FOIA Number: 2018-0758-F

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Todd Summers

Subseries:

OA/ID Number: 21082

FolderID:

Folder Title:
Correspondence - Todd Summers - Incoming - 6/98

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	2	1

Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	[Personally Identifiable Information] [partial] (1 page)	00/00/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Todd Summers
OA/Box Number: 21082

FOLDER TITLE:
Correspondence-Todd Summers-Incoming-6/98

2018-0758-F
rs3221

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR CARMEN FOWLER

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: June 2, 1998

Re: POTUS Letter for AIDS Ride

I would like to request an expedited POTUS message for participants in the AIDS ride from North Carolina to Washington. This is a large, highly-publicized event involving thousands of volunteers. Sandy Thurman will be one of the riders on this four day trip.

They have just asked us for a message to be included in the booklet to be given to riders and press. Here is draft language for your consideration:

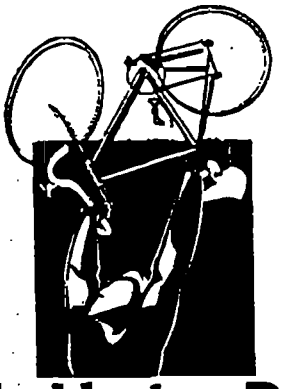
Dear AIDS Ride Participants:

Congratulations and thank you to everyone participating in the third Raleigh, NC to Washington, DC AIDS Ride.

In many ways, AIDS has touched each of our lives. This terrible disease continues to devastate our friends, our families, our communities, and our nation. Your courageous work--as riders, organizers, support staff, or cheerleaders--will bring us closer to a world free of AIDS. I share your dedication to caring for all of those living with HIV/AIDS. We remain committed to meeting their needs, to finding a cure, and to developing a vaccine.

As you ride from Raleigh to our nation's capitol with hundreds of fellow participants, I encourage each of you to reflect on the vital work that lies before us in the battle to end this epidemic. Together, we can make that dream a reality and to bring hope to those living with AIDS.

Hilary and I extend our best wishes for a wonderful event.



Washington, D.C. AIDS Ride 3
PRESENTED BY Tanqueray
Benefiting
FOOD & FRIENDS
WHITMAN-WALKER CLINIC INC

FAX TRANSMISSION

To: Sarah Holewinski

From: Brian Thompson

# of Pages: 1

Fax #: 202-456-2438

Re: presidents letter

Date: 6/2

1215 Connecticut Ave. NW, 3rd Floor Washington, D.C. 20036
202/293.7433 voice 202/293.3148 fax

Congratulations and thank you to everyone participating in Washington DC AIDS Ride 3.

In one way or another, AIDS has touched each of our lives. This disease continues to devastate our families, our communities and our country. Your courageous work that culminates here today will bring us closer to a world free of this disease. My Administration is dedicated to finding a cure for this epidemic, and I am grateful for the efforts of the countless individuals who seek to raise awareness of the disease and for those organizations such as Food & Friends and Whitman-Walker Clinic who give compassionate care to people living with AIDS.

As you ride from Raleigh, NC to our nation's capital with hundreds of fellow enthusiastic participants, I encourage each of you to reflect on the vital work that lies before us in the battle to stop the spread of HIV. Together, we can make a difference and bring hope to those living with AIDS.

Hillary and I extend our best wishes for a wonderful event.

Their draft

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR CARMEN FOWLER

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: June 3, 1998

Re: POTUS Letter for AIDS Ride

I would like to request an expedited POTUS message for participants in the AIDS ride from North Carolina to Washington. This is a large, highly-publicized event involving thousands of volunteers. Sandy Thurman will be one of the riders on this four day trip.

They have just asked us for a message to be included in the booklet to be given to riders and press. Here is draft language for your consideration:

Dear AIDS Ride Participants:

Congratulations and thank you to everyone participating in the third Raleigh, NC to Washington, DC AIDS Ride.

In many ways, AIDS has touched each of our lives. This terrible disease continues to devastate our friends, our families, our communities, and our nation. Your courageous work--as riders, organizers, support staff, or cheerleaders--will bring us closer to a world free of AIDS. I share your dedication to caring for all of those living with HIV/AIDS. We remain committed to meeting their needs, to finding a cure, and to developing a vaccine.

As you ride from Raleigh to our nation's capitol with hundreds of fellow participants, I encourage each of you to reflect on the vital work that lies before us in the battle to end this epidemic. Together, we can make that dream a reality and to bring hope to those living with AIDS.

Hilary and I join Sandy Thurman, who is riding with you, in extending our best wishes for a wonderful event.

Carmen -

They would like the message by next week so they can send the booklet off to the printers - please let me know if this is not possible -

Todd

Smart About

1-888-TREAT HIV

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR LYNN PAHLAND

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: June 2, 1998

Re: Correspondence

I would appreciate it if you would help us to prepare a response to the attached letter. Can you look into the issues raised and provide me with a draft response for Ms. Thurman?

I appreciate your help!

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10878	Pam	Juba	6/4/98	Grant Review

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
University of Florida		

Sender's City	Sender's State	Sender's Zip

UNIVERSITY OF
FLORIDA

HEALTH SCIENCE CENTER / JACKSONVILLE
Department of Pediatrics

653-1 West 8th Street
Jacksonville, Florida 32209-6511
Tel.: (904) 549-3027

May 27, 1998

Todd Summers
Assistant Deputy Director of the
White House AIDS Program
736 Jackson Place
Washington, D.C. 20503

Dear Mr. Summers:

It was good to talk to you last week. As I mentioned to you that we have developed an exciting new program in Jacksonville to provide comprehensive, family centered and culturally sensitive care for women, adolescent and children and to offer women choice for medical care. In order to further enhance and coordinate the access to clinical services and research we have applied for Ryan White Title IV Grant to coordinate these services for Women, Youth, Children and Families. I am enclosing a copy of this grant for your review.

If you have any questions please do not hesitate to contact me.

Sincerely,

Pamela L. Juba

Pam Juba, M.D.
Associate Director
Adult HIV Services
Rainbow Center for
Women, Adolescent and Children

UNIVERSITY OF
FLORIDA

HEALTH SCIENCE CENTER / JACKSONVILLE
Department of Pediatrics

653-1 West 8th Street
Jacksonville, Florida 32209-6511
Tel.: (904) 549-3027

April 9, 1998

Thomas Castonguay
Grants Management Specialist
HIV/AIDS Bureau, HRSA
Parklawn Building, Room 7-27
5600 Fisher Lane
Rockville, MD 20857

RE: Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth and Families.

Dear Mr. Castonguay:

On behalf of the staff of Northeast Florida Pediatric AIDS Program/Rainbow Center for Women, Adolescent and Children (NEFPAP/RCWAC) of University of Florida Health Science Center/ Jacksonville the only facility in northeast Florida currently providing family centered care for the HIV infected/affected families. The CFDA # is 93.153B.

Th proposal is centered on our existing family centered program and aims to coordinate and implement a program in northeast Florida region to increase access of women, adolescent, children and families to clinical services and research.

If you have any questions please do not hesitate to contact me.

Sincerely,

M. Rathore/MD

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Pediatric Infectious Diseases/Immunology
Director
Northeast Florida Pediatric AIDS Program/
Rainbow Center for Women, Adolescent and Children

APPLICATION FOR FEDERAL ASSISTANCE

Approval No. 0348-004

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application: ☐ Construction ☒ Non-Construction	Preapplication: ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
University of Florida	College of Medicine/Jacksonville
Address (give city, county, state, and zip code):	**Name and telephone number of the person to be contacted on matters involving this application (give area code):**
Gainesville, Florida Alachua County Gainesville, Florida 32611	Mobeen Rathore, M.D. (904) 549-5310

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 59-6001874

7. TYPE OF APPLICANT: (enter appropriate letter in box) [I]

A. State — H. Independent School Dist.
B. County — I. State Controlled Institution of Higher Learning
C. Municipal — J. Private University
D. Township — K. Indian Tribe
E. Interstate — L. Individual
F. Intermunicipal — M. Profit Organization
G. Special District — N. Other (Specify): _____

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:

HRSA, Material & Child Health Bureau

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-153

TITLE: Ryan White Title IV

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Northeast Florida Pediatric AIDS Program/Rainbow Center for Women, Adolescent & Children (NEFPAP/RCWAC)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Northeast Florida & Southeast Georgia

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
8-1-98	7-30-99	5	Florida 2, 3, 4, 5, & 6 Georgia 1&2

15. ESTIMATED FUNDING:		
a. Federal	$ 242,194.11	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$ 566,575.52	.00
f. Program Income	$	.00
g. TOTAL	$ 808,769.63	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative	b. Title	c. Telephone number
		(352) 392-1582
d. Signature of Authorized Representative		e. Date Signed

Previous Editions Not Usable

Standard Form 424 (Rev 4-88)
Prescribed by OMB Circular A-102

OMB Approval No. 0937-0189
Expiration Date: July 31, 1998

CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☐ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE)	☐	
2. Proper Signature and Date on PHS-5161-1 "Certifications" page.	☐	
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	☐	
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
☐ Civil Rights Assurance (45 CFR 80) _____		
☐ Assurance Concerning the Handicapped (45 CFR 84) _____		
☐ Assurance Concerning Sex Discrimination (45 CFR 86) _____		
☐ Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) _____		
5. Human Subjects Certification, when applicable (45 CFR 46)	☐	☐

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☐	☐
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☐	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE?	☐	
4. Have biographical sketch(es) with job description(s) been attached, when required?	☐	☐
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☐	
6. Has the 12 month detailed budget been provided?	☐	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☐	☐
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	☐	☐
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☐	☐

PART C: In the spaces provided below, identify the applicant organization's administrative official to be notified if an award is made and the individual responsible for directing the proposed program/project.

