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COMMONWEALTH OF PENNSYLVANIA

DATE: **August 4, 1993**

SUBJECT: **MATERIAL FOR MEETING WITH KRISTINE GEBBIE**

TO: **Hon. Allan S. Noonan, M.D., M.P.H.**
Secretary of Health

FROM: **Janice P. Kopelman, M.S.W., L.S.W.**
Director
Bureau of HIV/AIDS

Thru: Deputy Secretary for Health Promotion, Disease and Substance Abuse Prevention

Enclosed is a packet of informational material for your meeting with Kristine Gebbie on August 10, 1993. Contents are as follows:

Tab 1 — **Suggested bullets for your use**

Tab 2 — **AIDS Statistical Summary**

Tab 3 — **Pie charts and graphs**
- **°AIDS in Pennsylvania**
  - **°transmission mode**
  - **°race**
  - **°sex**

Tab 4 — **°AIDS in the Southwest Region**
  - **°transmission mode**
  - **°race**
  - **°sex**

Tab 5 — **Pediatric AIDS**
  - **°by Coalition region**
  - **°by transmission mode**

Tab 6 — **Seroprevalence survey**
- **°First survey period**
- **°Update report of second survey period**

Tab 7 — **CTRPN Services**
- **°Overview**
- **°Location and types of sites**
- **°Numbers tested by sites**
- **°Graph by race**
- **°Percent positive by race**

BULLETS FOR MEETING WITH KRISTINE GEBBIE

- The loss of Title II carryover funding had a profound and negative impact on service provision at the local level.
- There have been objections to CDC's initiative to target high-risk populations for testing. Our service providers feel that testing is the only concrete service available for some of their clients.
- Philadelphia has approximately 67% of the State's AIDS cases. Philadelphia is the only Title I city in Pennsylvania.
- The State has not required Philadelphia as a Title I city to contribute to State administered programs as other states have.
- On February 1, 1993, 14 new drugs were approved for coverage under the Department of Public Welfare's Special Pharmaceutical Benefits Program.
- All but three counties in Pennsylvania have reported AIDS cases.
- The Bureau of HIV/AIDS is completing groundwork for a Task Force on HIV and Women.
- Two of the Regional HIV Planning Coalitions do not have full-time paid staff to carry out the coalition activities.
- Of the seven coalitions, the Southwest region is the only one to decline to make their own funding allocation decisions.
- The Office of Drug and Alcohol Programs funds four community health nurses to provide counseling and testing services in substance abuse treatment programs.

AIDS STATISTICAL SUMMARY

Cases of AIDS (Acquired Immune Deficiency Syndrome)

Among Pennsylvania Residents

Reported During The Period: January 1, 1981 through August 2, 1993

THIS REPORT INCORPORATES CHANGES IN THE CASE DEFINITION OF AIDS WHICH WERE EFFECTIVE JANUARY 1, 1993

Bureau of HIV/AIDS
State Health Data Center
Pennsylvania Department of Health

PENNSYLVANIA AIDS CASES

Number of Cases	Number Dead	Percent Dead
9,070	5,518	61

UNITED STATES AIDS CASES
Reported Through: March 31, 1993 *

Number of Cases	Number Dead	Percent Dead
289,320	182,275	63

*Centers for Disease Control. HIV/AIDS Surveillance Report, May 1993 : 12

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

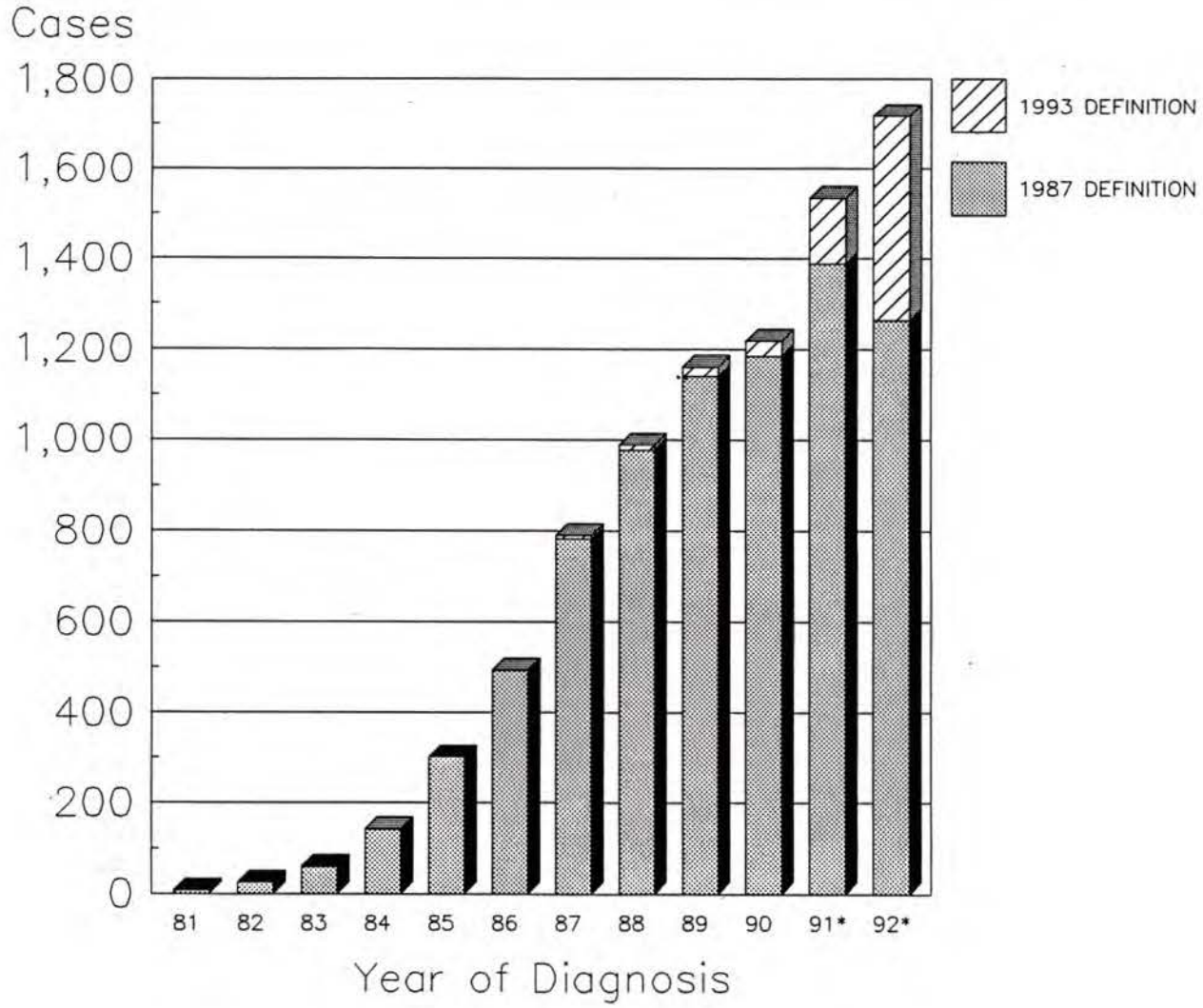
CONTENTS

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

Figure 1: AIDS Cases

1987 and 1993 Definitions By Year of Diagnosis



* 1991 Reporting Incomplete

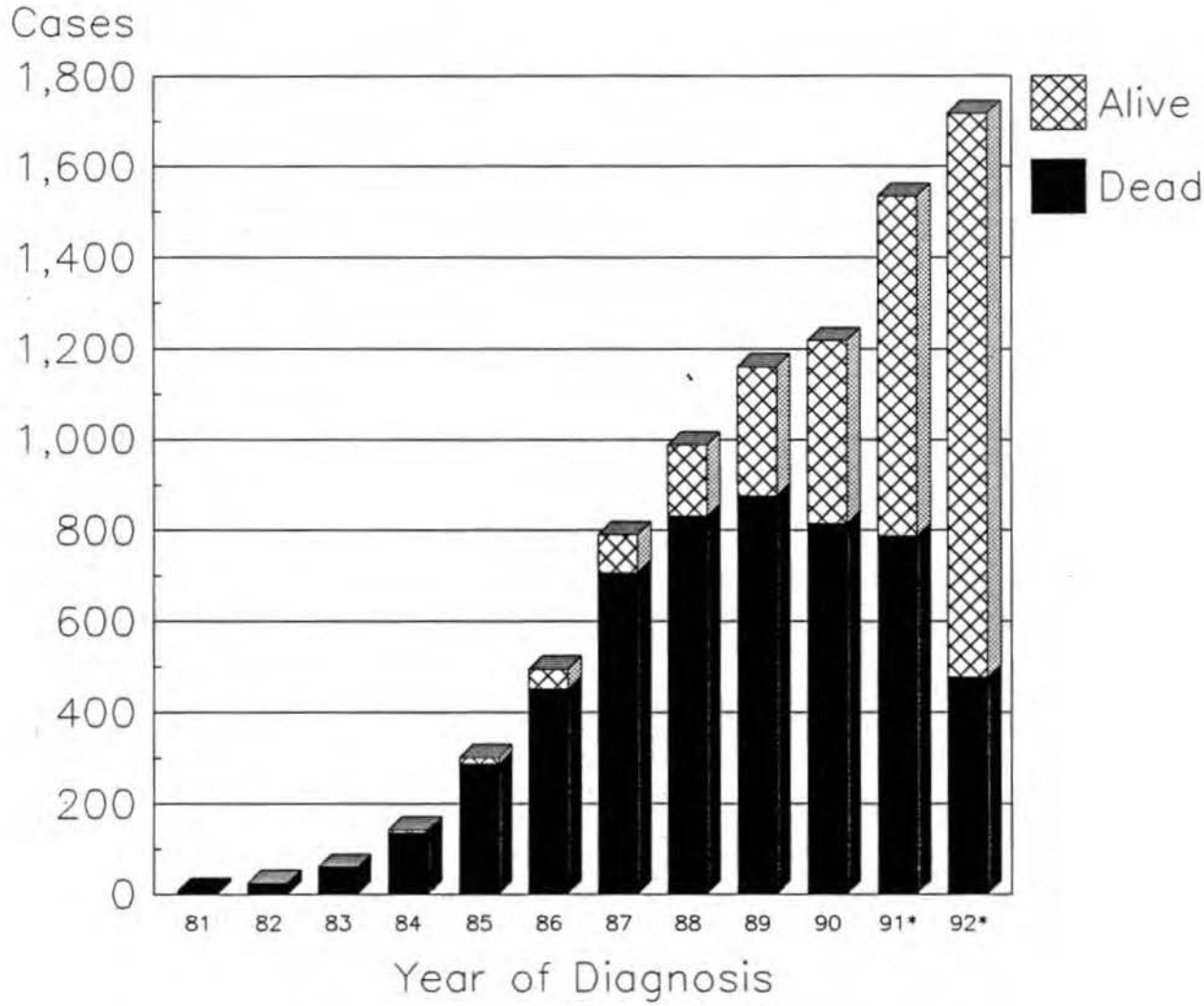
Source: Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

Figure 2: AIDS Cases and Deaths

By Year of Diagnosis



Each bar represents total cases diagnosed that year. Dark segment indicates cases known to be dead regardless of year of death.

* 1991 Reporting Incomplete

Source: Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

TABLE 1: AIDS CASES AND DEATHS

By Case Definition and Year Of Diagnosis

	1987 Definition	1993 Definition	Total Cases	Deaths Reported	Percent Dead
Total	8,063	1,007	9,070	5,518	61
81	7	0	7	7	100
82	25	0	25	23	92
83	60	0	60	56	93
84	142	1	143	136	95
85	301	0	301	288	96
86	494	1	495	452	91
87	783	8	791	707	89
88	977	11	988	831	84
89	1,140	21	1,161	877	76
90	1,185	34	1,219	816	67
91*	1,388	146	1,534	788	51
92*	1,262	456	1,718	477	28
93*	297	329	626	59	9
U**	2	0	2	1	50

*Reporting incomplete.
**Cases with unknown year of diagnosis

Bureau of Epidemiology
State Center for Health Statistics and Research
Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

TABLE 2: SEX

By Date of Diagnosis

	8/91 – 7/92		8/92 – 7/93 *		1/81 to Date	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Total	1,680	100	1,331	100	9,070	100
Male	1,441	86	1,100	83	7,985	88
Female	239	14	231	17	1,085	12

TABLE 3: RACE/ETHNICITY

By Date of Diagnosis

	8/91 – 7/92		8/92 – 7/93 *		1/81 to Date	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Total	1,680	100	1,331	100	9,070	100
White(not Hisp.)	705	42	538	40	4,389	48
Black(not Hisp.)	787	47	621	47	3,741	41
Hispanic	184	11	166	12	913	10
Other	3	0	6	0	26	0
Unknown	1	0	0	0	1	0

*Incomplete due to reporting lag.

Bureau of Epidemiology
State Center for Health Statistics and Research
Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

TABLE 4: ADULT/ADOLESCENT (13 AND OLDER) AIDS
Race/Ethnic Group by Sex

	MALE		FEMALE		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Total	7,914	100	1,038	100	8,952	100
White(not Hisp.)	4,048	51	317	31	4,365	49
Black(not Hisp.)	3,138	40	545	53	3,683	41
Hispanic	707	9	171	16	878	10
Other	20	0	5	0	25	0
Unknown	1	0	0	0	1	0

TABLE 5: PEDIATRIC (12 AND YOUNGER) AIDS
Race/Ethnic Group by Sex

	MALE		FEMALE		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Total	71	100	47	100	118	100
White(not Hisp.)	14	20	10	21	24	20
Black(not Hisp.)	33	46	25	53	58	49
Hispanic	24	34	11	23	35	30
Other	0	0	1	2	1	1

Bureau Epidemiology
State Center for Health Statistics and Research
Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

TABLE 6: AGE

By Date of Diagnosis

	8/91 – 7/92		8/92 – 7/93 *		1/81 to Date	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
age						
Total	1,680	100	1,331	100	9,070	100
0–12	16	1	10	1	118	1
13–19	8	0	7	1	52	1
20–29	295	18	224	17	1,796	20
30–39	770	46	609	46	4,038	45
40–49	418	25	346	26	2,097	23
over 49	172	10	135	10	967	11
unknown	1	0	0	0	2	0

*Incomplete due to reporting lag.

Bureau of Epidemiology
State Center for Health Statistics and Research
Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

TABLE 7: MODE OF TRANSMISSION
By Date of Diagnosis

	8/91 – 7/92		8/92 – 7/93 *		1/81 to Date	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Total	1,680	100	1,331	100	9,070	100
Male Homosexual	821	49	595	45	5,088	56
IV Drug Use	505	30	438	33	2,099	23
Homosexual/IV drug	98	6	62	5	599	7
Hemophiliac	24	1	23	2	147	2
Heterosexual	124	7	133	10	567	6
Transfusion	24	1	20	2	192	2
Other Adult	68	4	50	4	260	3
Pediatric	16	1	10	1	118	1

*Incomplete due to reporting lag.

Bureau of Epidemiology
State Center for Health Statistics and Research
Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

TABLE 8: AIDS CASES, DEATHS AND RATES*

By County of Residence

	Number of Cases	Reported Dead	Incidence per 100,000
PHILADELPHIA	4,723	2,760	297.87
ALLEGHENY	861	589	64.42
DELAWARE	421	260	76.87
MONTGOMERY	300	206	44.24
BUCKS	264	177	48.78
BERKS	241	140	71.61
LANCASTER	236	156	55.82
DAUPHIN	213	129	89.57
CHESTER	180	108	47.82
LEHIGH	174	94	59.77
YORK	158	99	46.53
NORTHAMPTON	114	64	46.13
LUZERNE	95	60	28.95
MONROE	76	38	79.41
LACKAWANNA	74	45	33.78
WESTMORELAND	74	55	19.98
ERIE	65	36	23.59
CUMBERLAND	57	44	29.19
LYCOMING	56	33	47.17
WASHINGTON	45	29	22.00
CAMBRIA	43	25	26.38

*Rates based on 1990 population.

