whose generous spirit gives us the will to go forward.**

**With special thanks to ...**

**LEADERSHIP GIFTS ($1,000,000 +)**
David Geffen—*David Geffen Center for HIV Prevention and Health Education* (Floors 6 & 7)
Michael D. Palm—*The Michael Palm Center for AIDS Care and Support* (Floors 7 & 8)
The Tisch Family—*The Tisch Building*

**PARTNERS ($500,000 - $999,999)**
Terrance K. Watanabe —*The Allan Morrow Roof Garden (scheduled for completion in Spring of 1998)*

**BENEFACTORS ($250,000 - $499,999)**

Anonymous—*General Building Fund*
Fiona and Stanley Druckenmiller—*General Building Fund*
Jerry Herman—*The Jerry Herman Theater Desk* (Floor 12)
The Rita J. and Stanley H. Kaplan Family Foundation, Inc.—*The Paul A. Kaplan Training and Education Center* (Floor 4)
The Krueger Family—*The Peter Krueger Dining Room* (Floor 12)
Henry van Ameringen—*General Building Fund*
Family and Friends of Robert C. Woolley—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)

**SPONSORS ($100,000 - $249,999)**

The Estate of Dr. Stuart M. Berger—*The Rachel Berger Treatment Library* (Floor 7)
The Pepper Family—*Main Lobby Entrance Hall* (Ground Floor)
May and Samuel Rudin Family Foundation—*The GMHC Hotline in memory of Nathan Kolodner and Rene Amrein* (Floor 6)
Malcolm Hewitt Wiener—*General Building Fund*

**PATRONS ($50,000 - $99,999)**

The Sol Goldman Charitable Trust—*The Sol Goldman Law Library* (Floor 7)
Elizabeth Ross Johnson—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Phyllis Mailman—*Fourth Floor Reception Area*
Robert and Ornella Morrow—*The Allan Morrow Reception Area* (Floor 9)
Mickey Rolfe and Susan Rolfe—*Eleventh Floor Reception Area*
Eric Rudin—*The GMHC Hotline in memory of Nathan Kolodner and Rene Amrein (Floor 6)*
Lillian Vernon—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)

**SUPPORTERS ($25,000 - $49,999)**

Louis Bradbury and Doug Jones—*The Louis Bradbury and Doug Jones Lending Library* (Floor 11)
Diana D. Brooks—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Ron Burkle—*General Building Fund*
Phil Donahue and Marlo Thomas—*General Building Fund*
The Robert D. Farber Foundation—*The Robert D. Farber Conference Room* (Floor 6)
William F. McCarthy and Jonathan Burleson—*The William F. McCarthy and Jonathan Burleson Computer Training Room* (Floor 2)
Alan and Barbara Mirken—*General Building Fund*
The Allan Morrow Foundation—*The Allan Morrow Reception Area* (Floor 9)
Martin A. Nash—*The Martin A. Nash Conference Room* (Floor 4)
Estate of Michael C.P. Ryan—*The Michael C.P. Ryan Conference Room* (Floor 7)
Andrew Tobias—*The Andrew Tobias Conference Room in memory of Scot Haller and Peter Burns* (Floor 9)
Vaughn Williams—*General Building Fund*

**FRIENDS ($10,000 - $24,999)**

AJ Contracting Company, Inc.—*General Building Fund*
Family and Friends of Howard Ashman—*The Child Life Meeting Room in memory of Howard Ashman* (Floor 2)
Shirley C. Burden Charitable Trust—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Sandra Childs—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
1996-97 GMHC Board of Directors—*The Louis A. Bradbury Conference Room* (Floor 9)
1997-98 GMHC Board of Directors—*The Randy Wojcak Hotline Database Management Room* (Floor 6)
David Hollander and Arthur Lubow—*General Building Fund*
The Elton John AIDS Foundation—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Michael C. Mast—*The Michael C. Mast Massage Therapy Room* (Floor 12)
Judith and Samuel Peabody—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
The Employees of Sotheby's—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Family and Friends of Bob Taylor—*The Bob Taylor Conference Room* (Floor 5)