Name, title, organization, address, E-mail address (if any) and telephone number of the administrative official to be notified if an award is to be made.

Name, title, organization, address, E-mail address (if any) and telephone number of the program director/project director/principal investigator designated to direct the proposed project or program.

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

SOCIAL SECURITY NUMBER

HIGHEST DEGREE EARNED

(OVER)

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* *on (Date)*

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

TABLE OF CONTENTS

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Ryan White Title IV	93-153B	$	$	$ 242,194.11	$ 566,572.52	$ 808,769.63
2.						
3.						
4.						
6. TOTALS		$	$	$ 242,194.11	$ 566,572.52	$ 808,769.63

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Title IV	(2)	(3)	(4)	
a. Personnel	$ 292,422.10	$	$	$	$
b. Fringe Benefits	75,322.16				
c. Travel	14,740.00				
d. Equipment	1,500.00				
e. Supplies	2,500.00				
f. Contractual	399,956.80				
g. Construction					
h. Other	4,400.00				
i. Total Direct Charges (sum of 6a - 6h)					
j. Indirect Charges	17,928.57				
k. TOTALS (sum of 6i and 6j)	$ 808,769.63	$	$	$	$
7. Program Income	$	$	$	$	$

NEPAP/RCWAC

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8 Ryan White Title IV (CFDA 93-153B)	$	$	$	$
9				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 242,194.11	$ 60,548.11	$ 60,549.00	$ 60,549.	$ 60,548
14. Non-Federal	566,575.52	141,643.88	141,643.88	141,643.88	141,643.88
15. TOTAL (sum of lines 13 and 14)	$ 808,769.63	$ 202,191.99	$ 202,192.88	$ 202,192.88	$ 202,191.88

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. N/A	$	$	$	$
17.				
18.				
19.	$	$	$	$
20. TOTALS (sum of lines 16 - 19)				

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. Direct Charges:

22. Indirect Charges: 19.4% MTDC

23. Remarks: 19.4% MTDC is the University of Florida Negotiated Indirect Cost Rate For On-Campus Other Activity (DHHS IDC Rate Agreement Dated December 11,1997)

UNIVERSITY OF
FLORIDA

HEALTH SCIENCE CENTER / JACKSONVILLE
Department of Pediatrics

653-1 West 8th Street
Jacksonville, Florida 32209-6511
Tel.: (904) 549-3027

April 9, 1998

RE: Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth and Families

To Whom It May Concern:

The In- kind services in this grant will be provided by assignment of the present staff for the duties listed. These duties fall within the scope of their present job descriptions.

If you have any questions please do not hesitate to contact me.

Sincerely,

M. Rathore/MD

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Pediatric Infectious Diseases/Immunology
Director,
Northeast Florida Pediatric AIDS Program/
Rainbow Center for Women, Adolescent and Children

ASSURANCES -- NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§ 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. W the awarding agency in ring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§ 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

SF 4248 (4-88) Back

OMB Approval No. 0937-
Expiration Date: July 31,

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion–Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FR WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for applicant organization) certifies that the applic will, or will continue to, provide a drug-free wo place in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees t the unlawful manufacture, distribution, d pensing, possession or use of a controll substance is prohibited in the grantee's wo place and specifying the actions that will taken against employees for violation of su prohibition;

(b) Establishing an ongoing drug-free awaren program to inform employees about–
  (1) The dangers of drug abuse in t workplace;
  (2) The grantee's policy of maintaining drug-free workplace;
  (3) Any available drug counseling, reh bilitation, and employee assistan programs; and
  (4) The penalties that may be imposed up employees for drug abuse violatio occurring in the workplace;

(c) Making it a requirement that each employee be engaged in the performance of the grant b given a copy of the statement required b paragraph (a) above;

(d) Notifying the employee in the statement r quired by paragraph (a), above, that, as condition of employment under the grant, th employee will–
  (1) Abide by the terms of the statement; and
  (2) Notify the employer in writing of his o her conviction for a violation of a crimin drug statute occurring in the workplace n later than five calendar days after suc conviction;

(e) Notifying the agency in writing within te calendar days after receiving notice unde paragraph (d)(2) from an employee or otherwis receiving actual notice of such convictio Employers of convicted employees mu provide notice, including position title, to eve grant officer or other designee on whose gra activity the convicted employee was workin unless the Federal agency has designated

central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight
Office of Management and Acquisition
Department of Health and Human
Services; Room 517-D
200 Independence Avenue, S.W.
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing attempting to influence an officer or employee any agency, a Member of Congress, an officer employee of Congress, or an employee of Member of Congress in connection with t awarding of any Federal contract, the making any Federal grant, the making of any Federal loa the entering into of any cooperative agreement, a the extension, continuation, renewal, amendme or modification of any Federal contract, gra loan, or cooperative agreement.

(2) If any funds other than Federally appropriat funds have been paid or will be paid to any pers for influencing or attempting to influence an offic or employee of any agency, a Member Congress, an officer or employee of Congress, an employee of a Member of Congress connection with this Federal contract, grant, loa or cooperative agreement, the undersigned sh complete and submit Standard Form-LL "Disclosure of Lobbying Activities," in accordan with its instructions. (If needed, Standa Form-LLL, "Disclosure of Lobbying Activities its instructions, and continuation sheet are includ at the end of this application form.)

(3) The undersigned shall require that the language this certification be included in the award do uments for all subawards at all tiers (includi subcontracts, subgrants, and contracts und grants, loans and cooperative agreements) and th all subrecipients shall certify and disclo accordingly.

This certification is a material representation of fa upon which reliance was placed when this transactic was made or entered into. Submission of th certification is a prerequisite for making or enterir into this transaction imposed by Section 1352, U. Code. Any person who fails to file the require certification shall be subject to a civil penalty of n less than $10,000 and not more than $100,000 for eac such failure.

4. CERTIFICATION REGARDING PROGRA FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for t applicant organization) certifies that the statemen herein are true, complete, and accurate to the be of his or her knowledge, and that he or she aware that any false, fictitious, or fraudule statements or claims may subject him or her criminal, civil, or administrative penalties. T undersigned agrees that the applicant organizatio will comply with the Public Health Service ter

and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical an mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

NEFPAP/RCWAC

0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action	3. Report Type:
[B] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[A] a. bid/offer/application b. initial award c. post-award	[A] a. initial filing b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:
[X] Prime [ ] Subawardee Tier _____, *If known:* University of Florida Gainesville, Florida Congressional District, *If known:*	N/A Congressional District, *If known:*
6. Federal Department/Agency: HRSA Comprehensive Family Services Branch Division of Community Based Programs HIV/AIDS Bureau	7. Federal Program Name/Description: Ryan WhiteTitle IV CFDA Number, *If applicable:* _____
8. Federal Action Number, *If known:* N/A	9. Award Amount, *If known:* $ N/A
10. a. Name and Address of Lobbying Entity *(If individual, last name, first name, MI):* N/A	b. Individuals Performing Services *(including address of different from No. 10a.)* *(last name, first name, MI):* N/A

(attach Continuation Sheet(s) SF-LLL-A, if necessary)

11. Amount of Payment *(check all that apply)* :	13. Type of Payment *(check all that apply)*:
$ N/A [ ] actual [ ] planned	[ ] a. retainer [ ] b. one-time fee [ ] c. commission [ ] d. contingent fee [ ] e. deferred [ ] f. other; specify: _____
12. Form of Payment *(check all that apply)*: [ ] a. cash [ ] b. in-kind; specify: nature _____ value _____	N/A

14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11.:

No Lobbying Activity

(attach Continuation Sheet(s) SF-LLL-A, if necessary)

15 Continuation Sheet(s) SF-LLL-A attached: [ ] Yes [ ] No

16 Information requested through this form is authorized by title 31 U S C section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _____

Print Name: _____

Title: _____

Telephone No.: _____ Date: _____

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Approved by OMB
0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES

CONTINUATION SHEET

Reporting Entity: _____ **Page** _____ **of** _____

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II. PROJECT ABSTRACT

Project Title: Northeast Florida Pediatric AIDS Program/Rainbow Center for Women, Adolescents and Children (NEFPAP/RCWAC)

Contact Person: Mobeen H. Rathore, Director, NEFPAP/RCWAC

Grantee: University of Florida Health Science Center/Jacksonville

Address: 653-1 West 8th Street
Jacksonville, Florida 32209

Telephone: 904/549-3051; **Fax:**904/549-534; **E-mail:**MHR@UMC5.UMC.UFL.EDU

PROBLEM: A lack of coordinated services for access to research, medical care and support services for HIV affected/infected children, adolescents, women and families exists in the four northeast Florida counties. Demographics and the geographic area present several challenges and opportunities to create and maintain an accessible, comprehensive, family-centered, culturally competent network of care particularly for women of child-bearing age and adolescents. Data collected through the Florida Department of Health indicate a profile of the AIDS epidemic in the target area that differs substantially from national statistics. The percentage of women reported with AIDS since January 1996 is 33% compared to 20% nationally. In addition, heterosexual contact represents 24% locally and 12% nationally. African-Americans are disproportionately affected as evidenced by 54% of the cumulative cases of AIDS reported among African Americans while the black race represents only 20% of the area population. In 1996 in the largest county, AIDS was the leading cause of death in non-white women aged 25-44. The HIV Planning Council of Ryan White Title I conducted a needs assessment in 1997 from 90 HIV infected women. The results indicated 56% of the women had difficulty going to medical appointments due to lack of childcare while 20 % of the women do not receive medical care due to costs, lack of transportation, lack of time, lack of awareness about services or unable to get an appointment. More than a third of them had children who were HIV infected further compounding the barriers to care. Although two well-defined systems exist – one for infants and children and one for adults, there is fragmented communication and integration among the service providers. These systems also ignore the unique needs of adolescents and do not fully address the comprehensive needs of the HIV infected woman. Geographical attributes present transportation problems for families. The largest city/county covers 840 square miles ranging from beach and urban areas to remote rural areas. The smaller counties are predominantly suburban/rural and must access the majority of medical and support services in the large county without benefit of an organized transportation system.