Continued on next page

Bureau of Epidemiology
State Center for Health Statistics and Research
Pennsylvania Department of Health

AIDS In Pennsylvania

Reported During The Period: January 1, 1981 Through August 2, 1993

TABLE 8: AIDS CASES, DEATHS AND RATES*

By County of Residence (continued)

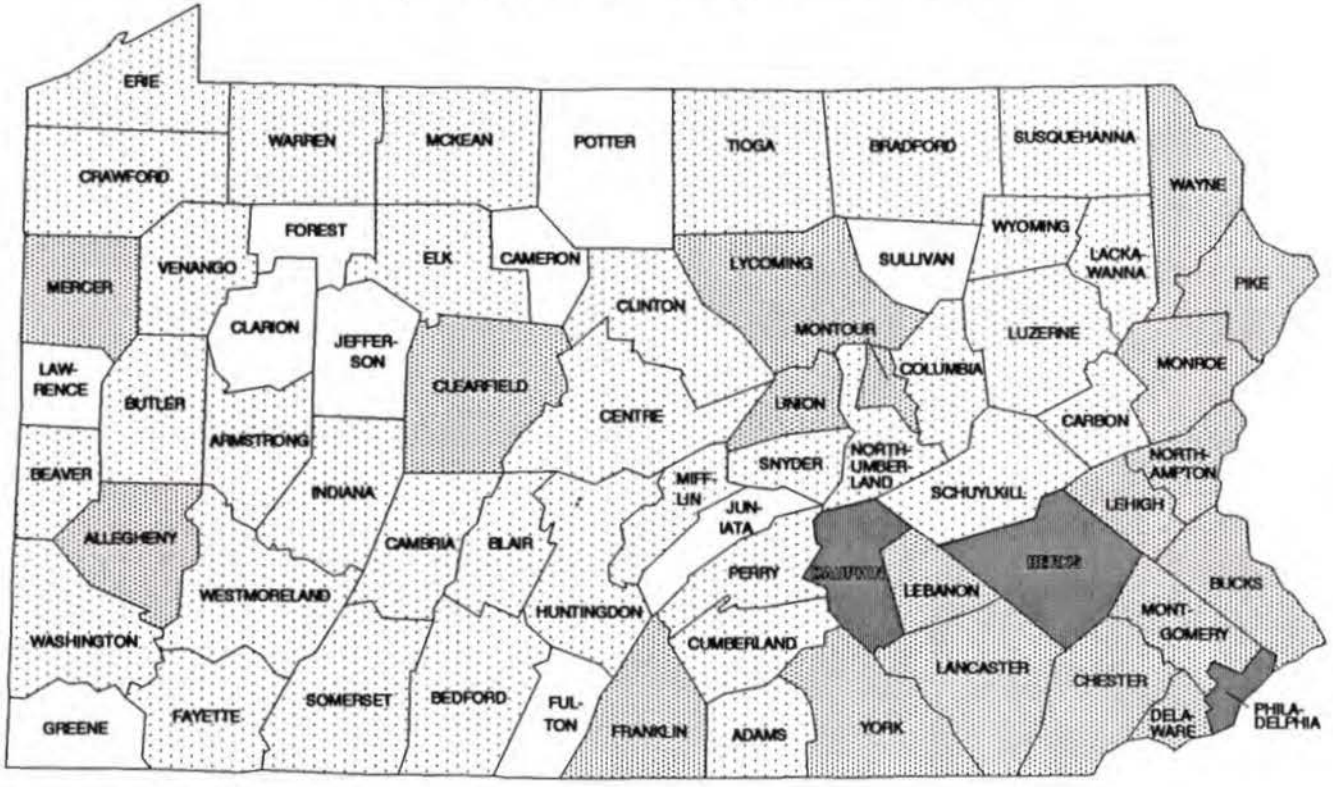
	Number of Cases	Reported Dead	Incidence per 100,000
BEAVER	39	24	20.96
LEBANON	34	25	29.89
FRANKLIN	32	20	26.43
CENTRE	31	20	25.04
BUTLER	28	24	18.42
MERCER	28	15	23.14
BLAIR	25	15	19.15
WAYNE	25	12	62.59
ADAMS	24	16	30.66
FAYETTE	24	16	16.51
UNION	23	12	63.58
NORTHUMBERLAND	19	12	19.63
PIKE	19	10	67.94
SCHUYLKILL	17	12	11.14
ARMSTRONG	16	9	21.78
COLUMBIA	15	8	23.73
INDIANA	13	8	14.45
LAWRENCE	13	11	13.51
BRADFORD	12	9	19.68
CARBON	12	7	21.11
CLEARFIELD	12	6	15.37
CRAWFORD	12	8	13.93
SOMERSET	11	4	14.06
VENANGO	11	5	18.52
All Others	104	63	

*Rates based on 1990 population.

Bureau of Epidemiology
State Center for Health Statistics and Research
Pennsylvania Department of Health

FIGURE 4: NEW AIDS CASES FOR 1991*
Per 100,000 Population in Each County

Reported as of August 2, 1993



Rates based on 1991 population estimates

NO NEW CASES	>0 - 4.9	5.0 - 14.9	15.0 +

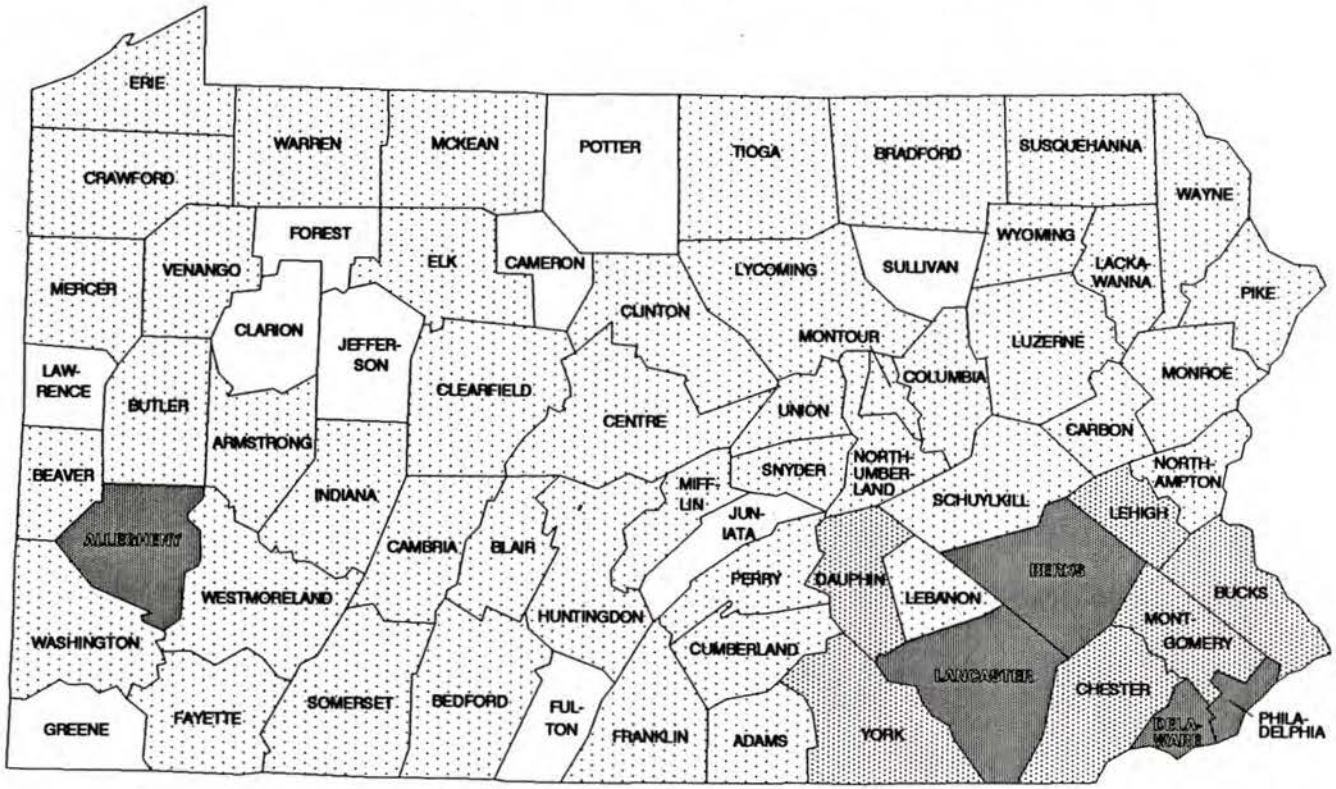
***Incomplete due to reporting lag.**

8/2/93

FIGURE 3: NEW AIDS CASES FOR 1991*

Number in Each County

Reported as of August 2, 1993



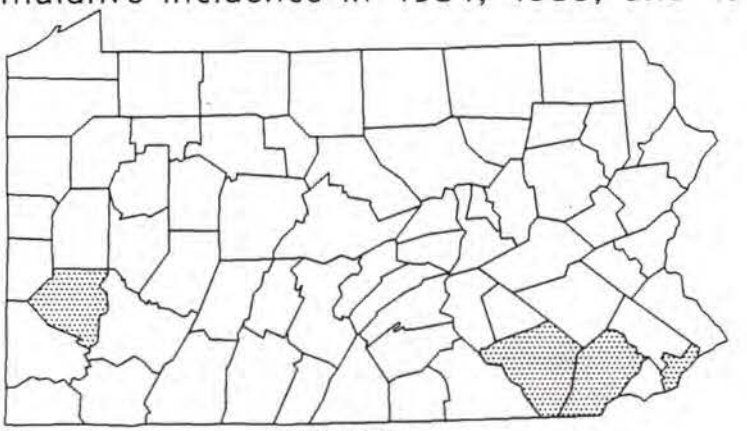
NO NEW CASES | 1 - 20 | 21 - 50 | 51 +

*Incomplete due to reporting lag.

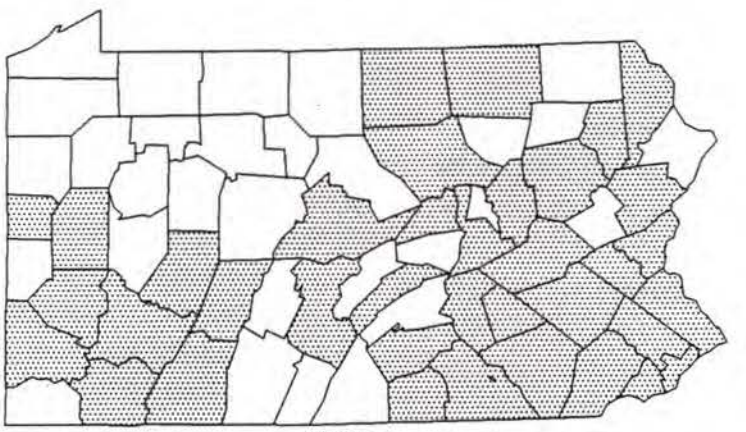
8/2/93

FIGURE 5: SPREAD OF AIDS IN PENNSYLVANIA

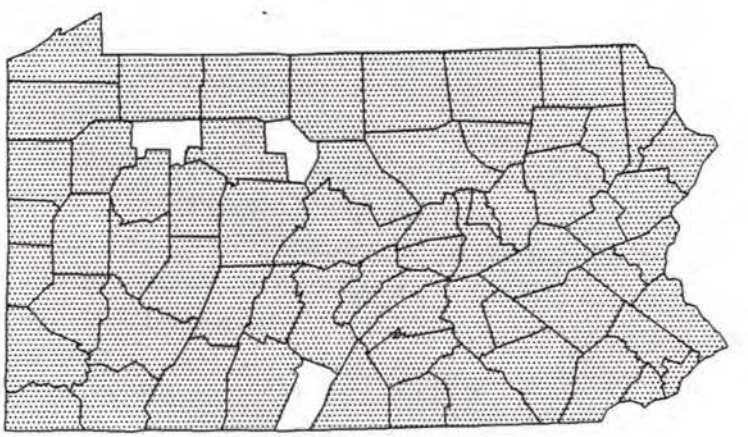
Cumulative Incidence in 1981, 1985, and 1991



1981*



1985



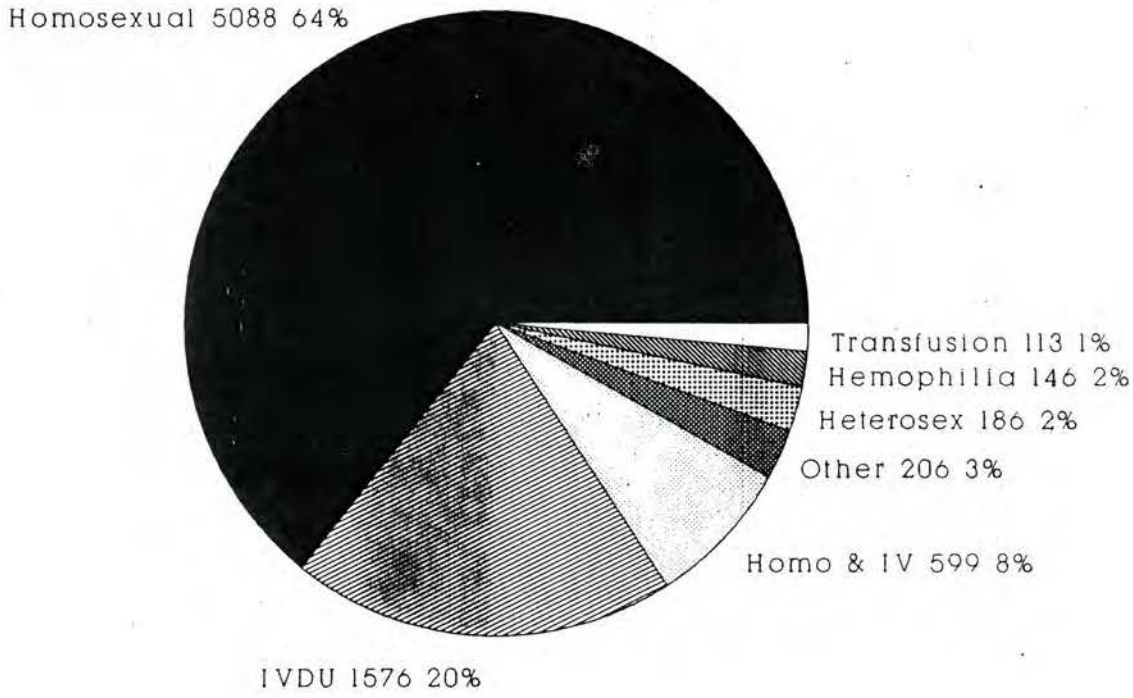
1991

Counties reporting at least one case since 1981

* Cases with unknown date of diagnosis are not included in any year.

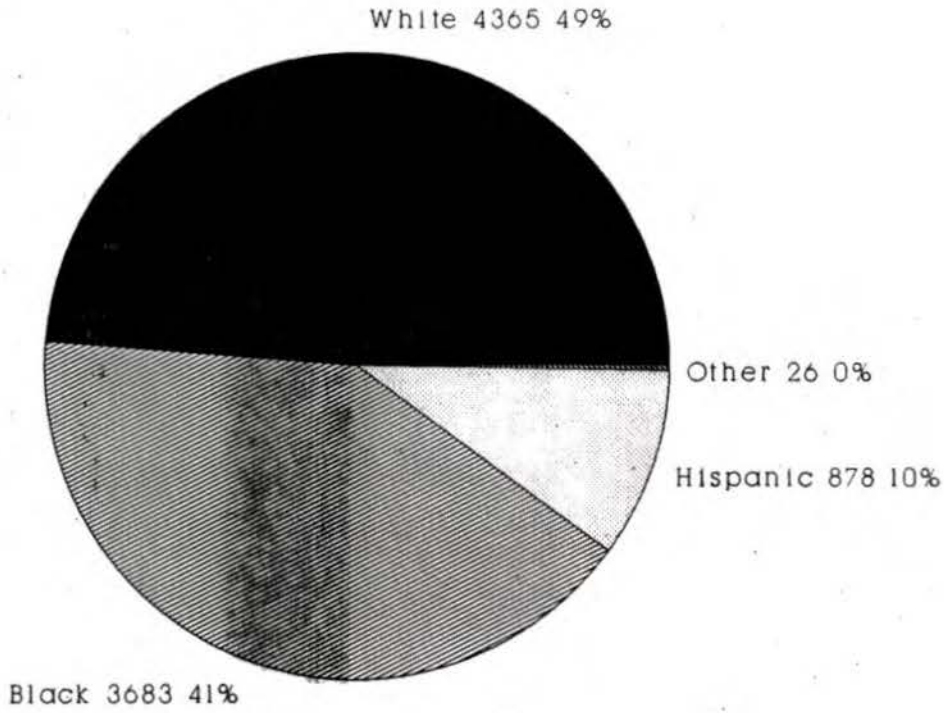
Pennsylvania Department of Health
Bureau of Epidemiology
Division of HIV/AIDS Epidemiology
P.O. Box 90, Room 913
Harrisburg, PA 17108