**ADDITIONAL GIFTS ($1,000 - $9,999)**

Anonymous—*Wall of Honor* (Floor 9)
Joseph Arena and Dr. Thomas D'Eletto—*General Building Fund*
Benjamin Moore and Company—*General Building Fund*
Ross Bleckner—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Richard Bookwalter and Galen Leung—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Margaret R. and Kevin A. Bousquette—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Peter Brown—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Robert M. Browne—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Margaret Burden Childs—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Jan Cowles—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Beth Rudin DeWoody—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Robert Diario—*Wall of Honor* (Floor 9)
Donovan Data Systems—*General Building Fund*
Ann Ettinger—*Wall of Honor* (Floor 9)
Mr. and Mrs. Jose Pepe Fanjul—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Jonathan Farkas—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Jerome and Anne C. Fisher—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Mr. and Mrs. Wolfgang Flottl—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Forbes Foundation—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Kenneth L. Geist—*Wall of Honor* (Floor 9)
Howard Gilman—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Esther F. Greene—*Wall of Honor* (Floor 9)
Friends and Associates of Addie Guttag—*Wall of Honor* (Floor 9)
Geraldine Hammerstein—*Wall of Honor* (Floor 9)
William LaPiana and Matthaus Gluck—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Harry Levine—*Wall of Honor* (Floor 9)
Cynthia and Ephraim Lewis—*Wall of Honor* (Floor 9)
John Robbins Loring—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Mr. and Mrs. John L. Marion—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
M Charles Monatt—*Wall of Honor* (Floor 9)
Hal Moskowitz—*Wall of Honor* (Floor 9)
Beverly and Peter Orthwein—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Sam Phillips—*Wall of Honor* (Floor 9)
Leslie Fay Pomerantz—*The Nigel Barraud Counseling Room* (Floor 11), *Wall of Honor* (Floor 9)
The Robert Raymond Foundation, Inc.—*Kitchen Equipment* (Floor 12)
William F. Ruprecht—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
William and Gerie Schumann—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Sam Shahid—*Wall of Honor* (Floor 9)
Jonathan Sheffer—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Gil Shiva—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Leonard Stern—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
William S. and Ellen N. Taubman—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Tommy Tune—*Wall of Honor* (Floor 9)
Theodore and Renee Weiler Foundation/Richard Kandel—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Anne K. and Warren P. Weitman, Jr.—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Arline West—*Wall of Honor* (Floor 9)
Wheelock Whitney III—*The Robert C. Woolley and Jeffrey S. Childs Living Room* (Floor 11)
Rex C. Wilder—*Wall of Honor* (Floor 9)
Zintis—*Wall of Honor* (Floor 9)

**CONTRIBUTORS OF GOODS AND SERVICES ($10,000 +)**

Robert Abbey, Inc.
Alternatives, NYC
Artemide Lighting
Building and Construction Trades Council of Greater New York and Its Affiliates
Consolidated Edison of New York
Baldinger Architectural Lighting and Design Industries Foundation Fighting AIDS
David Fratianne
Gary Greene
Leviton Manufacturing Company
Oakworks, Inc.
Renny Reynolds
Maurice Sendak
Scott Sinclair
Thanhauser & Esterson Architects
Jonathan Tisch and Loews Hotels
US Gypsum
Calvert Wright

*(list in formation)*

FIRST IN THE FIGHT
AGAINST AIDS

GMHC

GAY MEN'S HEALTH CRISIS

# GMHC FACTS

## VITAL STATISTICS AS OF OCTOBER 1, 1997

### GMHC STATISTICS

| | |
|---|---|
| Men, women and children with AIDS offered GMHC services annually* | 8,458 |
| Other family members and carepartners served | 1,155 |
| Pieces of literature distributed annually | 1,091,747 |
| Hotline calls in fiscal year 1995-96 | 41,589 |
| Active Volunteers | 6,500 |
| Staff | 291 |
| Annual Budget, including volunteer time | $31 million |
| Estimated value of volunteer time | $2.9 million |

*does not include education and advocacy for tens of thousands

### GMHC ACTIVE CLIENT BREAKDOWN

| | |
|---|---|
| Total Active HIV-Infected Clients | 6,458 |
| Male: | 79.4% |
| Female: | 20.6% |
| White (non-Latino/a): | 36.5% |
| Black (non-Latino/a): | 29.2% |
| Latino/a (all races): | 29.4% |
| Asian/Pacific Islander: | 1.2% |
| Native American: | .3% |
| Race/Ethnicity undisclosed: | 1.4% |
| Gay/Lesbian/Bisexual: | 61.2% |
| Heterosexual: | 34.6% |
| Sexual orientation undisclosed: | 4.2% |
| Percentage of gay/lesbian/bisexual HIV-infected clients who are people of color: | 51.0% |
| Percentage of heterosexual HIV-infected clients who are people of color: | 81.0% |
| IV drug history: | 16.6% |