TARGET POPULATION: The proposed project will serve the Jacksonville eligible metropolitan area which includes the consolidated City of Jacksonville and Duval County and the three smaller adjacent counties. Of particular emphasis will be African American adolescents and women living in the core city of the city/county area as 70% of women reported with AIDS in the last two years reside in the nine core city zip codes. This area has pervasive poverty and high unemployment rates with a majority African American population. The city/county STD rates continue to increase and the county leads the state in gonorrhea cases. The estimated number of persons with HIV in the four counties is 2,990 with 78% eligible for some type of public assistance or other funding. Florida has instituted a Welfare Reform Act limiting welfare and Medicaid to a two year period for those who are not disabled. This will have an adverse impact on HIV positive woman and children due to loss of Medicaid to pay medical benefits.

OVERVIEW OF PROGRAM PLAN: The proposed plan will develop and maintain a collaborative, dynamic partnership/network of service providers and community agencies dedicated to ensuring a full continuum of accessible, quality, culturally appropriate medical care, support services and research activities.. The Northeast Florida Pediatric Aids Program/Rainbow Center for Women Adolescents and Children (NEFPAP/RCWAC) will serve as the coordinating agency as it recognized and respected as a leader in family-centered care for women and children and is firmly involved in research activities and is a National Institute of Child Health and Human Development Pediatric AIDS Clinical Trial Unit. Emphasis will be on enhancing the current Community Advisory Board and signing memorandums of agreement with partner agencies. Providers will meet on a regular basis to continually review and adapt project activities. Such agreements and newly established outreach and communication linkages will maximize resources and use the particular strengths of each partner to fill in service gaps and avoid duplicative efforts. Plans to address the transportation and child care needs will reduce barriers identified through previous needs assessments and case management notes. Multiple avenues will be used to educate clients, train providers and increase successful outreach efforts. Evaluation will be ongoing and is part of project management. An outside evaluator will be used to validate the stated impact of the project over the three year grant period. Impact objectives are: 1) Reduce perinatal transmission rate of HIV to <2%; 2) Successfully maintain at least 75% of project families in family-centered case management; 3).Improve the reported quality of life for at least 50% of consumers; 4) Increase the life expectancy of HIV infected infants; 5) Document a delay in onset of signs and symptoms associated with AIDS for clients served; 6) Reduce Pneumoncytitis carini pneumonia to < 5% for clients; and 7) Reduce hospitalization of enrolled clients to 10% or less. It is anticipated that energies of the network partners will become synergistic and create the desired rainbow for each individual client and family.

III. PROJECT NARRATIVE

The Jacksonville Eligible Metropolitan Area (EMA) lacks an overall coordinated system of service and research provisions and accessibility for children, youth (adolescents), women and families infected/affected with HIV/AIDS.

To address this problem the Northeast Florida Pediatric AIDS Program/Rainbow Center for Women, Adolescent and Children (NEFPAP/RCWAC) of the University of Florida Health Science Center/Jacksonville proposes to assume a leadership role in creating and maintaining a network of quality, accessible, family-centered service. The University of Florida Health Science Center/Jacksonville is the Urban Campus of the College of Medicine and is co-located with University Medical Center, which is the city/county hospital.

The EMA consists of Duval, St. Johns, Clay and Nassau Counties of northeast Florida (see map in Appendix). Jacksonville and Duval County are one government structure.

A. NEEDS ASSESSMENT: A comparison between the HIV/AIDS epidemic in the Jacksonville EMA and the national epidemic reveals some significant differences that demonstrate a critical need for services proposed by the applicant. Variations in the local EMA's epidemic have a significant impact on the cost and complexity of service delivery. Although locally and nationally, the percentage of whites is decreasing and blacks increasing, the Jacksonville EMA still has a disproportional number of blacks reporting an AIDS diagnosis in the last two years (64% locally vs. 40% nationally).

There are also differences between the percentage of men and women contracting HIV/AIDS locally and nationally and the age category most impacted. The percentage of men reported with AIDS since January 1, 1996 is 64% locally compared to 81% nationally. **Of particular note** is the percentage of women reported with AIDS for the same period is 33% locally compared to 20% nationally. The percentage of persons falling within the 20-44 age category locally is 80% compared with 76% nationally.

The most frequently reported exposure categories for the EMA differ slightly from those reported nationally. Heterosexual contact represents 24% locally and 12% nationally. Men who have sex with men (MSM) locally represent 31% of those reported with AIDS, and nationally 41%. Injecting drug users (IDU) represent 15% of those infected in the EMA and 26% nationally. The risk not reported or identified category is higher locally (24%) than nationally (14%). Estimated seroprevalence for men having sex with men in the EMA is 39%, injecting drug users 18%, and heterosexual contact 18%. In terms of pediatric cases, mothers with HIV/at risk for HIV infection is 100% locally and 92% nationally.

Black men continue to increase as a disproportionately impacted group of people diagnosed with AIDS. Because of increasing incidence of heterosexual transmission it is projected that black women would also be disproportionately impacted. The incidence rate for this group indicates that approximately 23% of all gay/bisexual black men living in the EMA have HIV or AIDS.

The following sources were used for data for women and adolescents: 1) 1990 Census; 2) data provided to EMA by HRSA regarding the number of persons with HIV; 3) Epidemiologic Profile for HIV/AIDS Community Planing, Duval County 1995, HRS District IV Health Program Office/AIDS Program; 4) AIDS Surveillance Report, HRS AIDS Surveillance Program, State of Florida; and 5) Bureau of Vital Statistics, State of Florida.

Assessment of Needs of Women: *Estimated* number of all women in the EMA is 463,318 and the *estimated* Number of Women with HIV/AIDS is 750. *Estimated* Seroprevalence within this Population is 162/100,000.

From April 1, 1995 through March 31, 1997 in the Jacksonville EMA:

- 189 women were reported with AIDS.
- Women represented 26% of AIDS cases reported.
- The majority (78%) of women reported with AIDS belonged to racial/ethnic minorities; 77% were black and 1% were Hispanic.
- The predominant reported exposure among women with AIDS was heterosexual contact (39%), injecting drug use (26%), no identified risk (33%), and receipt of transfusions (2%).
- Approximately 5% of women were aged 13-19 years at the time of diagnosis. However, 21% were 20-29 years old, 45% =30-39, 21%= 40-49, and 8% were > 49 years old.

According to the State of Florida, Department of Health's Office of Vital Statistics, in 1996 AIDS was the leading cause of death in non-white women aged 25-44 in Duval County, and it was the third leading cause of death in non-white females aged 35-44 and 45-54. Anonymous serosurveillance data from Childbearing Women showed substantial disparity in HIV seroprevalence among women by race. HIV seroprevalence among black women (8 per 1,000) was ten times the rate among white women (0.8 per 1,000) during the 1991-1992 and the 1992-1993 survey cycles (latest year available for Duval County). An increase in the number of women infected with HIV/AIDS means a potential increase in the number of children who may be born with HIV.

Seventeen women with HIV/AIDS participated in four focus groups that were held during the fall of 1995 to discuss services for women, women of color, the homeless, and care givers/parents of children with HIV/AIDS. Another focus group of 9 was held in the fall

of 1996 and 16 women were individually interviewed in the summer and fall of 1996.

Seventy percent of the women reported with AIDS in the last two years live in the nine zip codes which form the core of the City of Jacksonville. 36% of the women live in two zip codes and an additional 14% live in three additional zip codes which historically have the lowest income, the most crime, the most teenage pregnancy, and a host of other social problems which create a dysfunctional social environment.

Since 98% of the women diagnosed in the past two years are either black or white, English is the primary language for this population. Therefore, language does not pose a barrier for those seeking services in the EMA.

According to the service delivery reports prepared by the State of Florida, 91% of the women receiving services through the local Ryan White Title II consortium have income at less than 100% of the Federal Poverty Level. An additional 4.5% are at or below 150% of the Federal Poverty Level. Local hospital statistics indicate that approximately 42.8% of all hospital admissions used Medicaid as the primary payor and an additional 31% used either Medicare or self pay (these figures are for all hospital admissions, data is not separated by sex by the Florida Agency for Health Care Administration; self pay means no payment to the hospital in most cases).

Women continue to be actively involved as care givers, either for their own children, or for other family members. Transportation for the mother and the children continues to be a major issue; both mothers and HIV infected children miss physicians' appointments because it is so difficult to arrange transportation and babysitting for other children in the family. Women generally do not make an issue of the limitation, but case managers working with this population are cognizant of this situation. Women do not use the available services to the same extent as other populations.

For women in general, there was recognition that access to OB/GYN care at the same time and place that HIV primary care is delivered is important. Women stated that medical providers and insurance companies need more education about the specific needs of women with HIV/AIDS, including early signs and symptoms of HIV infection. Additionally, women felt that standards of care for women with HIV/AIDS need to be developed for use by service providers and that more medical providers willing to service HIV+ women need to be developed.

The top three services identified by this group, which should receive funding were Primary Out-Patient Care (12), Housing Assistance (9), and Case Management (6).