Pennsylvania AIDS Cases
By Mode of Transmission



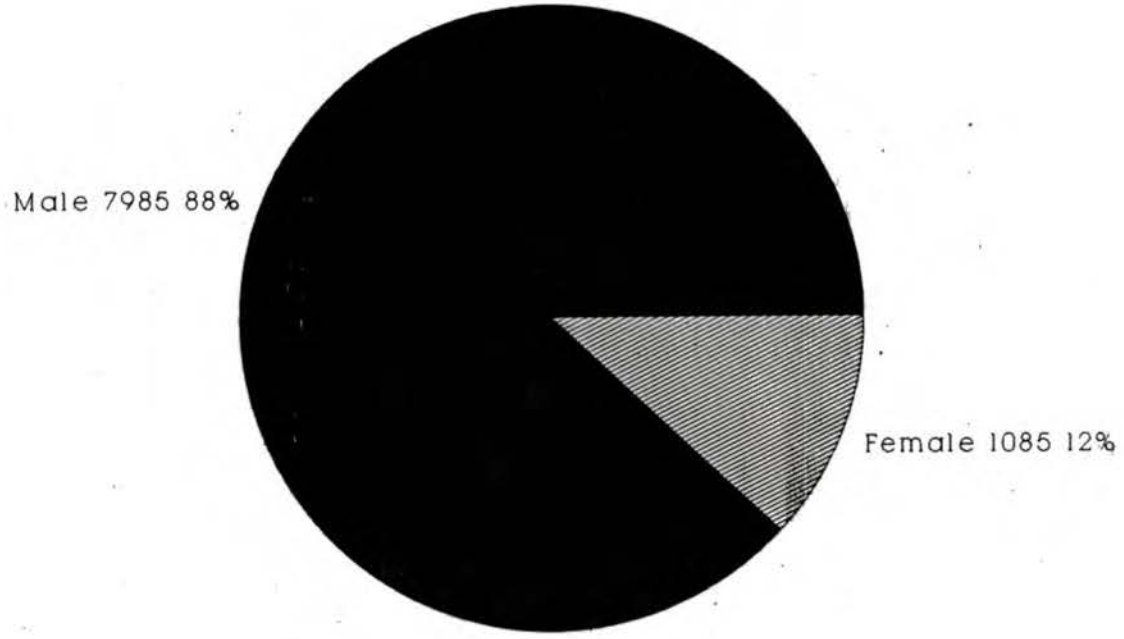
8/3/93

Pennsylvania AIDS Cases
By Race



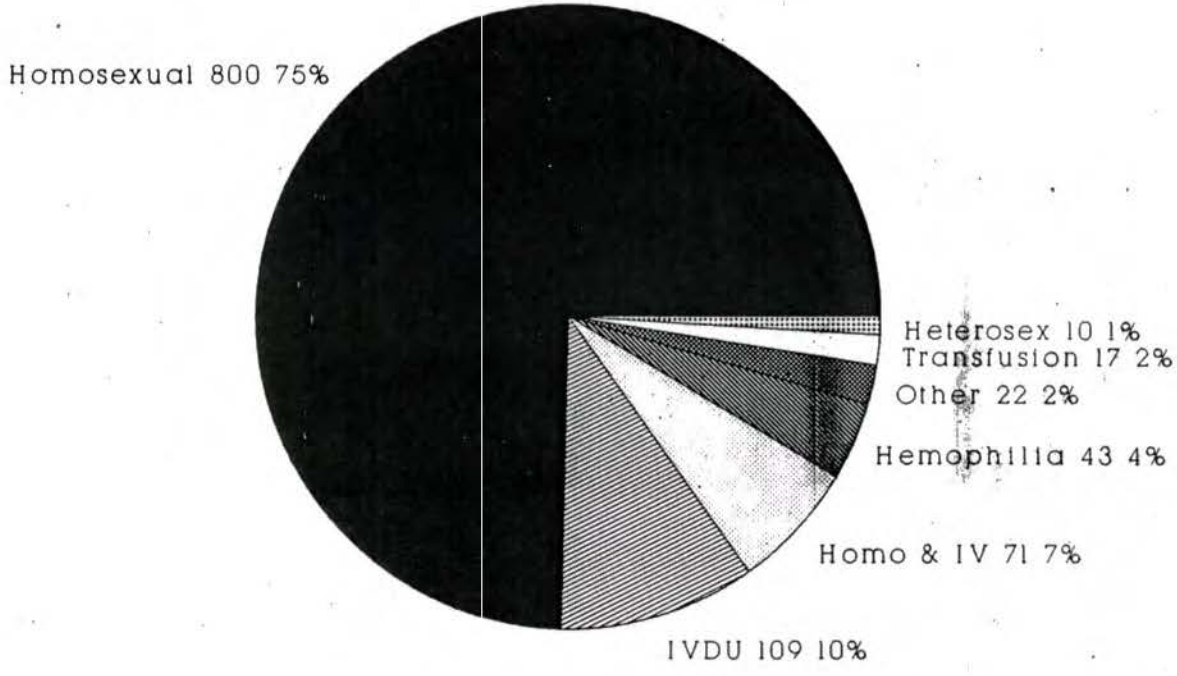
8/3/93

Pennsylvania AIDS Cases
By Sex



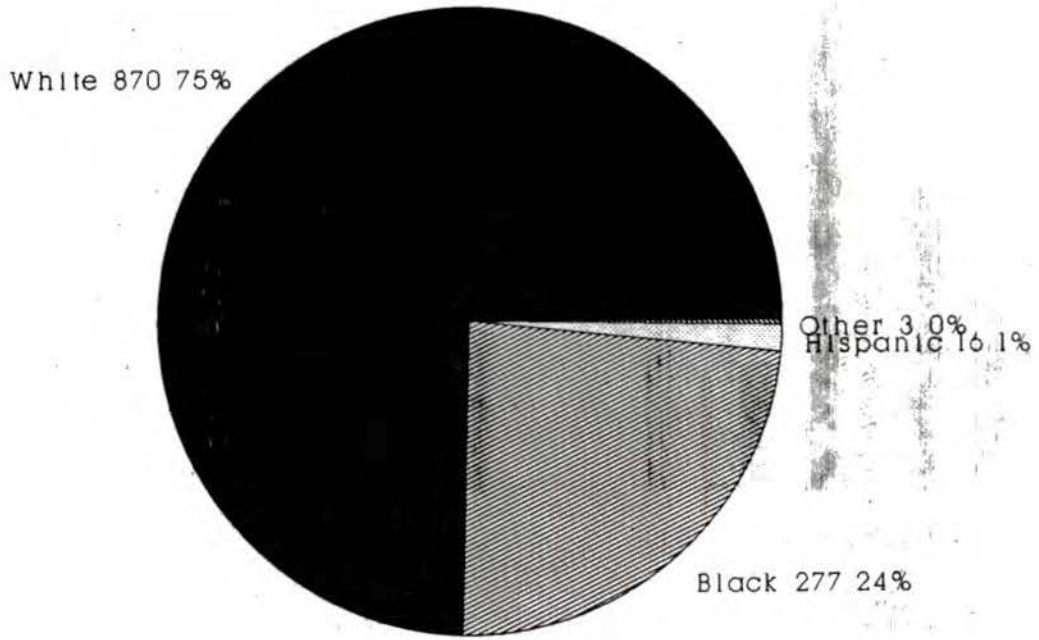
8/3/93

Southwest PA AIDS Cases
By Mode of Transmission



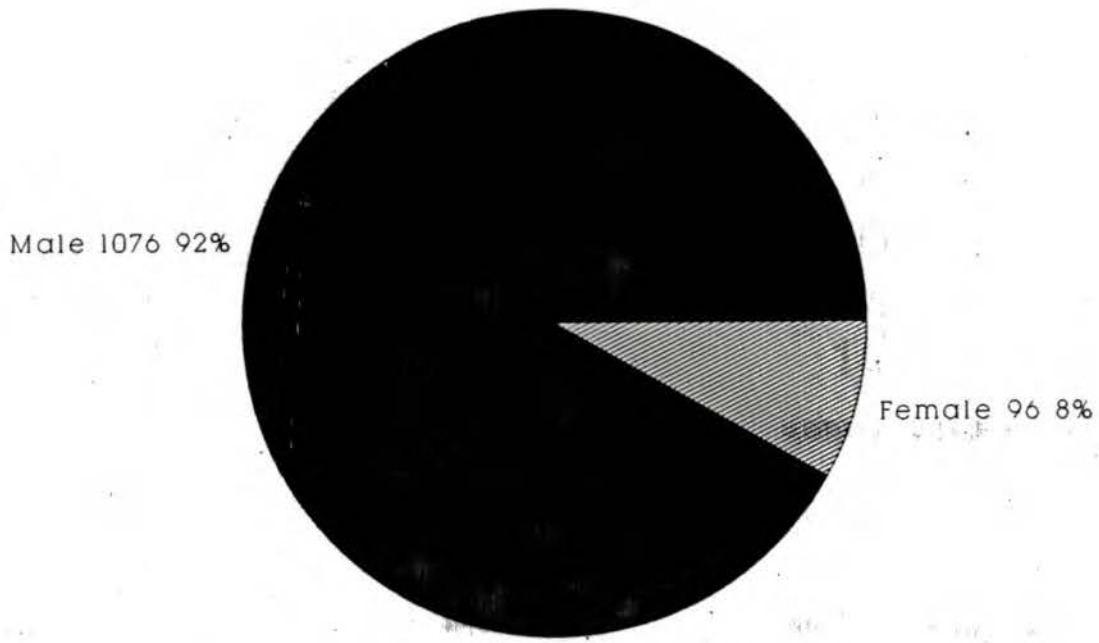
8/3/93

Southwest PA AIDS Cases
By Race



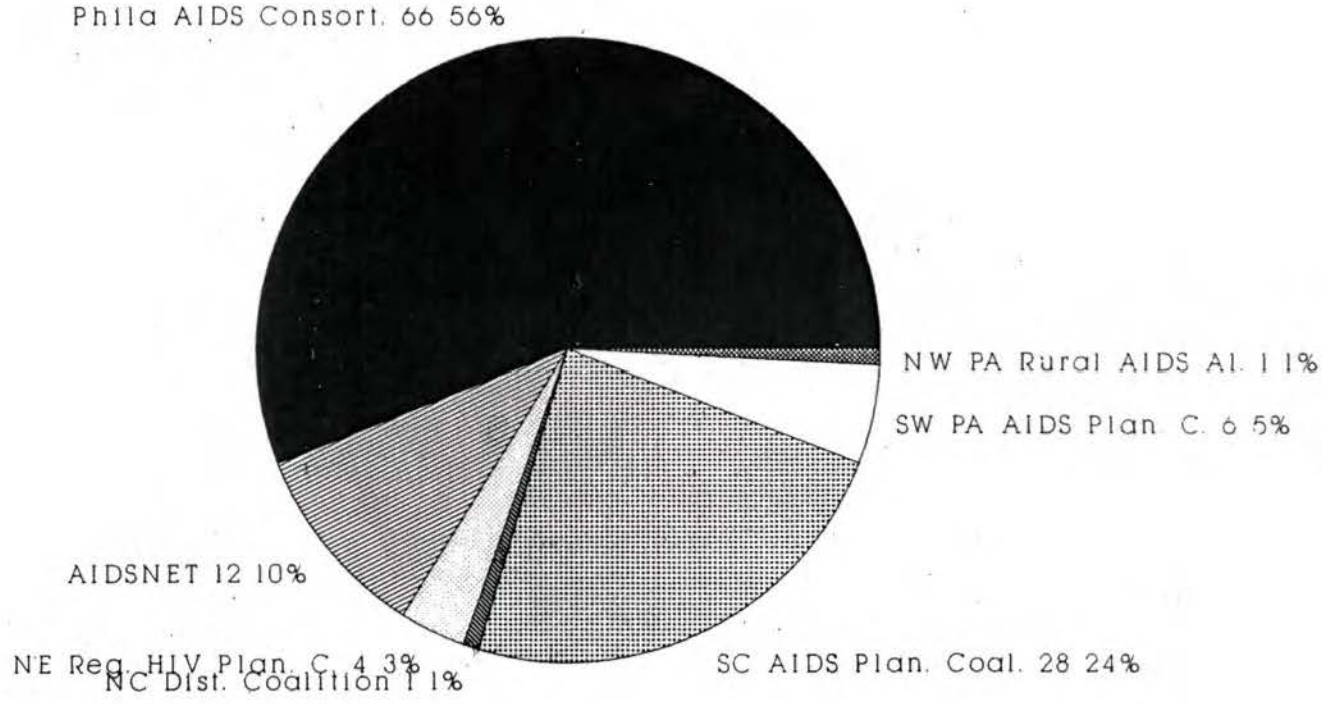
8/3/93

Southwest PA AIDS Cases
By Sex



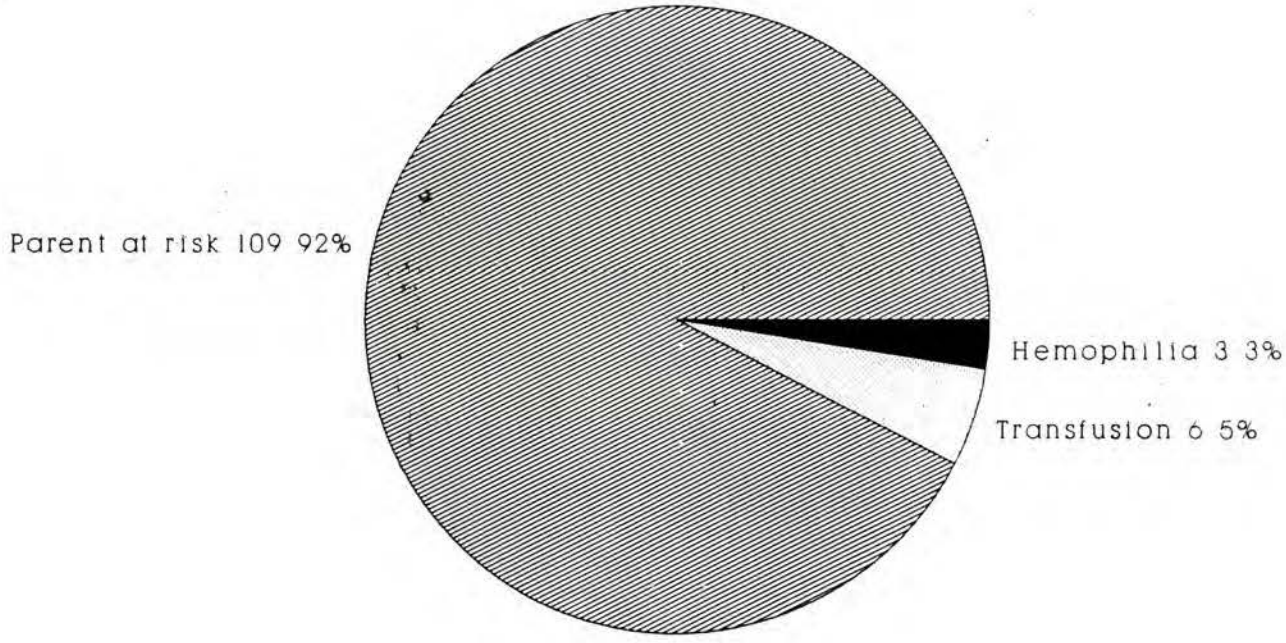
8/3/93

Pediatric PA AIDS Cases
By Coalition District



8/3/93

Pediatric PA AIDS Cases
By Mode of Transmission



8/3/93

HIV SEROPOSITIVITY RATE AMONG CHILDBEARING WOMEN BY LOCATION, PENNSYLVANIA, NOV 90 - JULY 91

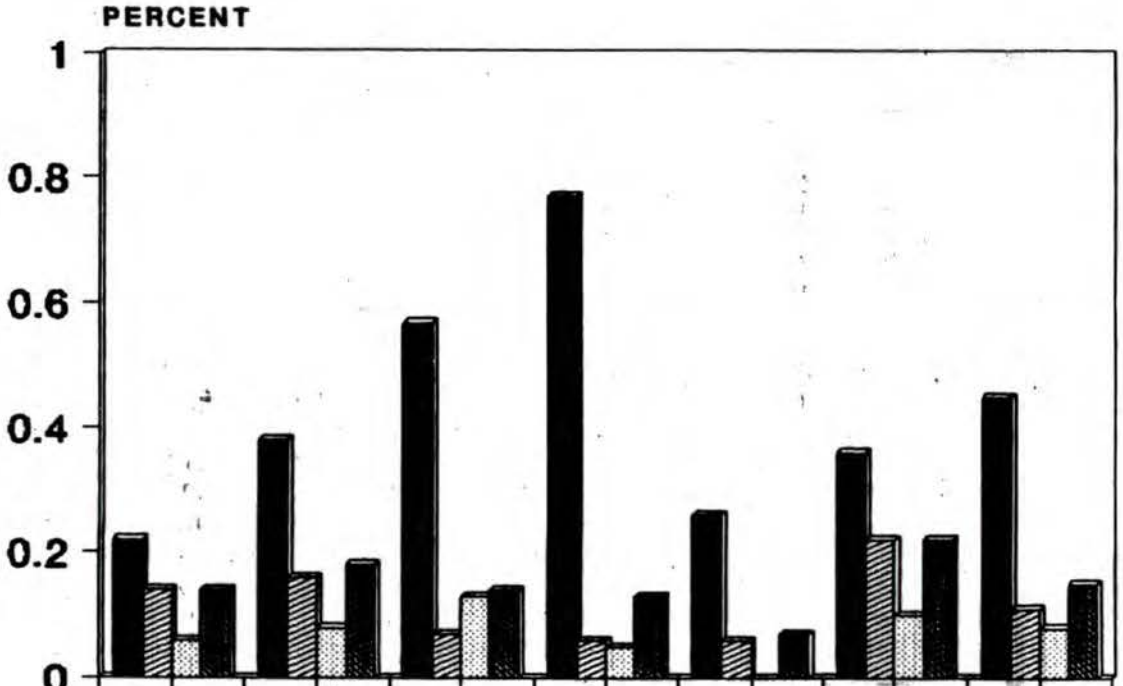
COALITION	NUMBER TESTED	NUMBER POSITIVE	RATE PER 1000
PHILADELPHIA AIDS CONSORTIUM	29,388	80	2.7
AIDSNET	7,735	15	1.9
SOUTH CENTRAL AIDS PLANNING	11,769	21	1.8
SOUTHWEST PA AIDS PLANNING	18,849	16	0.8
NORTHCENTRAL DISTRICT	3,912	3	0.8
NORTHWEST PA RURAL AIDS ALLIANCE	6,624	4	0.6
NORTHEASTERN REGIONAL HIV PLANNING	3,991	2	0.5
TOTAL•	104,485	160	1.5

• Includes missing data for 22,217 tests and 19 positives.