## FACTS ABOUT AIDS

### WORLDWIDE

- Every day, over 8,000 people -- nearly half of them women -- are newly infected with HIV, the virus that causes AIDS. [1]
- Around the world, one person is infected with HIV every eleven seconds. [2]
- UNAIDS estimates that about 21 million adults and more than 800,000 children are currently living with HIV and AIDS. [3]
- The Harvard AIDS Institute estimates that there will be 100 million HIV infections worldwide by the year 2000. [4]
- Since the beginning of the HIV pandemic, more than 25.5 million adults have been infected and more than 4.5 million of them have died. [5]

### NATIONAL

| | |
|---|---|
| Reported AIDS cases in U.S. (as of 06/30/97) | 612,078 |
| Reported AIDS deaths in U.S. (as of 06/30/97) | 379,258 |
| Americans living with HIV (1997 CDC Estimate) | 650,000 - 900,000 |

- There is one AIDS-related death every 11 minutes, one AIDS diagnosis every 9 minutes and someone is infected with HIV every 13 minutes in the United States. [6]
- AIDS has become the leading cause of death among all Americans aged 25 to 44. [7]
- For every American who dies of HIV-related illness, another becomes infected with HIV. [8]

### NEW YORK STATE

| | |
|---|---|
| Reported AIDS cases in New York State (as of 09/30/97) | 117,018 |
| Reported AIDS deaths in New York State (as of 09/30/97) | 76,181 |

- The New York State Department of Health estimates the AIDS death toll in New York State will reach 100,000 by 1998.
- With only 7% of the nation's population, New York State has suffered nearly 20% of the nation's AIDS cases to date.

### NEW YORK CITY

| | |
|---|---|
| Reported AIDS cases in New York City (as of 3/31/97) | 96,307 |
| Reported AIDS deaths in New York City (as of 3/31/97) | 63,789 |

- New York City residents account for 16% of the nation's AIDS cases -- more than Los Angeles, San Francisco, Dallas and Washington, D.C. combined.

### SEXUAL TRANSMISSION OF HIV

- Worldwide, between 75% and 85% of HIV infections in adults have been transmitted through unprotected sexual intercourse. Heterosexual intercourse accounts for more than 70% of all adult HIV infections to date, and homosexual intercourse for 5% - 10%. [9]

**OCTOBER 1997**

*GMHC Facts is a monthly summary of facts about GMHC's programs and the AIDS epidemic. For further information, contact the GMHC Communications Department at:*
*The Tisch Building, 119 West 24th Street New York, NY 10011*

## WOMEN

- 42% of AIDS cases worldwide are among women. Nearly nine million women worldwide are HIV-infected. [10]
- Worldwide, AIDS is now the third leading cause of death among women aged 25 to 44. [11]
- In the U.S., AIDS is now the leading cause of death for black women and the fifth leading cause of death for white women. [12]
- By the year 2000, over 14 million women are expected to be infected and four million of them will have died. [13]
- There are currently 85,500 cases of women with AIDS in the U.S. Women of childbearing age account for the vast majority of those cases. In 1996, women accounted for 20% of newly reported AIDS cases. [14]

## CHILDREN & ADOLESCENTS

- The Public Health Service estimates that 2,000 babies are born with HIV each year in the U.S. [15]
- As of December 31, 1996, 7,629 American children (under age 13) had been diagnosed with AIDS. Of these children, 58% were black, 23% were Latino and 18% were white. [16]
- As of December 31, 1996, 1,685 children had been diagnosed with AIDS in New York City, which is 23% of the U.S. total. [17]
- 90% of children living with AIDS got infected through perinatal (mother-to-child) transmission. [18]
- One of every four people who become infected with HIV is under the age of 20. [19]
- One U.S. teenager is infected with HIV every hour. [20]
- As of December 31, 1996, there were 21,097 adolescents and young adults (under age 25) diagnosed with AIDS in the U.S. [21]
- AIDS has already left 28,000 children motherless in New York State; that number will grow to 58,000 by 2001 -- nearly doubling original projections. [22]