In 1997, the HIV Planning Council of Ryan White Title I conducted a needs assessment survey for needs of women and children. Ninety women and 58 children surveys were

collected at NEFPAP/RCWAC, Duval County Health Department Clinic (CHDC) and River Region Human Services, Inc. Of the women surveyed 84% were African-American; 62% were between 26 to 40 years old; 74% were known infected for five years or less, and 50% of women lived in Jacksonville inner city. Fifty five percent of the women had children and 33% had HIV infected children. Major findings are as follows:

a) 56% of the women with children responded that they had trouble going to medical appointments because of childcare. The babysitting that was most preferred was a drop-off site at or near their doctor's office.

b) 53% of the women need, but do not receive dental care. Main reasons for not getting the service are the cost and not being aware that the service is available.

c) 47% need emergency help paying the bills. Many of the women are on public assistance (30%) or cannot get public assistance, but need it.

d) 43% were interested in support groups to help them cope with living with HIV/AIDS. Some of the task force members have tried to hold support groups for women, but found that attendance is too low due to transportation problems, child care and the women's concern for privacy.

e) 33% need help with transportation. Main reasons for lack of transportation is cost or unaware that the service is available.

f) 20% of the women do not receive medical care for their HIV infection. Reasons for not getting care include costs, lack of child care, lack of time, not aware of the service, or cannot get an appointment.

With regards to the portion of the survey pertaining to **children**, the demographic characteristics were similar to those in the women's survey. Sixty-five percent of the children are living with their mothers; the remainder live with their father, grandparent or guardian. Major findings from the children's survey include:

a) 49% of the parents/guardians need, but do not get respite or day care.

b) 41% have difficulty with transportation to appointments. Several respondents commented that without the research studies funding transportation, they would not have a way to bring their children to the clinic. Therefore, this figure may be underestimated.

c) 35% of the children need dental services, but do not receive it. Main reason is the difficulty in getting an appointment.

d) 18 out of 58 children wanted to attend the HIV camps for kids.

e) Many had basic needs: diapers, food, housing and clothes.

Assessment of the Needs of Adolescents: The *estimated* total number of adolescents in the EMA is 94,598. *Estimated* Number of adolescents with HIV/AIDS is 90. *Estimated* Seroprevalence within this population is 95/100,000.

The incidence of HIV and AIDS continues to increase among youth. Currently, 20% of all reported AIDS cases are in young adults between 13-29 years of age. There have been 30 cases cumulatively reported in persons age 13-19 in the EMA. During the past two years, 11 adolescents have been reported with AIDS, 82% black, 18% white. Of these, 18% were MSM; 27% IVDU; and 45% heterosexual transmission. All of the IVDU and 80% of the heterosexually transmitted cases were female. The youngest person reported with AIDS in this age group was 14 years. This is consistent with transmission trends for all 30 cases reported cumulatively.

Adolescents have not been actively involved in discussing/defining their service needs. The population of adolescents with AIDS primarily lives in the core city of Jacksonville. It is assumed that because they live in the core zip codes of the central city, they are primarily low to moderate income without health insurance, other than through public sources. NEFPAP/RCWAC is providing primary care for 20 of these adolescents. The County Health Department Clinics (CDHCs) provide primary care to a few older adolescents.

Since all cases have been either white or black, all are assumed to be English speaking and to fit in with the general population of adolescents in the area. Adolescents with HIV/AIDS are likely to be individuals who have engaged in multiple risky behaviors including illegal substance abuse and sexual intercourse with multiple partners. Many of these adolescents need intensive family support services to improve the integrity of the family system. This group is difficult to work with because of unstable family life, engagement in illegal behaviors which place them at risk of arrest or incarceration, and because adolescents are generally resistant to health care programs designed to prolong life and postpone active disease.

The service system in general has not been actively engaged in care of adolescents with HIV/AIDS. Providers of support services have not addressed this population adequately as services are fragmented and few in number.

There are separate medical and social services programs within the EMA that focus on pediatric and adult needs. As a result, there has not been much coordination between the

adult and pediatric HIV/AIDS care system developed in the EMA. This has resulted in a lack of services for adolescents who fall between the adult and pediatric age groups.

All services within the EMA, except alternative therapies, are available to the HIV/AIDS population. NEFPAP/RCWAC and the Duval CHDC clinic provide primary care to adolescents. Additionally, the State of Florida's Children's Medical Services and Children & Families Program offer specific programs for children with the medical and social problems that HIV/AIDS pose. However, many adolescents are not utilizing these services.

HIV Seroprevalence and Surrogate Markers: The magnitude of the HIV/AIDS epidemic in the Jacksonville EMA is reported in the *AIDS Surveillance Report* of December 31, 1997 by the State of Florida, Department of Health, AIDS Surveillance Program Office. The State of Florida started HIV name reporting in July 1997, however, this information is not available at this time. Therefore, we will use estimates for HIV infection. As of December 31, 1997, the Jacksonville EMA's cumulative AIDS case count was 3,642 of which 90% were located in Duval County.

Of the cumulative cases reported in the EMA, 44% were white, 54% black, and 2% Hispanic. The percentage of blacks with AIDS is significantly disproportional to the percentage of blacks residing in the EMA (20%). The majority of cases reported have been among men (78%). The largest cumulative cases have been reported in the 30-39 years of age category (44%), the second 20-29 (21%) and the third 40-49 (22%)The most frequent exposure categories are MSM (1,667 or 47%), followed by IDU (731 or 20%) and heterosexual contact (573 or 16%). Whereas the incidence of exposure among MSM has declined, that of heterosexual contact has increased.

A comparison between cumulative AIDS cases and AIDS cases reported in the last **two years** indicates a continuing trend for the epidemic to disproportionately affect blacks and females. Since January 1, 1996, the percentage of blacks reporting AIDS has increased from 53% to 67%, the percentage of whites has decreased from 45% to 31% and in Hispanics has remained at 2%. The percentage of males infected has decreased from 78% to 72% and the percentage of females has increased from 22% to 33%. The increase in the percentage of women being infected is a result of IDU and heterosexual transmission. The percentage of cases reported by age category has not changed significantly.

The most frequently reported exposure categories for the past two years remain MSM, followed by IDU and heterosexual contact. However, caution should be used in interpreting percentages of AIDS cases by exposure category since 24% reported no identified risk (NIR) factor. The exposure category of MSM has decreased in percentage

from 47% to 31%, and IDU's has decreased from 20% to 15%. In contrast, persons infected through heterosexual contact has increased from 16% to 24%. Pediatric transmission rates in the category of mother with/at risk for HIV infection appears to have increased from 90% to 100% since January 1, 1996.

Thirty-four percent of the EMA's population is 25-44 years of age; most of those affected by the epidemic are within this age category. The Office of Vital Statistics reports AIDS was the leading cause of death in 1995 and 1996 for this age group in Duval County. At this time, death data is not available for 1997.

Co-morbidities impacting the cost and complexity of providing care to persons with HIV/AIDS in the Jacksonville EMA are tuberculosis, sexually transmitted diseases, substance abuse and mental illness.

Tuberculosis (TB): According to the Florida Department of Health, Tuberculosis Surveillance Office, in Duval County there have been 22 reported cases of patients co-infected with TB and HIV between January 1, 1997 and December 31, 1997, which is 17% of all reported cases of TB Of those reported, 12 or 53% were black males, 6 or 29% black females, 3, or 15% white males, and 1, or 3% white female. Age ranges having the highest incidence were 30-39 years (59%) and 40-49 years (29%). Cases of TB have increased from 72 in 1996 to 132 in 1997. The percentage of patients who are co-infected is not reflective of the community-at-large. Of the total number of persons reporting TB contagion in Duval County, 57% are black, 33% white and 1% Hispanic. However, 90% of blacks, 10% whites and 0% Hispanic are co-infected. The predominate age groups infected are 30-39 years (40%) and 40-49 years (30%).

Sexually Transmitted Diseases (STDs): The State of Florida, Department of Health's Supplement to the HIV/AIDS Surveillance (SHAS) addresses specific issues such as risk behavior prevalence and risk reduction efforts in the post-diagnosis period, clarification of antecedent risk behaviors, and evaluation of racial and ethnic differences in the occurrence of HIV/AIDS. The SHAS survey was voluntary and conducted in Duval County from January 1991 to June 1997. The 30 minute face-to-face interview for the survey included questions about sociodemographic information, drug use, medical and social service history, sexual behavior history, and reproductive and child health.

Answers to SHAS questions regarding STDs among HIV/AIDS patients revealed that within the past 10 years, 1,054 (71%) reported that they did not have an STD; 170 (11%) had an STD once; 242 (16%) had a STD 2 to 9 times; 8 (<1%) had an STD > 9 times; and 10 (< 1%) did not know or did not answer the question.

Since 1993, the STDs in the EMA have continued to increase. Duval County reported

95% of the EMA's year-to-date STDs.

	Syphilis	*Gonorrhea*	*Chlamydia*
1996	72	2,310	2,485
1997	82	2,380	2,730

Compared to state rates, Duval County had the second highest number of syphilis and chlamydia cases and the highest number of gonorrhea cases. Eighty-four percent of STD cases are among blacks and 16% among whites. Males represent 55% of infected persons, females represent 45%. The majority of persons infected with syphilis are between the ages of 25-29 years (18%) and 30-39 years (38%). Predominate age groups for gonorrhea are between the ages or 13-19 years (24%), and 20-24 years (32%).

Number of persons in the EMA who have HIV and STDs is not known. However, the cases of STDs is rising every year at an alarming rate with black males continuing to be disproportionately affected.