HIV SEROPOSITIVITY AMONG CHILDBEARING WOMEN BY AREA, PENNSYLVANIA, DEC 90 - JUNE 91

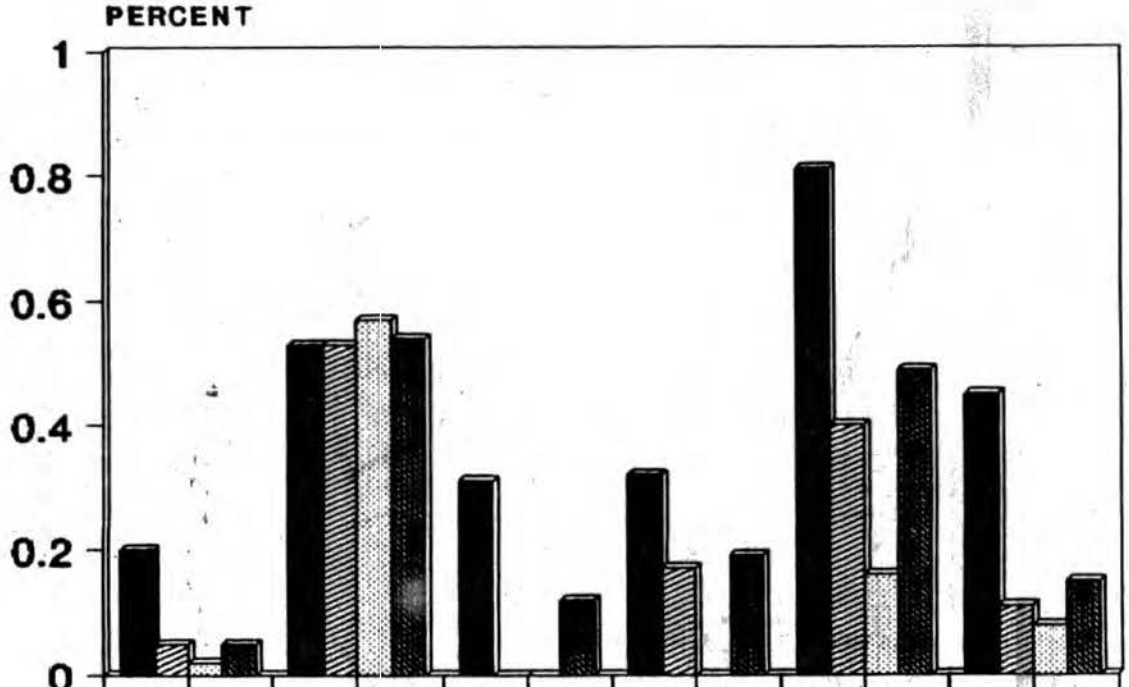
AREA	NUMBER TESTED	NUMBER POSITIVE	% POSITIVE
STATE EXCLUDING PHILADELPHIA	54,303	57	0.11
PHILADELPHIA	11,807	53	0.45
UNKNOWN	18,100	15	0.08
TOTAL	84,210	125	0.15

HIV SEROPOSITIVITY RATE AMONG CHILDBEARING WOMEN, BY AREA & AGE GROUP PENNSYLVANIA DEC 90 - JUNE 91



	<20	20-24	25-29	30-34	35+	UNK	TOTAL
PHILA	0.22	0.38	0.57	0.77	0.26	0.36	0.45
OUTSIDE PHILA	0.14	0.16	0.07	0.06	0.06	0.22	0.11
UNKNOWN	0.06	0.08	0.13	0.05	0	0.1	0.08
TOTAL	0.14	0.18	0.14	0.13	0.07	0.22	0.15

HIV SEROPOSITIVITY RATE AMONG CHILDBEARING WOMEN, BY AREA & RACE PENNSYLVANIA DEC 90 - JUNE 91



	WHITE	BLACK	ASIAN	OTHER	UNKNOWN	TOTAL
PHILA	0.2	0.53	0.31	0.32	0.81	0.45
OUTSIDE PHILA	0.05	0.53	0	0.17	0.4	0.11
UNKNOWN	0.02	0.57	0	0	0.16	0.08
TOTAL	0.05	0.54	0.12	0.19	0.49	0.15

HIV SEROPOSITIVITY AMONG CHILDBEARING WOMEN BY DISTRICT, PENNSYLVANIA, DEC 90 - JUNE 91

DISTRICT *	NUMBER TESTED	NUMBER POSITIVE	% POSITIVE
WESTERN	18,536	15	.08
N. CENTRAL	4,026	4	.10
S. CENTRAL	10,506	18	.17
EASTERN	21,235	20	.09
PHILADELPHIA	11,807	53	.45
UNKNOWN	18,100	15	.08
TOTAL	84,210	125	.15

* PA DOH HEALTH SERVICE DISTRICTS

PROGRESS REPORT FOR HIV SEROPREVALENCE SURVEY OF CHILDBEARING WOMEN

COOPERATIVE AGREEMENT PENNSYLVANIA 1/93-12/93

Data from the six-month period = 1/93 - 6/93

Number of records added for the 1992 survey period October 92 - March 93:	65,504
Number of specimens HIV tested:	61,825
Number Western Blot positive:	104
Percent Western Blot positive:	0.17%

This rate, extrapolated to 120,000 live births and assuming that 30 percent of seropositive neonates are truly infected, would indicate the birth of 95 HIV positive babies. Only 117 pediatric AIDS cases have been reported to date.

First survey period of March 91 - June 92 indicated a rate of 1.4/1,000 live births; the second survey period of October 92 - March 93 indicates a rate of 1.7/1,000 live births which represents a 21% increase.

Pennsylvania Department of Health - Bureau of HIV/AIDS
HIV CTRPN Services - August 1993

The Pennsylvania Department of Health offers HIV counseling, testing, referral, and partner notification (CTRPN) services in a variety of sites throughout Pennsylvania. Table I lists the 67 counties within the state and the number and type of sites which currently offer HIV CTRPN services. Figure I provides the location of each county within the state.

HIV counseling and testing sites (CTS) were established to offer only HIV CTRPN services. These sites provide both anonymous and confidential CTRPN services and are located in state, county or municipal health department offices in each county. Confidential HIV CTRPN services have also been integrated into a variety of other clinic services and facilities which provide services to individuals at increased risk of HIV infection, e.g. STD clinics, drug treatment facilities, TB clinics, and county prisons. In addition, HIV Prevention Program field staff provide CTRPN services in an outreach capacity to residents of multiple counties within specific health districts. The category "Other" in Table I includes sites located in several prenatal clinics, community medical centers, and colleges.

Tables II provides a breakdown of counseling and testing data for 1992. The number and type of counseling and testing sites are in continuous change. Therefore, the number of current sites shown in Table I will not agree with the number of sites which offered CTRPN services during 1992 and are shown in Table II.

TABLE I

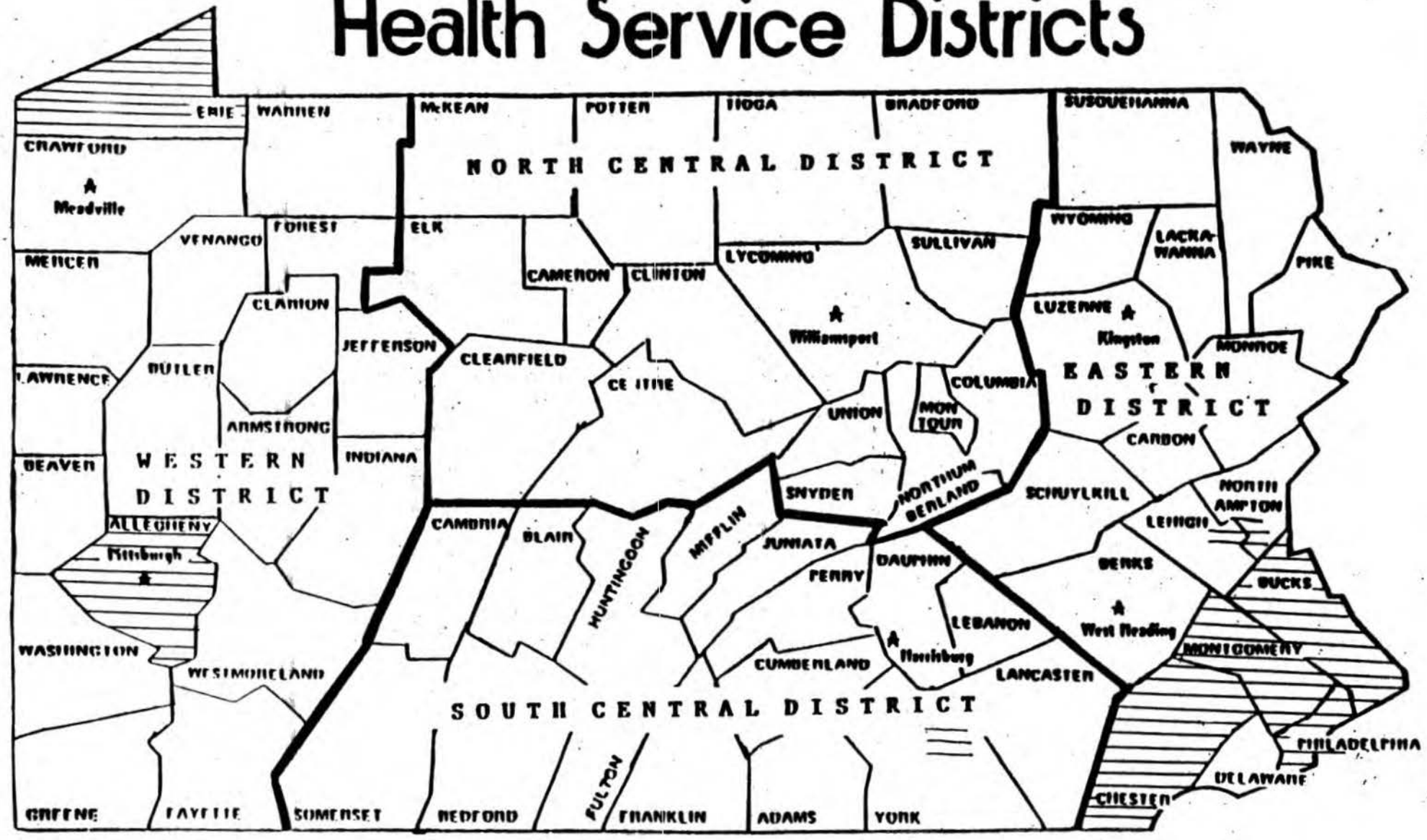
PA Department of Health - Bureau of HIV/AIDS
Sites Offering HIV CTRPN Services
by County - 1993

County	HIV CTS	STD	Drug Trmt.	TB	Prison	Field	Other	Sites
ADAMS	1	1		1				3
ALLEGHENY	2	1	5	1	2		3	14
ARMSTRONG	1			1				2
BEAVER	1	3		1				4
BEDFORD	1	1		1				3
BERKS	1	1	1	1	1	2		7
BLAIR	1	1		2	1			5
BRADFORD	1	1		1	1			4
BUCKS	1	1	4	1	1			8
BUTLER	1	2		1			1	5
CAMBRIA	1	1		1	1			4
CAMERON		1						1
CARBON				1				1
CENTRE	1	2		1	1		1	6
CHESTER	3	2	4	1			1	11
CLARION	1	1		1				3
CLEARFIELD	1	1		1				3
CLINTON				1				1
COLUMBIA		1		1				2
CRAWFORD	1	2		1	1	1		6
CUMBERLAND	1			1	2			4
DAUPHIN	1	3	1	1	1	2		9
DELAWARE	2	4	2	1	1	1		11
ELK	1			1				2
ERIE	1	1	1	1			2	6
FAYETTE	1	1		1				3
FOREST	1							1
FRANKLIN	1	2		1	1			5
FULTON	1							1
GREENE	1	1		1	1			4
HUNTINGDON	1	1		1	3			6
INDIANA	1	1		1		1		4
JEFFERSON	1			1				2
JUNIATA	1			1				2
LACKAWANNA	1	1		1				3
LANCASTER	3	2		1	1	1		8
LAWRENCE	1	1		1				3
LEBANON	1	1		1				3
LEHIGH	1	1	2	2	1		1	8
LUZERNE	1	2		1	2	2		8
LYCOMING	1	1		1	2	2	1	8
MCKEAN	1	1		1				3
MERCER	1	4		1	1			7
MIFFLIN	1	1		1		1		4
MONROE	1	1		1				3
MONTGOMERY	2	2	1	2	1			8
MONTOUR	1	1		1		1		4
NORTHAMPTON	1	2	1	2	1		1	8
NORTHUMBERLAND		2		1	1			4
PERRY	1							1
PHILADELPHIA	5	1	10		1		5	22
PIKE	1							1
POTTER	1			1				2
SCHUYLKILL				1	1			2
SNYDER		1		1	1			3
SOMERSET	1	1		1				3
SULLIVAN		1						1
SUSQUEHANNA				1				1
TIOGA	1	3		1	1			6
UNION	1	1						2
VENANGO	1	1		1				3
WARREN	1	1		1				3
WASHINGTON	1	1		1				3
WAYNE	1			1	1			3
WESTMORELAND	2	2		2	1	2		9
WYOMING				1				1
YORK	2	2		2	2			8
TOTAL	69	75	32	65	36	16	16	309

Figure I

PENNSYLVANIA DEPARTMENT OF HEALTH

Health Service Districts



County or Municipal Health Department

Bureau of HIV/AIDS
9/92

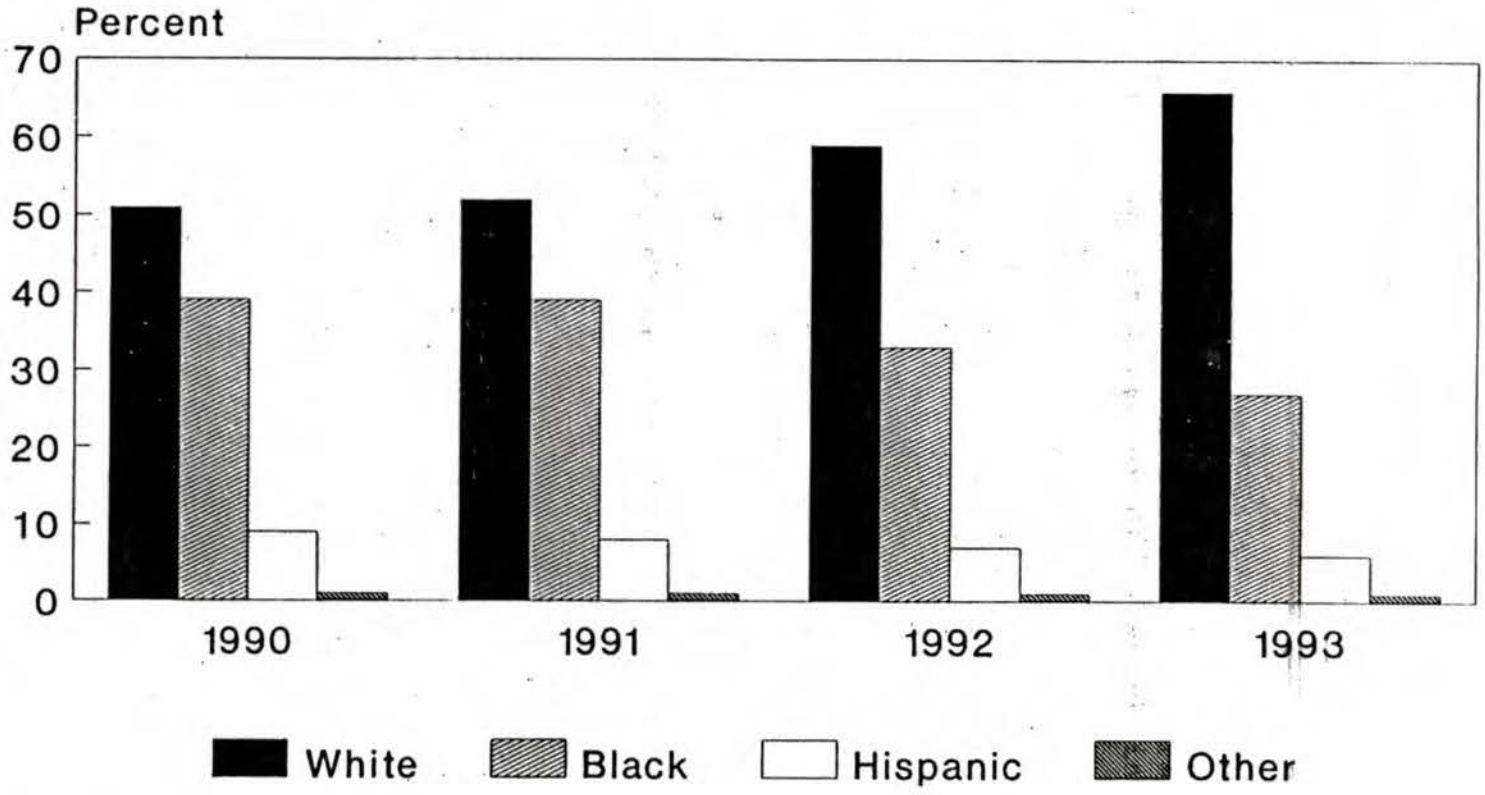
Table II

HIV COUNSELING AND TESTING: ACTIVITIES BY SITE TYPE - 07/14/93
FOR THE STATE OF PENNSYLVANIA -1992- PA. DEPT. OF HEALTH

TESTING SITE TYPE	SITES No.	RECORDS No.	TESTS No. (%)	POSITIVE TESTS No. (%)	POSTTEST COUNSELING SESSIONS No. (%)
HIV CTS	68	39386	38271 (97)	965 (3)	33339 (87)
STD	73	25377	22925 (90)	233 (1)	14774 (64)
DRUG TRMT	29	5833	4932 (85)	193 (4)	4084 (83)
FAMILY PL	15	2192	2079 (95)	9 (0)	968 (47)
PRENATAL/OB	9	2066	1525 (74)	15 (1)	841 (55)
TB	20	104	102 (98)		92 (90)
CHC/PHC	14	5327	4408 (83)	131 (3)	2361 (54)
PRISON/JAIL	25	4893	4414 (90)	213 (5)	3854 (87)
HOSP/PMD					
FIELD VISIT	17	2536	2522 (99)	78 (3)	2372 (94)
OTHER	3	649	635 (98)	2 (0)	614 (97)
NOT SPECIFIED	2	3	2 (67)		1 (50)
TOTAL	275	88366	81815 (93)	1839 (2)	63300 (77)