## SHIFTS & TRENDS

- From 1981 through 1996:

  -- The proportion of newly reported AIDS cases accounted for by men who have sex with men, including MSMs who inject drugs, decreased from 64% to 44%. [23]

  -- The proportion of newly reported AIDS cases accounted for by people infected heterosexually increased from 3% to 13%. [24]

- In 1996, blacks accounted for a larger proportion of AIDS cases (42%) than whites (38%) for the first time. [25]

## PEOPLE OF COLOR

- AIDS causes at least one of every three deaths among black men 25 to 44 years of age. [26]
- In 1996, black women in the U.S. were over 17 times as likely as white women to be diagnosed with AIDS. [27]
- Although Latinos make up only 10% of the U.S. population, they account for 18% of U.S. AIDS cases. [28]
- HIV/AIDS became the seventh leading cause of death for U.S. Latinos in 1992. [29]
- Almost one fourth (23%) of U.S. children infected with AIDS through perinatal transmission are Latino. [30]
- While Latinos make up 24% of New York City's population, they represent 31% of all New Yorkers with AIDS age 13 or older. [31]

## TUBERCULOSIS

- An estimated 5.6 million people worldwide are infected with both TB and HIV. [32]
- By the year 2000, TB will claim an estimated 1 million lives annually among the HIV-infected. [33]
- According to WHO, TB is now the leading killer of people with AIDS worldwide. [34]

## HEALTH CARE DELIVERY

- Approximately 53 percent of Americans with AIDS rely on Medicaid for health insurance. [35]
- The newly approved therapies to treat HIV, such as those that employ protease inhibitors, can cost up to $16,000 a year per patient. [36]
- Prior to the availability of protease inhibitors, the lifetime cost of treating HIV and AIDS was estimated to be about $119,000. [37]

## INTRAVENOUS (IV) DRUG USE

- 25% of U.S. adult AIDS cases reported in 1996 were due to IV drug use. 53% of these cases occurred among blacks, 25% among Latinos and 21% among whites. [38]
- 34% of U.S. women who contracted HIV or AIDS in 1996 were infected through IV drug use. 14% were infected through heterosexual contact with an IV drug user. [39]
- IV drug use is responsible for over 50% of new AIDS cases recorded in New York State each year. [40]
- For the past three years, the NYS Dept. of Health has issued waivers allowing needle exchange programs to exist in New York City, Rochester and Buffalo. Research on these programs indicates that enrollees cut their syringe sharing by 50%. [41]

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*212-807-6664*

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# THE TISCH BUILDING

GMHC

GAY MEN'S HEALTH CRISIS

12 Jerry Herman Theater Desk, Meals Program and Dining Room, Nutrition Counseling and Wellness Services

11 Client Advocacy, Therapeutic Recreation and Complementary Therapies, Robert C. Woolley and Jeffrey S. Childs Living Room

10 Not occupied by GMHC

9 Communications, Executive Offices, Human Resources, Public Policy, Wall of Honor

8 The Michael Palm Center for AIDS Care and Support: Buddy Program, Group Services, Intake, Intensive Case Management, Linkage, Quality Assurance

7 Legal Services, Lesbian AIDS Project, Treatment Education and Advocacy, Women's Education Services

6 David Geffen Center for HIV Prevention and Health Education, The Corner, HIV Prevention, Hotline/A Team

5 Accounting, Development, Information Systems

4 Community Partnership Initiative, Evaluation/Research, Ombudsman, Training, Volunteers

3 Not occupied by GMHC

2 AIDS Walk New York/Dance-A-Thon, Child Life Playroom and Food Pantry, Facilities and Mailroom, Publications Fulfillment

1 New York Hospital-Cornell Medical Center Chelsea Center for Special Studies (CCSS)

until it's over
AIDS ACTION

ALERT

April 21, 1999...www.aidsaction.org... Contact: Francesca Fragomeni - 202-986-1300 x3071 - network@aidsaction.org

# Work Incentives Improvement Act Moves Forward in the House

*Bill reported favorably out of Health and Environment Subcommittee,*
***Action needed for full Commerce Committee***

On Tuesday, April 20th, the Commerce Subcommittee on Health and Environment favorably reported the **Work Incentives Improvement Act of 1999 (H.R. 1180)** to the full House Commerce Committee on a voice vote.