Severe Mental Illness: Information regarding the number of HIV/AIDS infected persons who are also severely mentally ill is not captured by any agency in the Jacksonville EMA or the State of Florida. However, the State of Florida does provide services to mentally ill persons under the "The Florida Mental Health Act" or "Baker Act." The intent of the legislation is to provide emergency service and temporary detention for evaluation of persons who have been determined to be a danger to themselves or others. Patients are usually admitted to an inpatient setting when they require stabilization. When possible, psychiatric patients are discharged to home and continue outpatient treatment, if necessary.

Homelessness: Responses to the SHAS survey regarding homelessness revealed that 14 (1%) of interviewees were living in a shelter or on the streets prior to learning of their HIV status. After learning their status, the living situations changed for 11 of the 14. The remaining three stated they remained either in a shelter or on the street.

Additional information about the homeless population was provided by the Emergency Services and Homeless Coalition of Jacksonville (ESHC). The EHSC conducted its annual census count on February 24, 1997 through interviews with 284 homeless persons. Respondents were asked questions regarding HIV/AIDS/TB disease testing and results. Six percent reported they had tested positive for TB. While most indicated that getting TB medication was not a problem, a little less than half of those who tested positive had never taken medicine for TB. Eighty percent of the respondents had been tested for HIV, most within the past year. Only three people stated that they had tested positive for HIV

and only one indicated help had been sought.

Substance Abuse: Of the 1,484 SHAS respondents, 393 (26%) were IDU, 165 (18%) had been in a treatment program in the 5 years prior to their interview, and 21 (1%) had tried to enter a program, but were not admitted because of a waiting list (38%) or lacked financial means (33%).

Of the 477 screenings conducted by Duval County Health Department AIDS Clinic (CHDC) between March 25, 1996 and June 30, 1997, 321 (67%) patients refused services, denied the need for services, or were referred to other services. The number of persons actually needing the service cannot be determined due to screening instrument limitations; 98 (21%) patients accepted referrals for substance abuse treatment or to services for dual (substance abuse and mental health) disorders; 58 (12%) accepted referrals for mental health counseling; 31% of those screened were female. Ryan White was the payor for primary medical treatment for 33% of those screened and Medicaid, Medicare, or health insurance for the remaining.

Socioeconomic Characteristics/Insurance Status: All of the HIV/AIDS patients seen at the Duval CHDC have incomes below 300% poverty; 98% have incomes below 100% of poverty. Payor sources for 1,107 patients: Ryan White 526 (47%); Medicaid 387 (35%); Medicare/Medicaid 133 (12%); and health insurance/HMO 61 (6%). Information about the other counties in the EMA is not available.

According to the Health Planning Council of Northeast Florida, 22% of those admitted to hospitals in 1995 had private insurance or HMO/PPO and the remaining 78% received some kind of public assistance (Medicaid, Medicare, Project AIDS Care) or were self pay/charity. The estimated number of persons with HIV in the EMA is 2,990. Therefore, if 78% or 2,332 HIV/AIDS patients are eligible for public assistance or other funding, then 570 uninsured clients are not currently receiving medical services.

The impact of Medicaid coverage limitations will become more and more significant as new medical therapies are initiated. In Florida, to be eligible for Medicaid, a person must be eligible for Supplemental Security Income benefits. As people remain healthier longer and may never develop AIDS, they may never be eligible for Medicaid. There is also concern that the number of people receiving medical services through Medicaid will be significantly reduced as a result of the Welfare Reform Act. Florida has instituted a 24-month limit on welfare and Medicaid for people who are not disabled. This action will have an adverse effect on women and children who are HIV positive since this population has had the benefit of Medicaid to pay for their medical needs.

Additional Local Circumstances: The Jacksonville EMA is a mix of urban/

rural Duval County and mostly rural counties of Clay, Nassau, and St. Johns. Duval County and the City of Jacksonville have consolidated government making it the largest city in the continental USA with a 840 sq. mile area with a population 728,437 (1996 census). Distances to centers for service are long and public transportation is poor. Because the majority of services are located within Duval County, rural area residents have difficulty accessing support services. Outside of Duval County, primary health care is provided by two HIV specialty physicians who rotate their time between three health clinics two to four times per month. Case management, mental health counseling, and substance abuse treatment are the only support services available in Clay, Nassau and St. Johns Counties. Dental care is provided for St. Johns County residents at the Health Department. Clay County refers their dental clients to a private dentist. An additional problem for rural residents is no public transportation available in the EMA outside of Duval county. All of these factors contribute to the increased cost and complexity of providing care for people with HIV disease.

Unmet Need for Treatment Access (also see Table 4): An estimate of the number of persons with HIV who do not currently have access to requisite primary health care could be determined by subtracting the number of persons currently receiving treatment through the public health care system (1,107) and those receiving private care (598) from the total number estimated to be HIV (2,990). Based on the equation, 1,285 persons or 43% are not currently accessing requisite primary health care.

HIV Service Delivery System: HIV services for women, children, adolescents and families in the EMA are, at best, disjointed and fragmented. Although a number of services are available, they are not well coordinated.

NEFPAP/RCWAC is the only program in the service area that provides family-centered medical care for HIV-infected women, children, adolescents and families. Women receive services at NEFPAP/ RCWAC and at the EMAs County Health Department Clinics (CHDC), the Northwest Quadrant Clinic (NWQ), a federally qualified health center in Duval County, and a few are followed by physicians in private practices.

Children and adolescents receive medical care and support services at NEFPAP/ RCWAC. We are not aware of any child receiving HIV services at any other site except NEFPAP/RCWAC. Although most adolescents receive medical care and other services at NEFPAP/RCWAC, a few also receive services at sites previously mentioned. Almost all HIV-infected pregnant women receive prenatal care and support services at the obstetric clinic next to NEFPAP/RCWAC and deliver at UMC located in the core of the city of Jacksonville.

All children, almost all adolescents and approximately 40 post-partum women receive medical case management by NEFPAP/RCWAC. Case management in the EMA is also

provided by Lutheran Social Services (LSS), Northeast Florida AIDS Network, Inc. (NFAN), and St. John's Horizon House all located on Jacksonville.

Mental health counseling is provided at NEFPAP/RCWAC and Duval CHDC. Most mental health and substance abuse counseling occurs through referrals to River Region Human Services and Gateway Community Services Center. Nutritional counseling is limited and available only at NEFPAP/RCWAC and Duval CHDC.

Legal services are provided by Legal Aid of Jacksonville. Adoption services are rendered by the Children's Home Society, Inc. and the Medical Foster Care System of the State of Florida. Housing in Jacksonville is available through the city HUD program, Ryan White Title I and HOPWA funds. Limited dental services are provided by one dentist (Dr. Cioffi) and the University of Florida College of Dentistry, Jacksonville.

Services provided by Ryan White Title I and II include: 1) outpatient medical care; 2) pharmacy services; 3) case management; 4) substance abuse treatment; 5) housing assistance; 6) alternative/complementary therapy; 7) mental health; 8) advocacy/legal services; 9) dental; 10) transportation; 11) laboratory, and 12) outreach. There are no Ryan White Title III, SPNS, Dental Reimbursement and Maternal and Child Health Block Grant funds (Title V Social Security Act) available for HIV services.

Some services in the EMA are coordinated, such as the referral of children and pregnant women. Services for adolescents are poorly coordinated. The EMA has no coordinated plan of educating, testing and referring adolescents. Referrals to NEFPAP/RCWAC are sporadic. The identified local providers for high risk adolescents, such as the Bridge Clinic (a public/private clinic for high risk adolescents) has identified one adolescent with HIV infection and is not currently offering routine HIV testing and counseling. The Juvenile Justice Department in the EMA is not actively engaged in providing HIV counseling and testing or other services to the adolescents. Adolescents being identified are sometimes referred to adult clinics which are not equipped to address the special needs of the adolescent. The adolescents are falling through the cracks and are referred to NEFPAP/RCWAC when they are very sick in the hospital or in the emergency room.

Women also have a fragmented and uncoordinated system of care. The 40 women followed at NEFPAP/RCWAC are receiving regular medical, case management, nutritional and mental health services. Survey of women and children (**see Needs Assessment Page 14-17**) also indicated that those who are "apparently" followed at the CHDC may not have had a physician and/or case management contact for over 18 months.

Some significant barriers that impact access to care for women include: not wanting to go to the CHDCs, which are identified as "AIDS Clinics", lack of child care, transportation,

and time because of time commitment for the child's care and eligibility requirements. Some women have low paying jobs (sometimes two jobs) so that they make enough not to qualify for Medicaid. The major barrier for care of adolescents has been a lack of trust and unavailability of programs prepared to address adolescent needs and issues. Needs of adolescents are different from adults, and children need to be addressed differently. The Women and Children's Task Force survey (**detailed under Needs Assessment**) summarizes the gaps in services identified by consumers.

The State of Florida Medicaid has become primarily managed care-based. Families can change HMOs once a month, often enticed by rewards (savings bonds, free items) and families frequently are not even aware of their primary care providers, and these providers often have never seen these patients, may refuse to give referrals and are not adequately trained in HIV medicine. Also the mandatory offering of HIV testing and HIV name reporting in Florida will increase the number of identified infected individuals, especially pregnant women and their exposed babies. The Planning Council and Consortia in the EMA have only recently began supporting services for women, children, adolescents and families, however, for needs coordination are still unmet.

B. ORGANIZATIONAL CAPABILITIES AND EXPERTISE

The Northeast Florida Pediatric AIDS Program (NEFPAP)/Rainbow Center for Women, Adolescents and Children (RCWAC) is a program of UFHSCJ and is responsible for providing family-centered services for HIV-infected and -affected families at the University Medical Center (UMC).

The **MISSION** of NEFPAP/RCWAC is to provide comprehensive , multi disciplinary, family-centered care for HIV-affected families. The Ryan White Title IV grant will enhance access to services for these families by coordinating and enhancing existing services, providing for the unmet needs and developing a network of additional services.