Pennsylvania 1990-1993

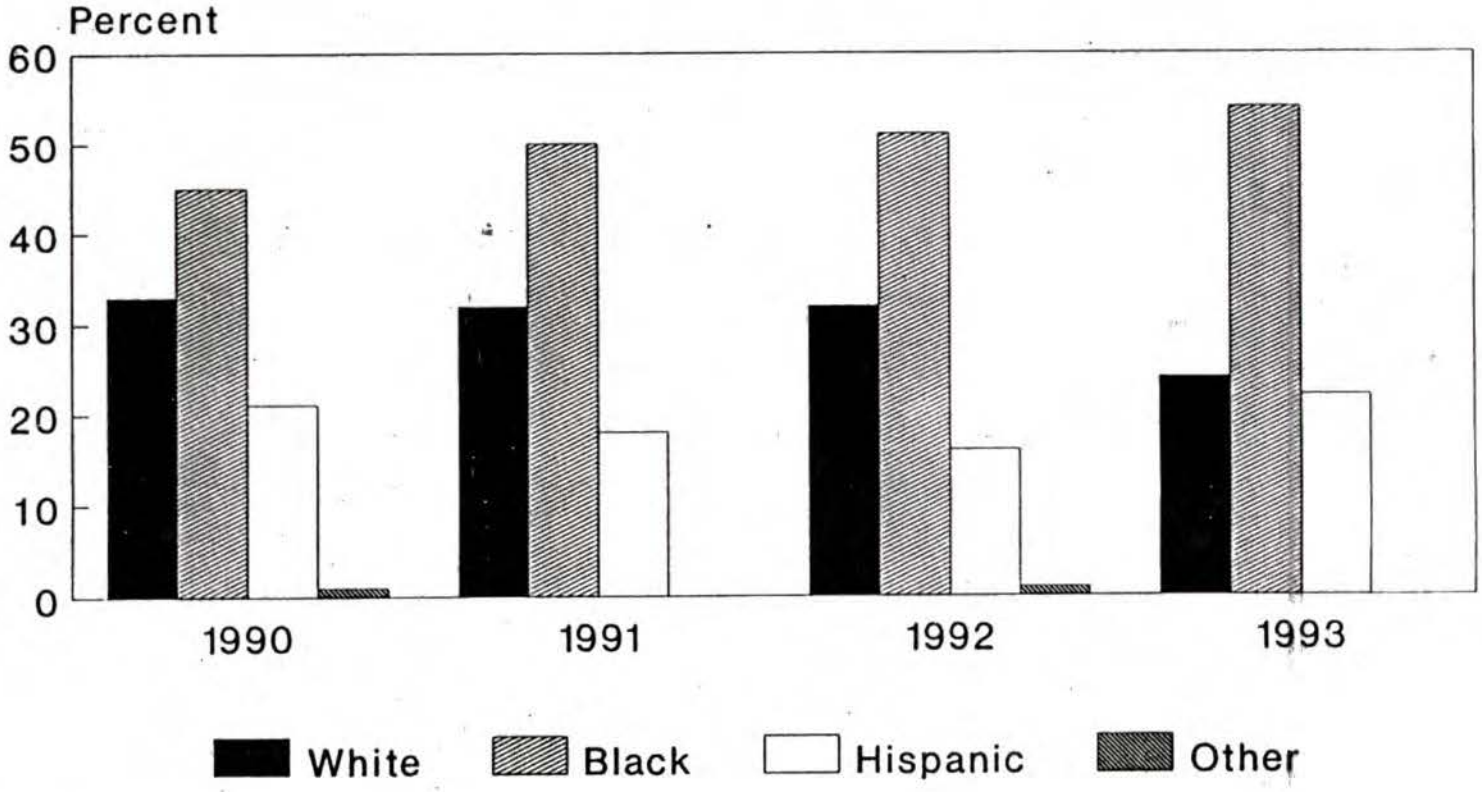
Percent of Individuals Counseled/Tested for HIV by Race - Publicly Funded Sites



Bureau of HIV/AIDS 5/3/93

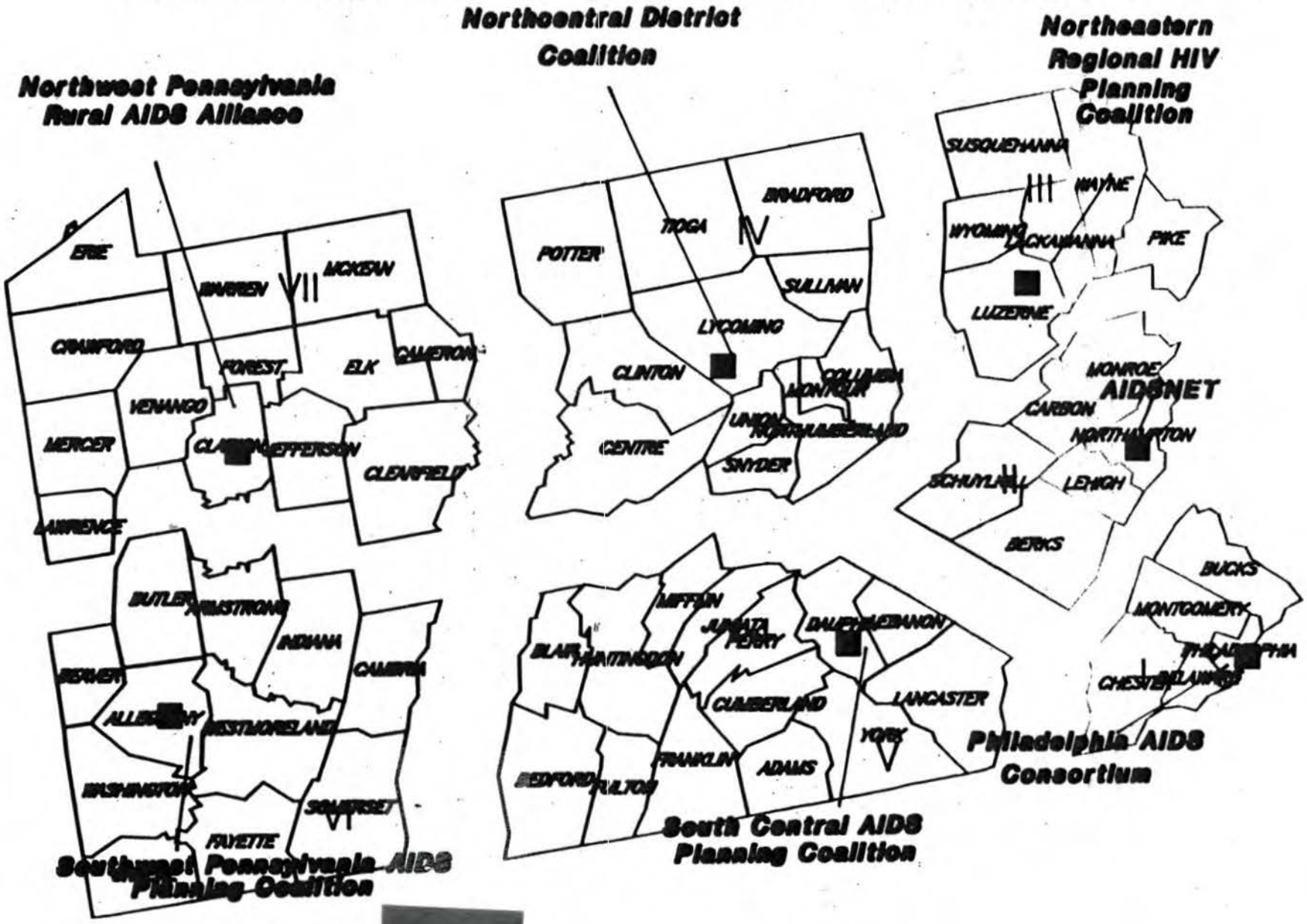
Pennsylvania

Percent of Total HIV Positives by Race
Publicly Funded Sites 1990-1993



Bureau of HIV/AIDS 5/3/93

REGIONAL HIV PLANNING COALITIONS



North Central District AIDS Coalition

The NCDAC first met as an informal group in May of 1991 in response to the Bureau of HIV/AIDS move to regionalized planning. The 12 county planning region encompasses a very diverse territory, from the relatively metropolitan areas of Williamsport and State College to the vast rural areas in Potter or Sullivan counties. Support for the NCDAC has been checkered. Invitations to participate have been sent to all invitees of the Department of Health's need assessment conducted in the Fall of 1990 on multiple occasions.

Coalition participation over the past year has included representatives of the following agencies/organizations; The AIDS Project of Centre County, AIDS Resource Alliance, New Beginnings Counseling Service, Susquehanna Drug and Alcohol Council, Bloomsburg University, Family Health Services, Penn State University, Lycoming County Board of Assistance, Sun Family Planning, Geisinger Medical Center, Pennsylvania Department of Health, independent case managers, clergy, and people living with HIV Disease. The Coalition has no paid staff at this time and current funding realities dictate that no hiring will take place in the foreseeable future.

The Coalition has produced by-laws.

Submitted by:
Meg Davis
The AIDS Project of Centre County
112 East Beaver Ave.
Suite 1
State College, PA 16801-4966

VI. Paid Staff/Volunteer Staff
(How many?)(Part-time/Full-time)

Provide brief description of staff duties.

The Coalition currently has no staff. The lead agency, AIDS Resource Alliance, provides primary support for Coalition activities such as sending out meeting notices.

VII. Provide Number/Type of Persons/Organizations in Coalition

The Coalition has decided to not formally enact membership until October 1992, the date of our first annual meeting. Currently involved members include: both ASOs in the region, a drug and alcohol agency serving primarily PLWA, Department of Public Welfare, two family planning agencies, private case managers, and Deoartment of Health staff.

VIII. List Documents/Materials Created by the Coalition Which Could be Helpful to Regional Coalitions

By-Laws of The North Central District AIDS Coalition
Provider Resources, a custom-designed software package to maintain a database of service providers, IBM compatible

Submitted By:

Name: Meg Davis, The AIDS Project of Contra Co
Address: [illegible] SC, PA. 1654
Telephone: 814-234-7087

REGIONAL COALITION SNAPSHOT

I. Coalition Name:

North Central District AIDS Coalition

II. Provide Coalition Mission Statement

The North Central District AIDS Coalition has been established as a part of the regional planning strategy of the Pennsylvania Department of Health to plan and mobilize the district's resources to meet the challenge of HIV disease in the district.

III. List Goals for Coalition

1. Involve health and human service providers, funders, consumers and other groups in the planning process;
2. Conduct needs assessments on an on-going basis;
3. Develop regional plans;
4. Work towards an integration and coordination of services among providers, thereby decreasing competition and cont.

IV. Name Key Coalition Activities

- Check activities currently performed by coalition staff
- On the same line, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

✓ Create Regional Needs Assessment of HIV Service Needs

✓ Create an Inventory of Services Provided in Region for Persons with HIV Disease

✓ Create Regional Plans to Meet Needs

✓ Implement Recommendations Set Forth in Planning Process

____ Create Coordinated Comprehensive Network of Health & Social Service Providers

____ Create Evaluative Method to Assess Services Delivered

V. Other Activities

- List other activities which currently require an investment of time, expertise, energy from coalition members/staff
- At the same time, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

Development of an effective Coalition structure to distribute and administer funds.

Goals cont.
.., and avoiding duplication of services;
5. Create a cooperative network of service providers to insure services to all consumers who want and need services;
6. Decide how HIV-related funds should be allocated to programs and providers within the region;
7. Participate in the Health Deparrment's statewide planning for HIV disease through participation in the State HIV Planning Council;
8. Explore other funding sources; and
9. Develop and oversee a process by which funding will be distributed.

REGIONAL COALITION SNAPSHOT

I. Coalition Name: South Central Pennsylvania HIV/AIDS Planning Coalition

II. Provide Coalition Mission Statement

see attached

III. List Goals for Coalition

see attached (Mission Statement)

IV. Name Key Coalition Activities

- Check activities currently performed by coalition staff
- On the same line, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

3 Create Regional Needs Assessment of HIV Service Needs

2 Create an Inventory of Services Provided in Region for Persons with HIV Disease

3 Create Regional Plans to Meet Needs

3 Implement Recommendations Set Forth in Planning Process

2 Create Coordinated Comprehensive Network of Health & Social Service Providers

1 Create Evaluative Method to Assess Services Delivered

V. Other Activities

- List other activities which currently require an investment of time, expertise, energy from coalition members/staff
- At the same time, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

2 Facilitate contracting activities as per state plan

3 Advocate for/against a variety of HIV/AIDS issues including: state planning processes, funding, legislation

VI. Paid Staff/Volunteer Staff
(How many?)(Part-time/Full-time)

Provide brief description of staff duties.

no staff at this time

VII. Provide Number/Type of Persons/Organizations in Coalition

* available upon request

A mailing list of more than 250 with active participation from a variety of individuals and organizations including: AIDS service organizations, hospitals, family planning clinics, HIV/AIDS counseling/testing sites, prisons, Red Cross, religious organizations, funding organizations, minority HIV/AIDS initiatives, and other interested individuals and organizations.

VIII. List Documents/Materials Created by the Coalition Which Could be Helpful to Regional Coalitions

Mission statement/structure flowchart
Ryan White allocation process (including RFPs)

Submitted By:

Name: Gary J. Gates
Address: 201 Chestnut Ave., Box 352, Altoona, PA 16603
Telephone: (814) 944-2982

South Central PA HIV/AIDS Planning Coalition
MISSION STATEMENT

The South Central Pennsylvania HIV/AIDS Planning Coalition is an assembly of community organizations and individuals developed as a mandate from the State (1) to advise the Department of Health, (2) to develop a collective vision of regional needs and (3) to coordinate and plan according to those needs.

Our Purpose is to advocate for:

(1) effective educational and prevention programs which address behavioral and attitudinal change, and

(2) quality care and support for persons who are HIV+, Persons Living With HIV/AIDS, and their natural support systems.

Quality care includes:
emotional,
physical,
social,
spiritual,
financial,
and medical care and support.

Our methodology:

(1) assesses the needs of the HIV/AIDS Community on an ongoing basis and develops plans of action which respond to those needs,

(2) coordinates the efforts of existing services,

(3) addresses new issues as they arise, and

(4) advises local, state and federal agencies.

REGIONAL COALITION SNAPSHOT

I. Coalition Name:

Northwest Pennsylvania Rural AIDS Alliance

II. Provide Coalition Mission Statement

The Alliance is formed to create, implement, and evaluate a regional strategic plan to promote the development and institutionalization of comprehensive, holistic services to individuals affected by HIV. The Alliance will make recommendations to the Pennsylvania Department of Health as to allocation of resources.