**H.R. 1180** is the companion bill in the House to **S.331**, sponsored by Senators James Jeffords (R-VT), Edward Kennedy (D-MA), William Roth (R-DE), and Daniel Patrick Moynihan (D-NY). As reported in previous AIDS Action Alerts, **H.R. 1180** includes critical provisions that will allow individuals with disabilities, including HIV/AIDS, to return to, or begin work without losing access to their health care coverage. The bill would also assist these individuals in obtaining employment services.

Other important initiatives included in **H.R. 1180** will:

- create a Medicaid Expansion Demonstration Program to extend Medicaid coverage to workers who have a disability such as HIV/AIDS that without health care will become severe enough to qualify for SSI or Social Security Disability Insurance (SSDI);
- allow individuals with HIV/AIDS and other disabilities who earn above 250% of poverty to buy into the Medicaid program. (NOTE: States may require beneficiaries to cost-share on a sliding scale up to the full premium cost.)
- continue Medicare coverage for people with disabilities who are severely medically impaired, but because of a medical improvement, are at risk of losing their eligibility for coverage as SSDI recipients.
- include a "ticket to work" provision giving individuals job training and employment aid.

With the support of subcommittee members present at the markup, two amendments were offered to **H.R. 1180** and passed by a voice vote. The first of these amendments to the bill established the definition of a disabled worker as someone who is at least 16, but less than 65 years of age. The second amendment states that people with disabilities, including HIV/AIDS, who have returned to work and obtained health coverage through their employer in a group plan can elect to suspend their MediGap policy. If the disabled worker loses employer-sponsored health coverage, he or she will immediately be reinstated onto MediGap.

**H.R. 1180** now has 91 co-sponsors and is awaiting full Commerce Committee markup. AIDS Action expects this markup to be scheduled some time next week.

## AIDS Action:

**In the House: Contact the members of the House Commerce Committee (listed below) and urge them to support H.R. 1180 in its entirety. Emphasize the particular importance of the Medicaid Expansion Demonstration Project and the option for states to allow Medicaid buy-in (without any income restrictions) for people with disabilities, including HIV/AIDS. Also, contact the co-sponsors**

**of the bill (members listed below) to thank them for their support, and if your member of Congress is not currently a co-sponsor, urge him/her to sign onto the bill.**

**<u>In the Senate</u>: Contact Senator Trent Lott's office (D-MS) at 202/224-6253 and urge him to bring S.331 to the Senate floor for full debate. Also, contact your Senators and urge them to send Senator Lott the same message.**

(Call the Capitol Switchboard at 202/224-3121 to be transferred to these members of Congress.)

## House Committee on Commerce

Thomas Bliley, VA – Chairman

**<u>Republicans</u>**

Joe Barton, TX
Brian Bilbray, CA
Michael Bilirakis, FL
Ed Bryant, TN
Roy Blunt, MO
Richard Burr, NC
Tom Coburn, OK
Christopher Cox, CA
Barbara Cubin, WY
Nathan Deal, GA
Robert Ehrlich, MD
Vito Fossella, NY
Greg Ganske, IA
Paul Gillmor, OH (Vice Chair)
James Greenwood, PA
Steve Largent, OK
Rick Lazio, NY
Charlie Norwood, GA
Michael Oxley, OH
Charles Pickering, MS
James Rogan, CA
John Shadegg, AZ
John Shimkus, IL
Cliff Stearns, FL
Billy Tauzin, lA
Fred Upton, MI
Edward Whitfield, KY
Heather Wilson, NM

**<u>Democrats</u>**

Thomas Barrett, WI
Rick Boucher, VA
Sherrod Brown, OH
Lois Capps, CA
Diana DeGette, CO
Peter Deutsch, FL
John Dingell, MI
Eliot Engel, NY
Anna Eshoo, CA
Bart Gordon, TN
Gene Green, TX
Ralph Hall, TX
Ron Klink, PA
Bill Luther, MN
Edward Markey, MA
Karen McCarthy, MO
Frank Pallone, NJ
Bobby Rush, IL
Tom Sawyer, OH
Ted Strickland, OH
Bart Stupak, MI
Edolphus Towns, NY
Henry Waxman, CA
Albert Wynn, MD