NEFPAP has been providing medical care for children since 1988. The program collaborated with the National Cancer Institute to participate in research trials from 1990 to 1994. In 1993, NEFPAP started providing primary care to children in the program and became a National Institute of Child Health and Human Development's (NICHD) Pediatric AIDS Clinical Trial Unit (PACTU). In March, 1997 the Rainbow Center was opened in a newly renovated area within UMC. In May 1997, the Adolescent HIV program and in October, 1997 comprehensive care for mothers and families of HIV-affected children was started.

NEFPAP/RCWAC is the most appropriate agency to receive Title IV funds because it is the only program in the EMA providing family-centered care with the expertise to provide services for children, youths, women and families. The program is a recognized

leader in family-centered care in the region and is identified in the region by AIDS Service Organizations (ASO's) and providers as the site for care for women (pregnant and non-pregnant), children and youths. NEFPAP/RCWAC has 10 physicians - three full-time and one part-time pediatric HIV specialist, one obstetrician, one part-time Adolescent specialist and adult HIV specialist each and three pediatricians. There are four nurse case managers, one part-time neuropsychologist, one part-time dietician, one non-licensed social worker, one part-time nurse practitioner, one physician assistant, four research nurses, one medical assistant and four administrative support staff **(see organizational chart).**

NEFPAP/RCWAC has evolved from a small local program into a regional center of excellence in less than five years. The program has been successful in improving clinical outcomes including, decrease in Pneumocystis carinii pneumonia (one case in 1997), decreasing perinatal HIV infection from 22.5% to 4%, and a decrease in average hospital stay to less than one day. Twenty-seven (27) of the 28 program staff belong to ethnic, racial or gender minorities. NEFPAP/RCWAC has received funding from many local, state, and federal agencies, as well as private foundation and industry. NEFPAP/RCWAC has successfully implemented programs funded by other organizations. These programs have included implementing a system of patient care for clients of the Children's Medical Services (CMS) of Florida Department of Health, case management for children and families funded by CMS and Ryan White Title I and II and a center for clinical research for the Pediatric ACTG. All of these programs are performing very successfully. As a part of the University of Florida, all grants are administered by the Department of Sponsored Research, which manages over $60 million in grants annually.

Although some mental health counseling is available at NEFPAP/RCWAC, most is still done by referral to community providers. Since 1990, case management for children has been provided in coordination with Northeast Florida AIDS Network. Inc. (NFAN), Ryan White Title II and Children's Medical Services. Starting in 1997, Ryan White Title I is also collaborating with NEFPAP/ RCWAC to provide case management for mothers and children. Since 1990, NEFPAP has coordinated with other case management agencies (NFAN, Lutheran Social Services and St. John's Horizon House) to provide case management for the whole family.

NEFPAP/RCWAC physicians participate in research sponsored by Pediatric AIDS Clinical Trial Group (PACTG) of National Institutes of Health (NIH). They have leadership roles in the PACTG organization and in HIV care at local, regional, state, and national levels. They not only attend national and international meetings to learn the state of the art in HIV care, but also give research and educational presentations nationally and internationally and are frequently sought out speakers. They have participated in writing state and national guidelines for medical care of women, youth and children. Drs.

Rathore and Delke have contributed to the Primary Care Guide published by the Florida Medical Association and the University of Florida AIDS Education and Training Center. Dr. Delke participated in writing the United States Public Health Service Guidelines for prevention of perinatal transmission of HIV infection (1994 and 1998). Network physicians have completed and published research related to women, adolescents, youths and children. The program follows published guidelines for the care and treatment of adults, adolescents and children and for the prevention of perinatal transmission.

The network and program scope of services include medical services, case management, mental health, nutrition counseling and social services **(see appendix for network chart)**. The network has drug and alcohol abuse counseling, legal services and outreach. The network has access to clinical trials for adults, and NEFPAP/RCWAC has access to clinical trials for women (pregnant and non-pregnant, obstetrical and gynecological), youths and children. The program has transportation services and on-site child care. There are no full service child day care or respite facilities in the network.

At NEFPAP/RCWAC mothers (20% of whom are often adolescents) and children are seen by adult and pediatric HIV specialists at the same time. Adolescents are seen by the Adolescent specialist and Adult or Pediatric HIV specialists, depending on the adolescent's age and psychological development.

Mobeen H. Rathore, M.D. is the Director of NEFPAP/RCWAC. A number of Associate Directors administer various parts of the program. Isaac Delke, M.D. Obstetric Services, Linda Dinerman, M.D. RCWAC and Adolescent Program, Pamela Juba, M.D. Adult Program, Samir Midani, M.D. Clinical Services, Michelle Eagle, PA-C Research. Drs. Dinerman, Alvarez, Juba and Midani and Michelle Eagle, PA-C report directly to Dr. Rathore. Clinical staff report to Dr. Midani and research staff report to Michelle Eagle, PA-C. The remainder of doctoral staff report to Dr. Rathore.

Consumer involvement is an essential part of NEFPAP/ RCWAC. Consumers are first and foremost involved in decision making for their own and their children's care. There is a Community Advisory Board (CAB) that advises and oversees the program's planning and direction. CAB has its own section (CAB Corner) in the program's quarterly newsletter, "NEFPAPer" that is written by CAB members. CAB members have traveled to ACTG meetings in Washington, D.C. at the program's expense. There is also an annual consumer satisfaction survey, which showed overwhelming satisfaction with the program, and in 1997 a comprehensive service survey of the women and children was also conducted. Consumers are a part of the planning Task Force for this proposal and will be part of the implementing Advisory Committee if the proposal is funded.

C. PROGRAM PLAN

Target Population: The program plans to serve women, children, youth and families in the Jacksonville EMA . At this time, NEFPAP/RCWAC serves all identified HIV-infected children, most adolescents and pregnant women in the service area. Some HIV-infected adolescents and women are followed by CHDC and NWQ Clinic, and a few HIV-infected by private physicians. The great majority of HIV-infected pregnant women (95%) in the service area are delivered at University Medical Center (UMC) located in the core city area of Jacksonville and the remainder in other area hospitals. Women in the service area continue to be underserved. Pregnant women are seen at a special obstetric clinic adjacent to NEFPAP/ RCWAC and St. John's and Duval CHDC.

Case management services are delivered by NEFPAP/RCWAC, NFAN, Lutheran Social Services and St. John's Horizon House. At this time all children are case managed by NEFPAP/RCWAC. All four agencies provide case management for adolescents and women. NEFPAP/RCWAC concentrates more on women with HIV-exposed/-infected children.

Very limited dental services are available in the EMA for HIV-infected clients, especially children. There are only two dental providers in the Jacksonville area serving the HIV-infected population. Nutrition counseling is very limited and is provided at NEFPAP/RCWAC by a part time Ryan White Title I funded (0.6 FTE) dietician.

Mental health counseling is provided only in Duval County by NEFPAP/RCWAC, Gateway Community Services, Inc. and River Region Human Services, all located in Duval County. Drug and alcohol abuse counseling and treatment (residential and outpatient) is very limited and is provided by River Region Human Services and Gateway Community Services. Currently, there is little interaction and communication among these agencies and the network providers.

Foster care and adoption services are well established and well coordinated and are provided by Children's Home Society, Inc. and the medical foster care system of Children's Medical Services and the Department of Children and Family Services of the State of Florida.

Legal counseling is provided by Legal Aid of Jacksonville, Inc. which receives Ryan White Title I funds. Counseling and testing is provided by NEFPAP/RCWAC and CHDCs. For those who test positive, there is little coordination for follow-up and referral for medical and other services, although some sites do this better than others.

The program will collaborate with the network provider by having planning meetings with each category of service providers and an annual provider conference with break-out sessions to discuss need and ways to address them. The program also plans to have a full time adult HIV specialist on staff over the next three years.

Coordinated Comprehensive System of Care: The applicant is already in a leadership role in providing family centered care for children, youth, women and families. NEFPAP/RCWAC is the only program in the region providing family-centered care and access to clinical trials for children, youth and women. NEFPAP/RCWAC staff have representation in groups that provide leadership in care and planning: LOCAL: Ryan White Title I HIV Services Planning Council, Ryan White Title II Consortium, Women and Children Committee of Ryan White Title I; STATE: Florida Children's AIDS Network, State Epidemiology Work Group; NATIONAL: Perinatal and Pediatric Primary Therapy Research Advisory Committees, Patient Care Committee and Policy and Procedures and Protocol Evaluation Sub-Committees of the Pediatric ACTG.

The grantee proposes to develop coordination between the case management agencies in order to better serve the families. This will be done by the Project Coordinator (requested position) who will develop a plan whereby the various agencies involved in case management of different family members will be able to exchange information (with written consent) and will meet regularly to discuss family needs and plan for care. A family case conference will be held amongst the various providers and the family members initially (very soon after birth) and at least once every three to six months. Written comprehensive assessment and family support plan will be developed and updated in these meetings and placed in records of all involved clients. Written protocols for this coordination will be developed in consultation with other service providers.

Case managers for children will assure that mothers of children who are not enrolled in case management or receiving other services are offered both through the network providers. Information will be provided about the various services and on the value of receiving these services. If the woman agrees, she will be assisted in obtaining services of her choice. Information regarding services available in the network will be distributed to providers in the EMA and places where women and youth congregate or receive services (clinics, WIC, Medicaid offices, etc.)

We plan to identify barriers to care and gaps in service by conducting needs assessment in collaboration with the Women and Infant Committee of Ryan White Title I. NEFPAP/ RCWAC will conduct surveys and focus groups of women and youth in collaboration with Title I and II to identify the barriers and gaps. The information will be presented to the governing bodies with a time-line defined plan of resolution in order to monitor the progress and success of the plan. This will be done by the project coordinator.