The Alliance will monitor the effectiveness and efficiency of efforts to prevent the spread of HIV infection and to manage the care of those infected and take action to improve the education and care delivery systems.

III. List Goals for Coalition

Same As II

IV. Name Key Coalition Activities

* Check activities currently performed by coalition staff
* On the same line, use a 1-4 rating system (lowest to highest) to indicate your coalitioon's capacity rating for performing these activities.

_3_ Create Regional Needs Assessment of HIV Service Needs

_3_ Create an Inventory of Services Provided in Region for Persons with HIV Disease

_4_ Create Regional Plans to Meet Needs

_4_ Implement Recommendations Set Forth in Planning Process

_2_ Create Coordinated Comprehensive Network of Health & Social Service Providers

_1_ Create Evaluative Method to Assess Services Delivered

V. Other Activities

* List other activities which currently require an investment of time, expertise, energy from coalition members/staff
* At the same time, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

_4_ To communicate the existence, purpose, and services provided by the Alliance to the population of 13 counties.

4 To hire and keep employed three full time Regional Casemanagers

VI. Paid Staff/Volunteer Staff

Provide brief description of staff duties.

1 Executive Director - Non-paid (University Staff)
1 Administrative Assistant - full time - paid
3 Casemanagers - full time - paid

VII. Provide Number/Type of Persons/Organizations in Coalition

31 Members plus six Department of Health Ex-Officios
Eight ASO Representatives
Three Consumers

Areas:

Drug and Alcohol	Clergy
Hemophelia Center	Physician
Long Term Care	Corrections
American Red Cross	Home Health
Infection Control	DPW
Minority Health/Homeless	Legal Service:
Community Nursing	Family Planni:
	Education/IU

VIII. List documents/Materials Created by the Coalition Which Could be Helpful to Regional Coalitions

1991 Proposal

Submitted By:

Name: James A. Hollingsworth
Address: 214 S. Seventh Ave Clarion, PA 16214
Telephone: (814) 226-1080

REGIONAL COALITION SNAPSHOT

I. Coalition Name:

Southwestern Pennsylvania AIDS Planning Coalition

II. Provide Coalition Mission Statement

Believing that there is greater strength in working together, the Southwestern Pennsylvania AIDS Planning Coalition (SWPAPC) is a regional network of organizations committed to meeting the needs of people affected by HIV disease and preventing the further spread of the epidemic.

The Coalition's **goals** include ongoing needs assessment, planning for and stimulating development of comprehensive systems for prevention and care to respond to the HIV epidemic within the region, and for recommending and advocating for policies and resources that support those services.

III. Name Key Coalition Activities

- Check activities currently performed by coalition staff
- On the same line, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

4 Create Regional Needs Assessment of HIV Service Needs

4 Create an Inventory of Services Provided in Region for Persons with HIV Disease

4 Create Regional Plans to Meet Needs

3 Implement Recommendations Set Forth in Planning Process

3 Create Coordinated Comprehensive Network on Health & Social Service Providers

2 Create Evaluation Method to Assess Services Delivered

V. Other Activities

- List other activities which currently require an investment of time, expertise, energy from coalition members/staff
- At the same time, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities

4 Ryan White Fund Disbursement for Patients and AIDS Service Organizations

4 Mini-conference on case management

4 Technical assistance conference for smaller agencies

VI. Paid Staff/Volunteer Staff
(How may?) (Part-time/Full-time)

One, Half-time, Professional staff
One, Half-Time Secretary

Provide brief description of staff duties.

See attached job description

VII. Provide Number/Type of Persons/Organizations in Coalition

70 persons represent 65 organizations such as AIDS Service organizations, research centers, hospitals, local and state government, the departments of health, the ministerial community, drug/alcohol programs, mental health centers and counseling agencies, etc...

VIII. List Documents/Materials Created by the Coalition Which Could be Helpful to Regional Coalitions

HIV data set/collection form.
By-laws

Submitted By:

Name: Charles M. Faish, Coordinator
Address: Southwester Pennsylvania AIDS Planning Coalition
905 West Street
4th Floor
Pittsburgh, PA 15221
Telephone: (412) 242-2441

REGIONAL COALITION SNAPSHOT

I. Coalition Name:

The Philadelphia AIDS Consortium
260 S. Broad Street, Suite 1920
Philadelphia, PA 19102-5019
215-985-6200

II. Provide Coalition Mission Statement:

The mission of The Philadelphia AIDS Consortium is to cr te a broad-based community response to the HIV epidemic in Southeast rn Pennsylvania and to ensure the availability, coordinatio and delivery of high quality, comprehensive health and social service to individuals who are HIV-positive or affected by HIV or whose behavio puts them at risk for exposure to HIV.

III. List Goals of the Coalition:

The AIDS Consortium's current priorities are to:

- plan, coordinate and ensure the delivery of HIV se ices by identifying unmet needs and promoting integration existing services;
- conduct funding and resource development activitie (a) connect appropriate agencies with resources for service en ncement and (b) develop new and creative programmatic response to meet emerging needs in communities of color and other h vily impacted communities;
- advocate with and on behalf of the those affected educating public officials, health care providers, and other elevant institutions and individuals about the importance providing quality services and ensuring fair treatment for t se affected by HIV; and
- collaborate with hard-hit communities to empower t ir citizens to respond with effective, targeted prevention activi es and to work to build service-delivery capacity in these commun ies.

IV. Name Key Coalition Activities

- Check activities currently performed by coalition aff
- On the same line, use a 1-4 rating system (lowest highest) to indicate your coalition's capacity rating for perf ming these activities.

4 Create Regional Needs Assessment of HIV Service Ne s

4 Create an Inventory of Services Provided in Region or Persons with HIV Disease

4 Create Regional Plans to Meet Needs

4 Implement Recommendations Set Forth in Planning Pr ess, including Contract Administration and Monitoring

4 Create, Enhance, and Support Coordinated Comprehen ve Network of Health & Social Service Providers, with Specific E hasis on Creating Service Capacity in Minority Communities

4 Create Evaluative Method to Assess Services Delive d

Note: See Attached List of Activities of The Philadelphia AID Consortium.

V. Other Activities

- List other activities which currently require an i estment of time, expertise, energy from coalition members/sta
- At the time, use a 1-4 rating system (lowest to hi est) to indicate your coalition's capacity rating for perf ming these activities.

4 Develop program responses to file unmet service ne s.

4 Provide technical assistance to HIV/AIDS providers

4 Advocate on behalf of those affected.

4 By education, shape and create appropriate legisla ve and public response to epidemic.

4 Provide regional coordination and collaboration fo m (working relationships to facilitate communication, coordin e planning, avoid duplication across 5 counties).

VI. Paid Staff/Volunteer Staff
(How many?)(Part-time/Full-time

1 part-time
8 full-time

Provide brief description of staff duties:

Executive Director - Oversees operations, inter l and external, is responsible f implementing program and financial affa s.

Manager, Contract Operations - Manages sub-contracts and intains funder relationships, oversees se ice programs.

Manager, Planning Operations - Manages annual needs asses ent, plan development, and governmen proposals

Manager, Resource Development - Manages resource develope activities.

Executive Assistant/ Office Manager - Manages staff operations a assists Executive Director.

Support/Clerical Staff

VII. Provide Number/Type of Persons/Organizations in Coalitio

The 65-member Board of Directors of the Philadelphia AID Consortium, a not-for-profit entity incorporated in the Commonwealth o Pennsylvania, is designated by the Mayor of Philadelphia as the region HIV Service Planning Council for the purposes of the Ryan White CARE ct. The Council is governed by the Bylaws of the AIDS Consortium adopted by the Consortium on October 12, 1989, and amended according to rocedures defined in those Bylaws on four subsequent occasions bet en June 1990 and October 1991. Procedures defined in those Bylaws an relevant to the Planning Council are documented in this Appendix.

The Chair of the Planning Council is the President of th Board of Directors of the AIDS Consortium. A candidate for elect n as President

is ordinarily nominated and brought to the Board every t years by its Nominating Committee at the meeting of the Board precedi the appropriate Annual Meeting of the Corporation. Other ca idates may be nominated from the floor, and when this occurs, the elec on is by secret ballot. In either event, the candidate receiving he highest number of votes is elected. In the event of the resigna on of the President, he/she is succeeded by the Vice-President of a Corporation until the next regular election. Just such a succession ccurred in November 1991, when then-President Jesse Milan, Jr. resi ed and was succeeded by the Vice-President, Wendy Campbell Cody, wh will serve as President until regular elections in October 1992.

The Council consists of both elected and perpetual membe . The latter represent the 5 founding institutions of the Consortium members each until October 1992, and then 1 member each) as well as t City of Philadelphia (8 members, including 5 representatives fro the Department of Public Health, the agency that administers Title I fu s), members representing Philadelphia's four surrounding counties (2 embers each), and one representative each from: the Delaware Valley H pital Council, Philadelphia Hospitals and Higher Education Facilities A hority, Philadelphia County Medical Society, Pennsylvania Depart nt of Health, Pennsylvania Department of Pubic Welfare, and the School istrict of Philadelphia. These 32 representatives serve solely at e discretion of the entities they represent. The Executive Director a member of the Council and is responsible for day-to-day operations f the Council.

The remaining 32 members of the Council are elected for rms of two years, and may serve two consecutive terms. Six of thes members are nominated jointly by the Mayor and the President of the ard. The remainder are nominated by the Nominating Committee. Th e elections occur at the meeting preceding the Annual Meeting of the orporation, where the Nominating Committee's nominations are present together with those of the Mayor and President. Nominations may also received from the floor. Among those nominated, the requisite number persons receiving the highest number of votes of those present a voting are elected. No more then one-half of the elected members a elected in the same year. At least 20% of the total membership mus be persons living with HIV.

Members who fail, without excuse, to attend meetings may e replaced after three consecutive such absences. A special mechan m for waiving this requirement for HIV-positive persons and for creati alternate HIV-positive members is being brought to the Council at s next regular meeting on March 17, 1992.

The work of the Council is carried on by five standing c mittees: Executive, Finance, Public Affairs, Planning and Evaluat n, and Personnel. The Executive Committee, chaired by the Pres ent, meets at least bi-monthly; each of the other committees meets reg arly and in most cases monthly. Chairs of standing committees are a ointed by the President, with the exception of the Planning and Evalua on Committee, whose Chair, Vice-Chair, and Secretary are elected by Co ittee members. This committee supervises the planning and needs assessm t activities of the Council, including the work of ten planning subco ittees. The Council itself meets at least bi-monthly and is the body esponsible for setting direction and making policy.

The Council's intentional large size, breadth, and its a ention to the representation of persons from all sectors of the region population mitigates strongly against the conflicts of interest inh ent in the Council structure mandated by the CARE Act. The operati of such conflicts is greatly inhibited by the checks and balance of the Council's organization and operating structure.

Planning Council Meetings Since Submission of FY1991 Supplemen[t] 1 Application

Date of Meeting	Members Attending	Major Item(s) of [D]iscussion
April 15, 1991	42	• Representation o[f] the Council by persons with [H]IV. • Case Management [R]eview • Representatives [f]rom counties.
April 22, 1991	43	• Emergency Needs [P]rogram.
June 10, 1991	41	• Establishment of [3]0 planning subcommittees. • Title I letters [o]f agreement.
September 23, 1991	30	• Title II contract [w]ith State.
October 21, 1991	40	• Election of new [C]ouncil members. • Presentation and [D]iscussion of Comprehensive Se[r]vices Plan.
November 18, 1991	40	• Governance. • Presentation by [H]SA Project Officer on CARE [A]ctivities.
January 13, 1992	36	• Approval of Year [2] plan.

Summary of HIV Services Planning Council FY1991 Activ[i]ties
July 1, 1991 - January 13, 1992

HIV Services Planning Council ([2]8 Members [C]urrent Va[c]ancies)					
Race		Gender		Other	
African American	15	Female	29	Gay/Le[s]bian	16
Asian/Pacific Islander	3	Male	33	HIV-po[s]itive	12
Hispanic	5				
White, Not Hispanic	39				

Planning and Evaluation Committee, [1]1 Members					
Race		Gender		Other	
African American	12	Female	21	Gay/Le[s]bian	10
Asian/Pacific Islander	3	Male	20	HIV-po[s]itive	10
Hispanic	2				
White, Not Hispanic	24				

[P]lanning Subcommittees, [1]43 Members					
Race		Gender		Other	
African American	36	Female	68	Gay/Le[s]bian	32
Asian/Pacific Islander	3	Male	75	HIV-po[s]itive	31
Hispanic	12				
White, Not Hispanic	92				

Product Generated by the Planning Council and their Sources	
Planning subcommittee reports (10)	Planning subcommitt s
Focus Papers (7)	Focus Groups
Testimony and Focus Sheets	Individuals (107)
Draft Comprehensive Services Plan	Planning & Evaluati Committee
Final Comprehensive Plan	Public Comment Planning Council
Allocations Plan	Work Group Planning & Evaluati Committee Planning Council
Year 2 Plan and Application	Planning Council

Year 2-Related Planning Council Meetings 7/1/91 - 6/31/92	
Committee or Group	Number of Mee ngs
Planning Council	4
Planning and Evaluation Committee	8
Planning Subcommittees (10)	34
Allocations Work Group	4

*These categories are not mutually exclusive.

VIII. List Documents/Materials Created by the Coalition Which uld be Helpful to Regional Coalitions

Bylaws
Personnel and Other Policies
Planning subcommittee reports and focus papers (17 docum ts) for 1992
Public input focus sheets
Comprehensive Plan for Developing HIV/AIDS Services in S theastern Pennsylvania in 1992
Sample Contract

Submitted By:

Name: The Rev. James H. Littrell, Executive Director

Address: The Philadelphia AIDS Consortium
260 S. Broad Street, Suite 1920
Philadelphia, PA 19102-5019

Telephone: 215-985-6200

ACTIVITIES OF THE PHILADELPHIA AIDS CONSORTIUM
APRIL 1992

A. Fiscal Administration

- Generate Contracts
- Pay Invoices

Coordinates with B, G, H, I.

B. Contract Monitoring (agency specific)

- Contract Compliance
- Site Visits
- Reports from contractors
  - summarize reports to Planning Council
  - reports to State/HRSA

Coordinates with A, C, F, G, H, I, J.

C. Evaluation

- Efficiency of administrative mechanism over specific period of time (combines fiscal administration, contract monitoring, quality assurance).

Coordinates with A, B, D, G, H, I.

D. Planning

- Processes and products, yearly to assess needs, barriers, progress, inform priority setting/allocation decisions -- regional.

Coordinates with A, B, C, F, G, H, I.

E. Advocacy

- Public policy creation, resource development and public education to meet the regional needs and fill gaps as defined in planning processes.

Coordinates with D, F, J.

F. Program Development

- Development of programmatic strategies and resources to meet regional service needs.

Coordinates with D, E, J.

G. Quality Assurance (specific services in context

- Determine how services are working, a lyzing and comparing to needs and work plans and fee ing planning and service utilization analysis.

Coordinate A, B, C, D, H, I.

H. MIS

- Collects and reports data according to def ned needs.

Coordinate with A, B, C, D, G, I.

I. Case Management System Coordination

- Existing and new case management provide throughout region.

Coordinates with A, B, C, D, F, G, H, J, K.

J. Regional Coordination and Collaboration Forum

- Working relationships to facilitate c mmunication, coordinate planning, avoid duplication acro 5 counties.
- Mobilize teams to respond to urgent progr mmatic needs (e.g., Shelter Plus Care initiative, ho ing funding opportunity).
- Tie together Evaluation, Planning and Advc acy.
- Attract certain private general sector unds (i.e., Mayor's Inaugural, etc.).

Coordinate with B, D, E, F, H, I.

K. Technical Assistance

- Assistance to agencies, other HIV/AIDS p oviders from organizational issues through HIV specific activities.
- Training, resource materials, information c earinghouse.

Coordinates with A, B, C, D, E, F, G, H, I, J.

REGIONAL COALITION SNAPSHOT

I. Coalition Name: AIDSNET

II. Provide Coalition Mission Statement: The mission of AIDSNET is to:
Facilitate the development of an inclusive regional network for the delivery of educational, preventative, health and human services to persons with HIV infection, those affected by the disease and those at risk.

III. List Goals for Coalition: To conduct on-going needs assessment and planning functions; promote regional public awareness of HIV related service needs; facilitate the development of a regional resource network of preventative/educational HIV related issued; promote HIV/AIDS advocacy; facilitate the development of coordinated, cost effective service delivery; promote the integration and enhancement of service and information referral networks; facilitate regional resource development; resume regional ownership of the coalition's planning process and its recommendations; utilize regional support to facilitate the implementation of the coalition's planning recommendations for educational, preventative, and health and human services; evaluate the effectiveness of the coalition's efforts.