**<u>H.R. 1180 Co-Sponsors</u>:**

Rep Allen, Thomas H., D-ME
Rep Baird, Brian, D-WA
Rep Baldacci, John Elias, D-ME
Rep Baldwin, Tammy, D-WI
Rep Barcia, James A., D-MI
Rep Barrett, Thomas M., D-WI
Rep Bass, Charles F., R-NH
Rep Bentsen, Ken, D-TX
Rep Berman, Howard L., D-CA
Rep Bilbray, Brian P., R-CA
Rep Bilirakis, Michael, R-FL
Rep Bliley, Tom, R-VA
Rep Blumenauer, Earl, D-OR
Rep Boehlert, Sherwood L., R-NY
Rep Boucher, Rick, D-VA
Rep Brown, Sherrod, D-OH
Rep Camp, Dave, R-MI
Rep Capps, Lois, D-CA
Rep Cardin, Benjamin L., D-MD
Rep Castle, Michael N., R-DE
Rep Cummings, Elijah E., D-MD
Rep Cunningham, Randy (Duke), R-CA
Rep Delahunt, William D., D-MA
Rep Deutsch, Peter, D-FL
Rep Dicks, Norman D., D-CA
Rep Dingell, John D., D-MI
Rep Dixon, Julian C., D-CA
Rep Doggett, Lloyd, D-TX
Rep Dunn, Jennifer, R-WA
Rep Eshoo, Anna G., D-CA
Rep Evans, Lane, D-IL
Rep Foley, Mark, R-FL
Rep Frelinghuysen, Rodney P., R-NJ
Rep Frost, Martin, D-TX
Rep Gordon, Bart, D-TN
Rep Green, Gene, D-TX

Rep Greenwood, James C., R-PA
Rep Hilliard, Earl F., D-AL
Rep Hoeffel, Joseph M., D-PA
Rep Horn, Stephen, R-CA
Rep Jefferson, William J., D-LA
Rep Johnson, Nancy L., R-CT
Rep Kelly, Sue W., R-NY
Rep Kilpatrick, Carolyn C., D-MI
Rep Klink, Ron, D-PA
Rep Kolbe, Jim, R-AZ
Rep Larson, John B., D-CT
Rep Levin, Sander M., D-MI
Rep Luther, Bill, D-MN
Rep Markey, Edward J, D-MA
Rep Matsui, Robert T.. D-CA
Rep McCarthy, Karen, D-MO
Rep McDermott, Jim, D-WA
Rep McNulty, Michael R., D-NY
Rep Meehan, Martin T., D-MA
Rep Meek, Carrie P., D-FL
Rep Miller, George, D-CA
Rep Morella, Constance A., R-MD
Rep Murtha, John P., D-PA
Rep Ney, Robert W., R-OH
Rep Nussle, Jim, R-IA
Rep Oberstar, James L., D-MN
Rep Olver, John W., D-MA
Rep Pallone, Frank, Jr., D-NJ
Rep Pelosi, Nancy, D-CA
Rep Peterson, Collin C., D-MN
Rep Pickering, Charles (Chip), R-MS
Rep Pomeroy, Earl, D-ND
Rep Price, David E., D-NC
Rep Quinn, Jack, R-NY
Rep Rahall, Nick J., II, D-WV
Rep Ramstad, Jim, R-MN
Rep Rivers, Lynn N., D-MI
Rep Rush, Bobby L., D-IL
Rep Sanders, Bernard, I-VT
Rep Sawyer, Thomas C., D-OH
Rep Schakowsky, Janice D., D-IL
Rep Shays, Christopher, R-CT
Rep Stabenow, Debbie, D-MI
Rep Stark, Fortney Pete, D-CA
Rep Strickland, Ted, D-OH
Rep Tanner, John S., D-TN
Rep Thompson, Mike, D-CA
Rep Upton, Fred, R-WI
Rep Walsh, James T., R-NY
Rep Waxman, Henry A., D-CA
Rep Weiner, Anthony D., D-NY
Rep Whitfield, Ed, R-KY
Rep Wilson, Heather, R-NM
Rep Wynn, Albert Russell, D-MD