NEFPAP/RCWAC has established contracts with Ryan White Title I (Duval County Health Department and Title II (Jewish Family and Community Services) and Children's Medical Services of the Department of Health of the State of Florida to provide services for HIV infected and affected children, youth and women.

NEFPAP/RCWAC participated with the Ryan White Title I HIV Planning Council to conduct a needs assessment for children, youth and women in 1997. This identified many barriers and gaps in services. A plan was funded by the HIV Planning Council and women and children were added as a separate priority and a standing women's and children's committee was established in 1997. Dr. Rathore is member of the State of Florida Epidemiology Work Group that will assist the State for future planning for HIV services. NEFPAP/ RCWAC has active participation in and Dr. Rathore is a member of the Ryan White Title I Planning Council and Title II Consortia and their committees. We are also active participants in the Florida Children's AIDS Network sponsored by Children's Medical Services and will be participating in CDC-funded project, "To evaluate the effectiveness of maternal HIV screening and the impact of ACTG 076 on HIV-1 vertical transmission in Florida" to collect data on perinatal transmission of HIV.

NEFPAP/RCWAC receives funds from multiple sources, including Ryan White Title I (two case managers, one child care worker [0.6 FTE], one dietitian [0.6 FTE], one psychologist [0.5 FTE]). Ryan White Title II (one case manager [1.0 FTE]), Children's Medical Services of State of Florida (physician 0.15 FTE, case manager 1.0 FTE, nurse practitioner 0.36 FTE, medical assistant 0.5 FTE, non-licensed, social worker 1.0 FTE and secretary specialist 1.0 FTE), University Medical Center (unit clerk 1.0 FTE) and University of Florida (physician 0.65 FTE).

State-wide coordinated statement of need: All grantees in Florida receiving federal funds through Titles I, II, III, IV and Part F programs of the Ryan White Care Act are committed to coordinating and planning their programs with each other on a continuing basis to ensure that all persons living with HIV disease in Florida will have, at a minimum, access to the following five core services that will meet the respective basic care and support needs: 1) outpatient medical care; 2) pharmaceuticals; 3) dental care; 4) case management; and 5) substance abuse counseling/treatment. In addition, all of Florida's Ryan White Care Act grantees are committed to avoiding duplication and/or overlap of services and obtaining services and products of the highest quality at the lowest possible cost. Finally, grantees are committed to ensuring that Ryan White funded health care professionals have access to needed treatment, information updates and current prevention skills to promote effective and efficient delivery of services.

Client Care Coordination (see Network Chart): Clients access services to NEFPAP/ RCWAC by self-referral and referral by health care professionals and community agencies. Any new referral is usually seen within a week at NEFPAP/RCWAC. Once referred to the program, a case manager contacts the client and obtain consent to receive pertinent medical records. The case is then discussed by the NEFPAP/RCWAC team at the weekly multi-disciplinary conference. Once the client is seen, a comprehensive plan and referral prioritization is made with the client (or guardian) and appropriate referrals are made for case management, mental health and nutrition counseling and evaluation for

eligibility for research trials.

Infected children are followed from birth at NEFPAP/RCWAC and as long as the family desires. Any older infected child referred to NEFPAP/RCWAC is followed similarly. An exposed but uninfected child is followed until two years of age, at which time the child is referred for primary care to a private or public community provider. Mothers are offered comprehensive care at NEFPAP/RCWAC. If they agree then both mother and child are followed at NEFPAP/RCWAC. There is no process for long-term follow up once the child is discharged.

Adolescents are followed by HIV specialists. At this time, there is not a good mechanism of transitioning the care of children to an adolescent specialist and adolescent to adult specialists. The adolescent specialist (0.5 FTE) has been brought into the program to follow clients on research trials and to increase enrollment of adolescents in these trials. She provides clinical services to adolescents, but this is limited due to time constraints. There is a need for an adolescent specialist to develop and coordinate an adolescent program and provide care for them. The adult HIV specialist in the program was brought in to provide care for mothers of children participating in research trials in order to increase compliance. She is not involved in adult research development because of lack of time.

The program staff report that adolescents and mothers are reluctant to use the county AIDS clinic for many reasons, including stigma, unfriendliness, impression that these are the "gay" clinics, and insensitivity of these clinics to gender, sex, cultural and age differences. The grantee proposes to provide medical care for adults and adolescents by obtaining funds from its institution, research trials, third party payers and other funding sources. Mothers and adults who cannot be seen at NEFPAP/RCWAC are referred to CHDC, NWQC, and community physicians. This is facilitated by the physicians and case managers, but there is limited feedback to assure compliance. Children and adolescents requiring inpatient care are followed by pediatric HIV specialists. Adult women are referred to the general internal medicine service of UFHSCJ/UMC. Discharge planning for enrolled clients is coordinated by case managers, including need for home nursing care. However, the critical social service professional is lacking for discharge planning and follow up at home. When needed, Hospice services are provided by Hospice of Northeast Florida. Case managers coordinate referrals to specialists, mental health, drug and alcohol counseling, medical and legal services for permanent placement of children or other needs.

The continuity of care and coordination is also ensured by a weekly multi-disciplinary conference attended by all NEFPAP/RCWAC staff. At this time, the network providers do not attend these meetings regularly and this needs coordination. The project coordinator (requested position) will develop a plan to ensure their regular attendance

(see Goals).

At this time, transportation services are not well coordinated and are provided by many different mechanisms. Transportation was one of the major barriers to care identified by women. Medicaid transportation is only once a day and is often unpredictable, undependable and will not transport any siblings without a medical appointment. Ryan White Title I had allocated funds for transportation to two community organizations (Lutheran Social Services and 100 Black Men), but the coordination was poor, resulting in transportation funds not being used. NEFPAP/RCWAC has transportation funds for 1998 obtained from the Pediatric AIDS Foundation. Program supported transportation is primarily by taxi cabs, but also by bus service or payment of mileage. We propose to develop a coordinated transportation plan so that funds can be optimally used and available to all clients in the EMA.

Child care was identified as another major barrier and gap in the needs assessment. There is no convenient child care available close to where children, youth and women receive the majority of their services. In January 1998, an onsite child care worker was made available by Ryan White Title I to NEFPAP/RCWAC and Duval CHDC during clinic hours. This worker offers care for children while siblings and mothers receive services. NEFPAP/ RCWAC has developed a separate area for this drop off site adjacent to the clinic waiting room. There is a lack of respite care for mothers in the service area. The project director will develop a respite care system in collaboration with the day cares in the service area. Other current services will continue to be provided by present network providers (see Network Chart).

Multi-disciplinary patient care meetings are scheduled every Friday and all NEFPAP/ RCWAC staff attend this meeting. Other network providers are encouraged to attend these meetings when common clients are discussed. However, attendance of other providers at these meetings is not very good. All clients seen during the current week and those to be seen the next week and any new clients are discussed at these meetings. The case managers coordinate special patient conferences and discharge planning meetings, and there is very infrequent social service support for these. All outside referrals are followed up by case managers who will often make a follow-up call and assure referral compliance, and any issues are discussed before and during the clinic visit.

Family-Centered Model of Care: At this time, there is a fragmented family-centered model of care in the EMA. Only a few families are receiving care in a <u>true</u> family-centered model that is available at NEFPAP/RCWAC. About 40 of the 175 families served at NEFPAP/RCWAC received care in a coordinated comprehensive family centered model. For these families, both the infected child and mother receive medical care and case management at NEFPAP/ RCWAC. Resources to provide services to uninfected siblings and fathers are limited. For these 40 families, the mother and child

are case managed by the same individual and are seen by their respective physicians at the same time and day. If the mother is an adolescent, she may also be seen by the adolescent specialist.

For the remaining 135 families, only the infected child receives medical care and case management at NEFPAP/RCWAC. The parents and other siblings may or may not be receiving services, for those who are receiving any of these services outside of NEFPAP/ RCWAC, there is no coordination at this time.

Adolescents may be seen at NEFPAP/RCWAC by the adolescent specialist. Multiple factors including age, psychosocial and emotional development of the adolescent will determine if he/she is seen by a pediatric or adult HIV specialist. The goal is to transition the adolescent over to the adult specialist in order to have a seamless transition of care. Often the pediatric and adult specialist consult for optimal management of the adolescent. At this time, adolescents are case managed by NEFPAP/RCWAC case managers. Although very skilled in pediatric and family case management, they are not adequately trained to provide case management for adolescents. However, there is not an adolescent focused case manager and this has often been a barrier for providing services to the adolescent. We propose to hire an adolescent case manager who will be experienced in adolescent problems and issues (requested position).

Pregnant women may enter the program by referral from outside providers and often will not have a primary care provider or case manager. Once referred to the program, they receive medical care by the obstetrician. However, they may not be entered into case management until after the child is born. In addition, pregnant women are often not receiving services after six weeks of postpartum care, even though the child continues to receive medical care at NEFPAP/RCWAC (**see Goals**).

The clients and their family members receive **education and information** about their care and available services at many different levels. The most important of these is during clinic visits when physicians, case managers, research nurses, pharmacists, nutritionists, social workers and psychologists are able to use the "teachable moments". Families and clients are also informed and educated at family conferences. Oral, written and audio/visual communications are utilized to educate families. Education is provided frequently on the same issues until clients and families understand and are comfortable with the situation at hand. The staff finds that informed clients participate better in decisions regarding their care. We believe we can empower the client(s) and families by educating and informing them.