IV. Name Key Coalition Activities

- Check activities currently performed by coalition staff
- On the same line, use a 1 - 4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

✓ 3 Create Regional Needs Assessments of HIV Service Needs

✓ 4 Create an Inventory of Services Provided in Region for Persons with HIV Disease

✓ 4 Create Regional Plans to Meet Needs

✓ 2 Implement Recommendations Set Forth in Planning Process

✓ 3 Create Coordinated Comprehensive Network of Health & Social Service Providers

2 Create Evaluative Method to Assess Services Delivered

V. Other Activities

- List other activities which currently require an investment of time, expertise, energy from coalition members/staff
- At the same time, use a 1 - 4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

Coalition Members:

2 Build Community Awareness & Ownership
3 Advocacy
2 Regional Resource Development
3 Education/Prevention Activities
3 Information Clearinghouse
3 Communication, including information hub and newsletter

Staff: 2 Develop/maintain a six-county network of AIDSNET volunteers who will serve on the whole coalition and on subcommittees.
3 Conduct an impartial request for proposal process for categories of subcontracts; distribute requests for proposals, convene advisory panels to review the proposals.
3 Invoice subcontractors, coordinate the process of disbursement of funds from the lead agency who serves as fiscal agent to the subcontractors.
3 Conduct meetings of the full coalition and subcommittees. Coordinate all goal directed functions of the coalition.
3 Prepare and distribute required reports for the state Department of Health

VI. Paid Staff/Volunteer Staff 2 Full Time Staff
(How many?)(Part-time/Full time)

Provide brief description of staff duties.

Project Director: Responsible for the development of a six county regional network to facilitate meeting AIDSNET goals.

Administrative Assistant: Performs secretarial, administrative and bookkeeping services for AIDSNET Coalition staff. Provides support to volunteers working with AIDSNET staff. Performs other support functions as assigned.

VII. Provide Number/Type of Persons/Organizations in Coalition: AIDSNET strives to be inclusive in its membership by creating a role for individuals and organizations across a broad spectrum of the public and private sectors in 6 counties. Membership includes persons with HIV disease, the full range of the health and human service network, African-Americans, Latinos, legislators and business leaders. At this time, there is approximately 150 AIDSNET members and volunteers

VIII. List Documents/Materials Created by the Coalition Which Could be Helpful to Regional Coalitions in This Area.

AIDSNET Funding Proposal to Dorothy Rider Pool Health Care Trust.
Regional Needs Assessment Documentns and County Needs Assessment Documents.
Regional Allocation Policies and Procedures.
Process for Recruiting, Selecting and Subcontracting with Local Providers.
Includes RFP, Subcontractor Proposal Form, Subcontract and Invoicing Procedures.
Membership Recruitment Letters, Including Volunteer Response Form.

Submitted By:

Name: Larry Anderson
Address: 520 E. Broad St., P.O. Box 710, Bethlehem, PA 18016-0710
Telephone (215) 867-3748

REGIONAL COALITION SNAPSHOT

I. Coalition Name:

Northeastern HIV Planning Coalition

II. Provide Coalition Mission Statement

To plan and provide for the delivery of needed HIV health and supportive services for persons with AIDS, HIV disease and their family members.

III. List Goals for Coalition

Essentially, our goals are the same as the activities listed in IV below. However, in addition the Coalition serves as: 1) a Forum to exchange ideas and to share information on AIDS/HIV related issues and; 2) an Advocacy Body for Public Policy Development. It is anticipated that for FY 1992/93, goals relating to prevention/education activities will be added to our Coalition's agenda.

IV. Name Key Coalition Activities

- Check activities currently performed by coalition staff
- On the same line, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

X3 Create Regional Needs Assessment of HIV Service Needs

X2 Create an Inventory of Services Provided in Region for Persons with HIV Disease

X4 Create Regional Plans to Meet Needs

X3 Implement Recommendations Set Forth in Planning Process

X4 Create Coordinated Comprehensive Network of Health & Social Service Providers

X1 Create Evaluative Method to Assess Services Delivered

V. Other Activities

- List other activities which currently require an investment of time, expertise, energy from coalition members/staff
- At the same time, use a 1-4 rating system (lowest to highest) to indicate your coalition's capacity rating for performing these activities.

° Coalition Building - involving a broad based group to actively participate in the NE Coalition, including sub-committee work - 4

° Establishing procedures for service delivery, including authorization of services and reimbursement procedures - 4

° Communicating to various publics on services available through RWA funds - 3

° Communicating Coalition positions on AIDS/HIV issues to appropriate public offices - 4

° Determining with DOH eligible expenditures for RWA funds - 3

- over -

STATEWIDE AIDS EXPENDITURES
(Dollars in Thousands)

AGENCY/PROGRAM	Actual Expenditures by Fiscal Year */ 1986-87 State	1986-87 Federal	1987-88 State	1987-88 Federal	1988-89 State	1988-89 Federal	1989-90 State	1989-90 Federal	Actual Expenditures 1990-91 State	1990-91 Federal	Actual Expenditures 1991-92 State	1991-92 Federal	Appropriated Funding Level */ 1992-93 State	1992-93 Federal	Appropriated Funding Level */ 1993-94 State	1993-94 Federal
DEPARTMENT OF EDUCATION																
AIDS Demonstration/Training (a)	$0	$0	$0	$50	$0	$130	$0	$141	$0	$167	$0	$175	$0	$288	$0	$147
School Health Education & Programs									0	0	0	0	0	370	0	582
DEPARTMENT OF HEALTH																
Antibody Testing & Counseling (b)	$0	$274	$0	$144	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
AIDS Surveillance	0	45	0	88	0	0	0	0	0	0	0	0	0	0	0	0
State data collection on AIDS (b)																
AIDS Health Education	0	321	0	1,500	0	5,891	0	6,627	0	4,259	0	4,331	0	4,678	0	4,678
Public education																
Preventive Health Block Grant	0	0	0	363	0	400	0	0	0	0	0	0	0	0	0	0
Study of AIDS in specific communities (Philadelphia and Pittsburgh, and an AIDS Hotline in 6 locations)																
State Health Care Center	277	0	567	0	706	0	927	0	972	0	1,175	0	1,219	0	1,331	0
State costs for testing and counseling (c)																
State Laboratory (HIV testing)	42	0	53	0	69	0	54	0	31	0	53	0	53	0	40	0
HIV testing																
AIDS Programs (education program support) (d)	117	0	333	0	1,684	0	2,638	0	2,725	0	3,037	0	3,923	0	5,353	0
Philadelphia AIDS Project - Legislative Initiative	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0
Wistar Institute - AIDS	0	0	100	0	103	0	106	0	102	0	102	0	102	0	102	0
Hemophilia - Special pharmaceutical services for improved coagulant (e)	0	0	21	0	250	0	325	0	300	0	275	0	286	0	415	0
SABG-Drug Services for IV Drug Users (f)	0	0	0	0	0	0	0	3,084	0	7,760	0	7,760	0	7,760	0	0
SABG-AIDS counseling, testing & partner notification	0	0	0	0	0	0	0	0	0	0	0	450	0	450	0	450
SABG-Pittsburgh AIDS Task Force	0	0	0	0	0	0	0	0	0	0	0	100	0	100	0	0
SABG-Chester -Delco AIDS Ed. Outreach	0	0	0	0	0	0	0	0	0	0	0	150	0	150	0	150
SABG-AIDS Outreach for Substance Abusers (g)									0	0	0	0	0	800	0	1,000
PENNFREE-AIDS Outreach - AIDS related services through outreach, testing and referral (h)	0	0	0	0	0	0	120	0	590	0	63	0	0	0	0	0
PENNFREE-AIDS Programs (i)	0	0	0	0	0	0	777	0	657	1,414	0	0	0	0	0	0
HIV C.A.R.E.	0	0	0	0	0	0	0	0	0	0	0	2,042	0	3,200	0	3,200
Home & Community Based HIV health Services (j)	0	0	0	0	0	0	0	0	0	0	0	136	0	460	0	0
Housing Opportunities for Persons w/ AIDS									0	0	0	0	0	0	0	693
HEALTH DEPARTMENT TOTAL	$436	$641	$1,174	$2,095	$2,812	$6,291	$4,947	$9,711	$5,377	$13,433	$4,705	$14,669	$5,583	$17,598	$7,241	$10,171

08/04/93

STATEWIDE AIDS EXPENDITURES
(Dollars in Thousands)

AGENCY/PROGRAM	Actual Expenditures by Fiscal Year */ 1986-87 State	1986-87 Federal	1987-88 State	1987-88 Federal	1988-89 State	1988-89 Federal	1989-90 State	1989-90 Federal	Actual Expenditures 1990-91 State	1990-91 Federal	Actual Expenditures 1991-92 State	1991-92 Federal	Appropriated Funding Level */ 1992-93 State	1992-93 Federal	Appropriated Funding Level */ 1993-94 State	1993-94 Federal
DEPARTMENT OF PUBLIC WELFARE																
MA-Outpatient, Inpatient and Long Term Care (k)	-	-	$3,329	$1,874	$4,860	$1,997	$6,063	$2,243	$7,815	$2,891	$8,957	$3,314	$10,357	$3,832	11,206	4,146
AIDS Special Pharmaceutical Services (l)	$0	$0	0	0	0	0	706	638	0	1,183	540	836	693	1,142	1,346	1,242
AIDS Special Pharmaceutical Benefits (m)	-	-	-	-	-	-	-	-	-	-	-	-	2,206	0	7,117	0
PENNFREE - HIV Infected Infants	0	0	0	0	0	0	1,000	0	0	0	0	0	0	0	0	0
County Child Welfare	0	0	0	0	0	0	0	0	1,160	0	1,399	0	1,700	0	1,700	0
Special grants for HIV infected infants	---	---	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
PUBLIC WELFARE DEPARTMENT TOTAL	$0	$0	$3,329	$1,874	$4,860	$1,997	$7,769	$2,881	$8,975	$4,074	$10,896	$3,950	$14,956	$4,974	$21,369	$5,388
DEPARTMENT OF CORRECTIONS																
State Correctional Institutions - Care of inmates with AIDS	$125	$0	$198	$0	$350	$0	$295	$0	$390	$0	$1,298	$0	$1,452	$0	$1,742	$0
AIDS Education	95	0	105	0	120	0	250	0	270	0	277	0	293	0	352	0
CORRECTIONS DEPARTMENT TOTAL	$220	$0	$303	$0	$470	$0	$545	$0	$660	$0	$1,575	$0	$1,745	$0	$2,094	$0
TOTAL STATEWIDE EXPENDITURES	$656	$641	$4,806	$4,019	$8,142	$8,418	$13,261	$12,733	$15,012	$17,674	$17,176	$18,797	$22,284	$22,860	$30,704	$15,706

FOOTNOTE EXPLANATIONS:

(a) Program ended in November 1992 and replaced with a new appropriation, School Health Education & Programs. However, it is anticipated that federal funds will continue to be available under old program.
(b) Funding for these services is provided through AIDS Health Education.
(c) Derived cost figure is a portion of the State Health Care Centers Appropriation. The cost is based on the amount of state supported activity in the State Health Care Center devoted to AIDS testing and counseling.
(d) Fiscal year 1992-93 includes the supplemental of $988,000.
(e) Expenditure figures for years shown adjusted to reflect the actual HIV-related costs as part of the total Hemophilia program of the Health Department.
(f) The 1992 federal reorganization of the drug & alcohol block grant eliminated this program as a grant requirement, therefore DOH no longer officially tracks expenditures for this program. Therefore, figure shown in 1993-94 is an estimate provided by DOH.
(g) The 1992 federal reorganization includes a new set aside for AIDS Services.
(h) This was a two-year continuing appropriation.
(i) Contracts were made with all providers for calendar year 1990. Therefore, funding was available for the first six months of 1990-91 even though these funds were a one-time appropriation for 1989-90. Additionally, $1.41M in ADP/SBG (f) supplemented these funds.
(j) Authorization to spend was from AIDS Health Education in 1990-91. Grant extended through September 1992.
(k) Derived cost figure is a portion of three Medical Assistance appropriations (Outpatient, Inpatient, and Long Term Care) and is an estimate based on available data as of April 1993.
(l) This appropriation assists persons with pharmaceutical costs that do not meet categorically needy Medical Assistance criteria but do meet certain income requirements. Fiscal year 1991-92 excludes a lapse of $367,000 and fiscal year 1992-93 excludes a lapse of $848,000.
(m) Funding for the 1992-93 PBR provided funds for additional drug therapies for persons with HIV disease/AIDS (excludes funds for the drug Clozapine).

*/ Sources: Fiscal Years 1986-87 through 1990-91 represent total expenditures/commitments for the given fiscal year. Fiscal year 1991-92 are total expenditures as reported by the various State Agencies. Fiscal year 1992-93 represent the final appropriated amount (including any supplemental funds) unless the program is part of a larger appropriation. In those cases, the funding level presented is an estimate provided by the agencies.

Filename: AIDS7-93

5/19/93

HIV COUNSELING AND TESTING SERVICES OFFERED IN

DRUG AND ALCOHOL FACILITIES

COUNTY	ADDRESS	PHONE NUMBER
Allegheny 3020	PBA, Inc. 1425 Beaver Avenue Pittsburgh, PA 15233	412-322-8415 **Paul Ingram**
3021	St. Francis Medical Center 6714 Kelly Street Pittsburgh, PA 15208	412-363-7383 **Iberia Johnson**
3023	House of the Crossroads 2012 Centre Avenue P.O. Box 3312 Pittsburgh, PA 15230	412-281-5080 **Della Wimbs**
3024	Alpha House 435 Shady Avenue Pittsburgh, PA 15206	412-363-4220 **Norman Mackin**
3026	Allegheny County Outreach Program 611 South Street Wilkensburg, PA 15221	412-243-3510 **Ruth Dinkins**
Berks 3005	Drug Treatment Program of Reading 22 North 6th Avenue West Reading, PA 19611	215-478-0646 **Luis Cruz**
Bucks 3003	Project D.A.N.A.S. Bucks County Health Dept. Neshaminy Manor Center, Bldg. "K" Doylestown, PA 18901	215-345-3894 **Ruth Fuqua**
3031	Livengrin 4833 Hulmeville Road Bensalem, PA 19020	215-638-5200 **Barbara Williams**
3090	B-HIP Riverside Clinics, Inc. Bucks County Office Center Suite G-23 Briston, PA 19007	215-788-7817 **Michael Black**
3091	B-HIP (mobil van) Riverside Clinics, Inc. 1609 Woodbourne Road Levittown, PA 19056	215-788-7817 **Michael Black**

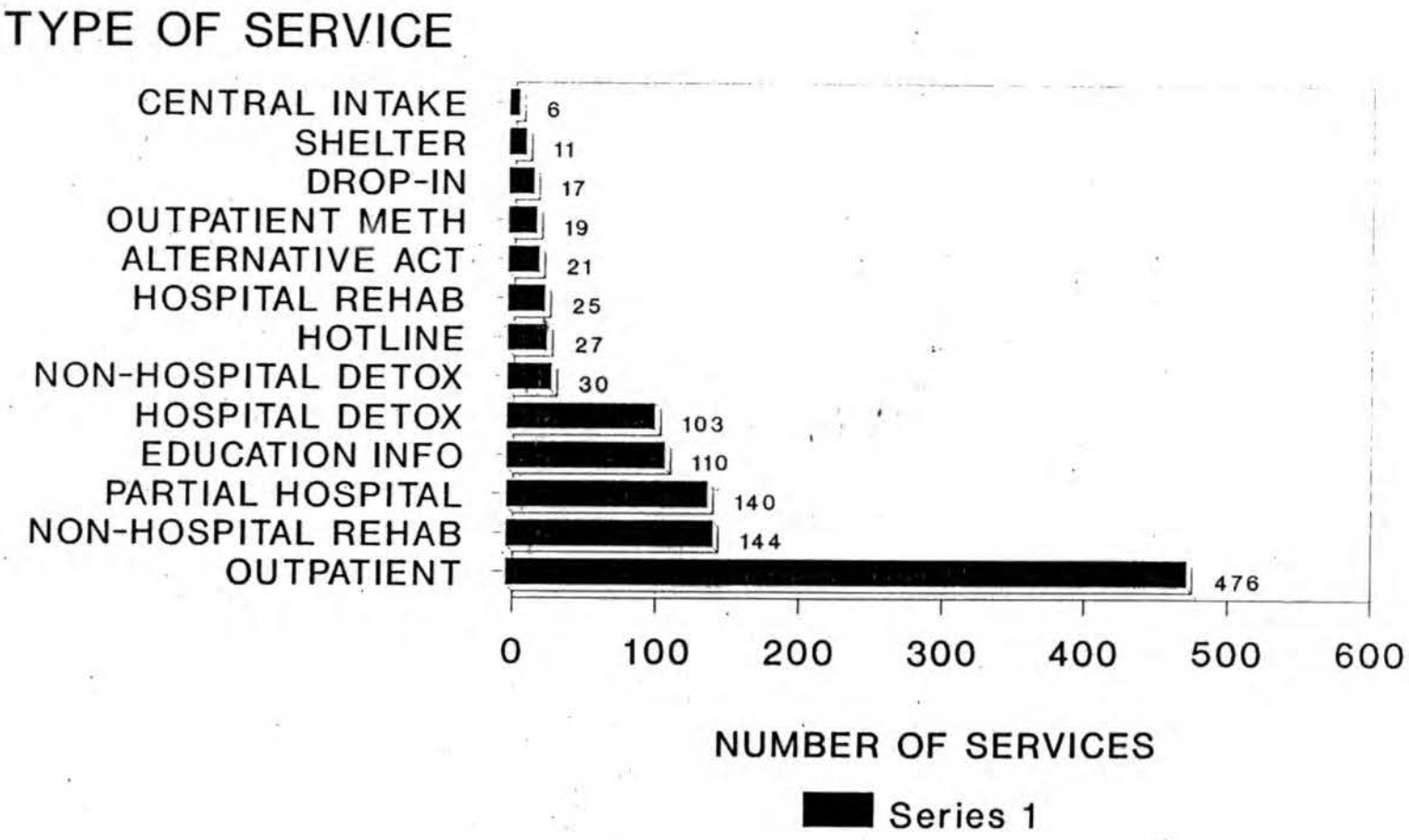
TAB 10

COUNTY	ADDRESS	PHONE NUMBER
Chester 3009	HELP Counseling Center 624 South High Street West Chester, PA 19382	215-436-8576 **P. Haggerty**
3010	Riverside Brandywine 1825 East Lincoln Hwy. Coatesville, PA 19320	215-283-9600 **Jean Dalton**
3011	HELP Counseling Center 234 Church Street Phoenixville, PA 19460	215-933-0400 **Kim Caffrey**
3032	Chester Co. HD/Project Together 601 Westtown Road, Suite 290 West Chester, PA 19382	215-344-6462 **Sally Sievila**
Dauphin 3006	Addictive Disease Clinic 1727 North Sixth Street Harrisburg, PA 17102	717-236-9421 **C. E. Nichols, MD**
Delaware 3004	Crozer Chester Methadone Program 1 East 9th Street Chester, PA 19013	215-499-5481 **Jon W. Reid**
3028	Ches Penn 1300 West 9th Street Chester, PA 19013	215-872-1635 **Sheila Church-Byrd**
Erie 3029	Crossroads 414 West 4th Street Erie, PA 16507	814-459-4775 **Cheryl Hiscox**
Lehigh 3001	Allentown Bureau of Health Alliance Hall 245 North 6th Street Allentown, PA 18102	215-437-7725 **Dave Moyer**
3030	Lehigh Valley Drug Treatment 1018 Steelstone Road Suite 101 Allentown, PA 18103	215-264-5900 **Luis Cruz**
Montgomery 3008	Montgomery County Methadone Center 316 Dekalb Street Norristown, PA 19401	215-272-3710 **Agnes Kelly**
Northampton 3002	Bethlehem Health Bureau 10 East Church Street Bethlehem, PA 18018	215-865-7087 **Jose Cruz**

COUNTY	ADDRESS	PHONE NUMBER
Philadelphia 3007	The Consortium 451 University Avenue Philadelphia, PA 19104	215-596-8278 **Raymon Smith**
3012	ACT II 1745 North 4th Street Philadelphia, PA 19122	215-236-0100 **F. Boyce**
3013	Giuffre Medical Center Goldman Clinic 8th & Girard Avenue Philadelphia, PA 19122	215-787-2510 **Noelle Sewell**
3014	Parkside Human Services 4950 Parkside Avenue Philadelphia, PA 19131	215-879-6114 **C. Seaward**
3015	Jefferson NARP 2100 Washington Avenue Philadelphia, PA 19146	215-735-0500 **Bill Thomas**
3016	JFK Methadone Main 907 North Broad Street Philadelphia, PA 19130	215-235-5520 **Dr. W. Collins**
3017	PPC/Woodside Hall Addiction Treatment Program Ford & Monument Avenue Philadelphia, PA 19131	215-581-3757 **Dr. A. M. Segel**
3018	N.E. Treatment Center Addiction Services 2205 Bridge Street Philadelphia, PA 19137	215-289-2100 **J. Diaz**
3019	Diagnostic and Rehab Center 229 Arch Street Philadelphia, PA 19106	215-625-2381 **Gerald Coen**
3025	Kensington Hospital 136 West Diamond Street Philadelphia, PA 19122	215-426-8100 **Birma Montez**
30051	Sue Dussinger	South Central
30052	Ellie Moore	South Central
30053	Norma Ruiz	South Central
30054	Loretta Pursel	South Central
30055	Mary Theresa Temarantz	Eastern
30056	Nancy Breisch	Eastern
30057	Linda Dieffenbach	North Central
30058	Judith Polites	North Central
30059	Rick Schulze	North Central

COUNTY	ADDRESS	PHONE NUMBER
30060	Phebe Cressman	Western
30061	Mary Ann Plummer	Western
30062	Bob Fuhrman	Western
30064	Virginia Timothy	Eastern
30067	Carol Ann Yozviak	South Central
30068	Kathy Waldron-Anderson	Eastern

DRUG AND ALCOHOL SERVICES
(JULY 1993)



1129 services offered in 801 facilities

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PENNSYLVANIA
DRUG AND ALCOHOL

FACILITY / SERVICES DIRECTORY

1991

DEPARTMENT OF HEALTH
OFFICE OF DRUG AND ALCOHOL PROGRAMS

PENNSYLVANIA DEPARTMENT OF HEALTH

PROFILE

ROBERT P. CASEY - GOVERNOR

ALLAN S. NOONAN, M.D., M.P.H. - SECRETARY

MISSION

The social and economic well-being of the Commonwealth is founded on healthy people.... Therefore, the Department of Health will work to:

- *Plan its efforts based on objective assessment of the information, evaluate the outcomes, and promote the efficient management of its human and fiscal resources;*
- *Promote conditions which will allow our citizens to achieve optimal health;*
- *Develop and implement programs which reflect the cultural, racial, linguistic and geographic diversity of our State;*
- *Prevent and control communicable disease, promote healthful behaviors, and encourage individual responsibility for maintaining healthful lifestyles;*
- *Assure the quality of health care in the Commonwealth, promote systems which enhance access, and encourage community participation in the development of organized systems of care;*
- *Provide services which are respectful of individual dignity and responsive to specific needs; and*
- *Seek, retain and recognize employees who are committed to the success of the Department's mission.*

PRIORITIES

- *Reduce infant mortality*
- *Reduce substance abuse*
- *Reduce deaths and injury related to violence*
- *Confine incidence of AIDS*
- *Control re-emergence of tuberculosis*
- *Reduce coronary heart disease and stroke*

HIGHLIGHTS

Keeping Children Healthy

- *Health Insurance Plan for Children*
- *Newborn Screening for Sickle Cell Anemia*
- *School-Based Clinics*
- *Insurance Coverage for Childhood Immunizations*

Preventing Disease

- *Insurance Coverage for Mammograms for Women Age 40 and Over*
- *Breast and Cervical Screening for Low-Income, Uninsured or Underinsured Women*
- *Cardiovascular Risk Reduction Program at Work and Community Sites*

Fighting AIDS

- *Seven HIV/AIDS Planning Coalitions Established*
- *Education, Counseling, Testing, Case Management and Patient/Family Support Service for Communities*
- *AIDS Case Registry and Statistical Summary*

Stopping Drug and Alcohol Abuse

- *Student Assistance Program for High-Risk Students*
- *Youth Against Tobacco Campaign*
- *Drug and Alcohol Treatment Services for Women and Children*

Assuring Quality Health Care

- *More than 200 decisions are made annually regarding the establishment, renovation or expansion of health services under the Certificate of Need program.*

STATUTES

"The Department of Health shall have the power, and its duty shall be:

To protect the health of the people of this Commonwealth, and to determine and employ the most efficient and practical means for the prevention and suppression of disease."

- ***Disease Prevention and Control Law of 1955*** *- The Department shall prevent and control communicable and non-communicable diseases in all areas of the Commonwealth that do not have an effective local board or department of health.*

- ***Local Health Administration Law*** *- The Department shall approve the establishment of local departments of health and provide grants to local health departments that carry out public health activities and health services in accordance with Department regulations.*

- ***School Health Services*** *- The Department shall provide reimbursement for school health services that comply with minimum statutory and regulatory requirements for basic medical and dental health services and approve or direct modified school health programs.*

- ***Health Care Facilities Act*** *- The Department shall review and approve major health resource development under its Certificate of Need program and ensure quality of health care provided in hospitals, nursing homes, ambulatory surgical facilities, home health agencies, birth centers and cancer treatment centers under its Licensing program.*

- ***Professional Health Services Plan Corporations*** *- The Department shall ensure quality, adequacy and accessibility of health services provided through professional health services plan corporations (Pennsylvania Blue Shield).*

- ***Health Maintenance Organization Act*** *- The Department shall ensure quality, adequacy and accessibility of health services provided through health maintenance organizations.*

STATUTES

- ***The Clinical Laboratory Act*** *- The Department shall ensure minimum standards for the adequacy of laboratory equipment and facilities, the accuracy of laboratory results and the ethical practice and advertising of laboratories.*

- ***Emergency Medical Services Act*** *- The Department shall plan, guide, assist and coordinate local emergency medical services systems into a unified Statewide system; maintain and coordinate a program for expanding, improving and upgrading emergency medical services systems; and inspect and license ambulance services.*

- ***Children's Health Care Act*** *- The Department shall coordinate and supervise outreach activities for enrolling children in the health insurance program established under the Act; monitor, review and evaluate the adequacy, accessibility and availability of services delivered under the children's health insurance program; increase availability of primary health care practitioners in medically underserved areas of Pennsylvania through a loan forgiveness program and through the provision of a variety of grants to improve training, recruitment and retention of primary health care practitioners in medically underserved areas; and designate medically underserved areas in the Commonwealth.*

- ***Pennsylvania Drug and Alcohol Abuse Control Act and the Public Welfare Code*** *- The Department shall develop and adopt a comprehensive state plan for the control, prevention, intervention, treatment, rehabilitation, research education and training aspects of drug and alcohol abuse and dependence problems, and license services for the treatment of substance abuse.*

- ***Vital Statistics Law of 1953*** *- The Department shall develop and maintain a Statewide system of vital statistics (live births and deaths) that will protect the public health and preserve completeness and integrity of the records.*

- ***Pennsylvania Cancer Control, Prevention and Research Act*** *- The Department shall establish a Statewide cancer registry and award grants and contracts for programs in cancer control and prevention, cancer education and training and cancer research.*

Note: ***Only selected statutes are listed.***

FUNDING

- ***Federal Funding*** *- The Department receives substantial funding from the federal government through the Maternal and Child Health, Preventive Health, and Substance Abuse and Mental Health Block Grants; Medicare and Medicaid; and several categorical grants for such areas as Cancer, Lead Poisoning, Drug and Alcohol, and WIC.*

- ***State*** *- The Department receives funding from the State for areas such as State Health Care Centers, Cancer, AIDS, WIC, Drug and Alcohol, Quality Assurance, Vital Statistics, Renal Dialysis, and Hemophilia.*

- ***Private*** *- The Department supports many functions and activities by applying for and receiving awards and grants from the Heinz, Pew and Robert Wood Johnson Foundations and many others.*

FUNCTIONS

- *Public Health Assessment*
- *Health Promotion and Disease Prevention*
- *Quality Assurance and Health Planning*
- *Community Health Systems Development*

ASSESSMENT

- ***Collection of Health Statistics*** *- The State Center for Health Data provides a Statewide system for the registration and certification of vital events (birth, death, fetal death, marriage, and divorce). The system also provides database for causes of death, birth defects, prenatal care, and effects of environmental and occupational health hazards.*

- ***Research*** *- The Department administers diverse research projects and studies related to the etiology, distribution and trend of major diseases. Research areas supported include: Statewide Cancer Registry; Vietnam Veterans Health, TMI Health Research, Arthritis, Lupus, Cancer, rabies, and AIDS.*

- ***Epidemiology*** *- The Department investigates reported diseases to determine the source of infection, mode of transmission, control measures to prevent additional cases, and to evaluate short and long term trends needing public health interventions. Diseases investigated include: giardiasis, hepatitis, salmonellosis shigellosis, toxic shock syndrome, trichinosis, rabies and Lyme disease.*

- ***Laboratories*** *- The State Public Health Laboratory is an integral component of the assessment team. The lab provides testing for lyme disease, rabies, HIV, tuberculosis, viral and bacterial, food and waterborne outbreaks, measles and rubella, targeted lead, and newborn screening. The lab also monitors the performance standards for 6,000 clinical and physician office laboratories in the Commonwealth.*

PREVENTION

- ***Preventive Health*** *- The Department supports Preventive Health through such programs as Health Risk Reduction, Tobacco Control, and Injury Prevention. Communicable Disease Prevention programs focus on such areas as Cardiovascular Risk Reduction, STDs, Tuberculosis, Cancer, Diabetes, and Immunizations. Health Treatment Services include such programs as Coal Workers' Chronic Respiratory Disease, Children's Home Ventilator, Children's Orthopedic, Spina Bifida, Chronic Renal Disease, Care Coordination, and many others.*

- ***Drug and Alcohol Programs*** *- The Department supports Statewide programs for drug and alcohol prevention, intervention, training and information. The Student Assistance Program, operating in all of Pennsylvania's 501 school districts, helps prevent drug and alcohol abuse among young people. Pennsylvania is a nationwide leader in providing treatment services to women and their children through residential and outpatient programs.*

- ***HIV/AIDS*** *- The Department, through the establishment of seven regional planning coalitions, provides a local system of HIV/AIDS Education and Training and Intervention and Care.*

- ***Maternal and Child Health*** *- The Department administers such programs as Maternity Services Projects, Special Supplemental Food Program for Women, Infants, and Children (WIC), Genetics, Newborn Screening, Childhood Lead Poisoning Prevention, and School Health.*

ASSURANCE

- ***Licensing Surveys/Inspections*** *- The Department licenses and approves and conducts surveys of hospitals, long term care nursing homes, home health agencies, primary care providers, ambulatory surgical facilities, mammography screening units, intermediate care facilities for the mentally retarded, and drug and alcohol programs. The surveys determine compliance with standards for sanitation, fire safety, health, and level of care required for Medicare and Medicaid certification and State licensure.*

- ***Certificate of Need (CON)/Planning*** *- The Department reviews applications for the establishment, renovation or expansion of clinically reviewable services if the project cost is more than $2 million. The purpose of this review is to prevent needless duplication of health care services, while maximizing accessibility and quality, as well as to plan and provide for health care needs of the future.*

- ***Health Care Financing*** *- The Department is responsible for licensing, continuing oversight and consumer protection of complex managed care plans, including health maintenance organizations, preferred provider organizations, capitated dental plans, and non-profit professional health services plans (such as Blue Shield).*

COMMUNITY HEALTH

- ***Community Health Services*** *- The Department, through a network of State Health Care Centers and County and Municipal Health Departments, provides and supports primary care and development of health systems for local communities.*

- ***Increasing Number of Health Care Practitioners*** *- The Department has launched an aggressive primary care campaign that includes assessment and designation of primary health care shortage areas and health profession development, recruitment and retention.*

- ***Loan Forgiveness Program*** *- The Department will provide funds for loan forgiveness to increase the number of primary health care professionals such as pediatricians, obstetricians, family practitioners, midwives, and nurse practitioners who agree to serve in underserved areas of the Commonwealth.*

PARTNERS

- ***Building Health Care Systems*** *- The* ***Department*** *meets its public health responsibilities by working with health care practitioners, hospitals, long term care facilities, drug and alcohol facilities, federally-funded health departments, State Health Centers, County and Municipal Health Departments, professional organizations, non-profit associations (i.e., United Way, Heart Association, American Cancer Society), and federal, local and county governments.*

- ***State Interagency Links*** *- The* ***Department*** *works with other State agencies that have health-related responsibilities. These agencies and programs include the* ***Department of Public Welfare's*** *Attendant Care program and Children, Youth and Families program; the* ***Department of Education's*** *Child Nutrition program and Drug and Alcohol Education program; the* ***Department of Environmental Resources'*** *Air Quality Control Program and Public Eating and Drinking Place program; the* ***Department of Aging's*** *Pharmaceutical Assistance Contract for the Elderly (PACE) and In-Home and Support Services program; the* ***Department of Agriculture's*** *Rabies Prevention and Control program and Tuberculosis Education program; the* ***Department of Corrections'*** *Comprehensive Health Services for Inmates program; the* ***Department of State's*** *Health-Related Licensing Boards; the* ***Health Care Cost Containment Council;*** *and many other State programs and activities.*

- ***Advisory Groups*** *- The Secretary of Health receives assistance and information from approximately 50 advisory groups, the most prominent being: the* ***Advisory Health Board,*** *the* ***Children's Health Advisory Council,*** *the* ***Drug, Device and Cosmetic Board,*** *the* ***Drug Policy Council,*** *the* ***Advisory Committee for Clinical Laboratories,*** *the* ***Statewide Health Coordinating Council,*** *and the* ***Advisory Council on Drug and Alcohol Abuse.***