For infected children, **continuity of care** is well coordinated at NEFPAP/RCWAC. The plan is to transition the care of older adolescents to the adult HIV specialist at

NEFPAP/RCWAC or other providers. This will be coordinated by adolescent case managers and supervised by project coordinator. Children who **serorevert** are transferred to public/private providers in the EMA. This is coordinated by case managers, however, there are no agreements with providers to coordinate **(see Goals)**.

There is no **long-term follow up** and no mechanism of assuring continuity of care for the mothers whose children serorevert. The grantee will develop a plan for referring these mothers to network providers including NEFPAP/ RCWAC. This will be supervised by the project director and coordinated by the case managers.

The needs of the infected and affected family members are assessed by physicians, case managers, psychologist and dietician. This is done at the weekly multi-disciplinary meetings and special family conferences. Home visits by case managers assist in this process. However, this is less than optimum because the program does not have a licensed social worker (LSW) (requested position). The grantee proposes to hire a LSW who will develop a comprehensive family assessment and support plan using input from various professionals, clients and the family. Referrals are made by the staff and followed up by case managers. The LSW will also assist in assuring compliance of referrals and provide the much needed social work expertise for the entire family.

Efforts to facilitate **access to care** have been discussed throughout the grant application. The goal of the grantee is to concentrate the family-centered medical services at NEFPAP/RCWAC but also to increase community linkages and coordination so that there are additional services available for families, and more providers (medical and other) participating in the care system. In addition to services at NEFPAP/RCWAC, other services are available at UMC, WIC is located across from the clinic, and financial evaluation is done within the institution. Other services available in the network include legal services at Legal Aid, adoption via Children's Home Society and medical foster care, etc (see Network Chart). These services will be coordinated by case managers. We will develop formal agreements and/or memorandum of understanding with these providers.

Strategies to Reduce Perinatal Transmission: HIV counseling and testing for pregnant women is provided by Dr. Isaac Delke at UMC, Healthy Start sites, community obstetricians and physicians at the CHDC. In the State of Florida it is required by law for physicians to offer HIV counseling and testing to all pregnant women. However, there is very little counseling and HIV testing of non-pregnant women of childbearing age. Most pregnant women in the EMA once identified as HIV-infected are referred to UMC, and 98% of them deliver at UMC under the direction of Isaac Delke, M.D. A few women deliver at other hospitals in the service area and most of those cases, the obstetricians make contact with Dr. Delke. Almost all babies delivered to HIV-infected women in the

EMA are seen by NEFPAP/RCWAC Pediatric HIV specialists in the hospital who assure proper ZDV prophylaxis. If a newborn is not seen, there is contact with the newborn's physician and the child is seen within a week of birth. We plan to coordinate with the Bridge Clinic, CHDC for STDs and Planned Parenthood to offer HIV testing to all women of childbearing age. This will be coordinated by the project coordinator. Being a part of Pediatric ACTG we are always aware of the most recent advances in perinatal prevention of HIV. Since September 1994, when we implemented the ACTG 076 preventive protocol using ZDV, the transmission has decreased to <4% (compared to 22.5% prior to 9/94) and there was only one perinatal HIV infection in 1997. This intervention resulted in an estimated savings of over 1.7 million dollars. Our experience was presented at the Society of Pediatric Research meeting, 1997 and is in press in the Journal of Obstetrics & Gynecology. The program is a regional center of excellence and referral and offers comprehensive prenatal care fore HIV infected pregnant women through our High Risk Obstetric program at UMC.

At this time, many of the HIV infected pregnant women enter the health care system for the first time during pregnancy and have no primary care or OB/GYN provider. After the postpartum period, many of these women do not have access to health care services. By enrolling these women into case management, we will be able to assure that they continue to receive primary HIV care and other ancillary services after the postpartum period (**see Goals**).

All HIV-exposed infants are followed at NEFPAP/RCWAC. If uninfected they are transferred to another provider. The care of the mother and family is not coordinated, and many do not receive any services.

The program has a good relationship and strong linkages between prenatal and pediatric providers whether or not they are at NEFPAP. However, other than the few women who receive care at NEFPAP/RCWAC, there are weak or no linkages between providers for women and those for children.

Outreach to adolescent and women of childbearing age is lacking. We plan for the adolescent case manager, the project coordinator and the project director to work together with network providers to develop a plan for outreach.

NEFPAP/RCWAC has worked in conjunction with the AIDS Education and Training Center (AETC) to develop a primary care guide for the providers. This guide is distributed by the Florida Medical Association free of charge to all licensed providers in Florida. This guide also includes strategies to reduce perinatal transmission. Information to providers and consumers is also disseminated by NEFPAPer (quarterly newsletter). The program works closely with area providers to disseminate information about strategies to reduce perinatal transmission.

Access to Research: All consumers receive general information about available research and the research program during their first contact with NEFPAP/RCWAC. NEFPAP/RCWAC is a Pediatric AIDS Clinical Trials Unit (PACTU) of the National Institutes of Health and Human Development (NICHD). Therefore, the program has access to pediatric and perinatal trials along with some gynecology trials. We also have access to some adult trials that are co-endorsed by the Pediatric ACTG for enrollment of adolescents.

Information is disseminated by posting all available trials on the Internet at the Center Watch (http://www.centerwatch.com) and by posting all available trials on the program's website (http://www.ufhscj.edu/nefpap/ index.htm). We also publish information in the program's quarterly newsletter, "NEFPAPer," the Florida AETC newsletter, "Trials Search Guide" (a publication of Community Research Initiative of South Florida and the Community Consortium) and by mass media through news releases when a new study becomes available.

Access to adult research trials is poor and not coordinated. No adult trials were available in town until recently and the adult providers lacked expertise and had not shown much inclination to develop this important link in HIV care. At this time in Jacksonville EMA, there are two adult trials being conducted at Duval CHDC, a third CMV retinitis trial was completed by a private group of ophthalmologists. We plan to develop an agreement with Goodgame Associates in Orlando to refer adult clients to Orlando in order to participate in clinical research. At this time, Dr. Goodgame is participating in 15 adult research trials.

The grantee proposes to develop a coordinated plan for adults to access research in the service area. This would be developed and coordinated by the adult HIV specialist (requested position) (**see Goals**). The grantee in collaboration with local, regional, and national organizations conducting research will develop mechanisms for referrals and assuring follow up. Only research funds will be used to conduct research. It is very likely that funding for the adult specialist to coordinate trials will not be needed after the second year as research funding will be able to support this position.

Client eligibility for research projects is assessed by physicians, research nurses and case managers by using specially developed tools and noting the eligibility for each trial on a specifically developed "Green Sheet" that goes into the patient's record. The eligibility is discussed at the weekly research meeting.

Clients are approached for participation in a research trial by staff. If they are interested, the consent form is reviewed with them and questions are answered. The clients take the consent home and are encouraged to call with questions. Usually, a follow-up call is made in 7-10 days by a research nurse or case manager to answer any additional

questions. The possibility of participation is again discussed at the following clinic visit. Clients are also given the opportunity to speak with other clients who have participated in research (after obtaining consent from both parties). Transportation is provided for clients who participate in research trials. Other expenses, such as child care, parking, meals, etc. are also paid from research funds to the client to facilitate the patient/family to participate in clinical trials.

The care of individuals who are participating in clinical research is coordinated by the case manager and research nurses. The physicians continue to manage the overall care of the individual. Records of clients participating in research trials are reviewed at the weekly research conference by NEFPAP/RCWAC staff. NEFPAP/RCWAC follows the highest ethical standards of research set forth by the "Belmont Report," "Nuremberg Code," and the guidelines of the University of Florida. All research activities are reviewed and overseen by the Institutional Review Board. All staff receive training in general issues related to research at the weekly research meeting and by attending various special training sessions offered by the NEFPAP/RCWAC, University of Florida and National Institutes of Health. Five staff members are Certified Clinical Research Coordinators (CCRC) certified by the Association of Clinical Pharmacologists. The Associate Director for Research conducts special in-house training sessions for research staff once a month. The staff also receives special training related to new research trials which is offered by the sponsoring agencies Before starting any new research trial, all staff members receive specific information about various aspects of the trial and the responsible investigator and research nurse gives the NEFPAP/RCWAC staff a formal presentation .

Research trials for children include ACTG and industry-sponsored studies and studies initiated by NEFPAP/RCWAC staff. Most are drug trials, but we also have vaccine, nutrition and observational trials. Perinatal trials involve both drug and vaccine prevention trials and long-term fellow-up trials. There is one ongoing adult gynecologic trial. The gap that exists is availability of treatment trials for adults.

For pediatric and perinatal trials, we have not encountered many barriers. Adolescents have not participated in trials because of lack of access to clinical service, lack of coordinated adolescent services, and poor compliance. We believe this can best be resolved by an adolescent focused program developed by the adolescent case manager and licensed social worker. The greatest barrier to adult trials is the unavailability of trials and lack of a coordinated plan for referring clients for adult research. Our previous experience and track record for enrollment, adherence and retention is good. We pay special attention to clients' needs and appreciate that this is an extra voluntary effort and time commitment by the client. We try to be flexible in scheduling and assuring comfort, and also that they have no additional expense or have to spend any more than the necessary time. Our site was rated the highest amongst the 31 National Institute of Child

Health and Human Development's sites during re-competition for its Pediatric AIDS Clinical Trial Units. During re-competition we received the best score of 95 out of a possible 100.

Outreach: At this time, outreach is provided by many different groups and organizations, including the county health departments, NFAN, Ryan White Title I, NEFPAP/RCWAC and others. However, there is a lack of a coordinated outreach plan for HIV infected/affected and at risk women, children, families, and especially youth.

All the CHDC are HIV counseling and testing sites. However, at these sites there is little or no coordination of how to refer the individual for services once testing and counseling is completed for an HIV-infected individual. There is no mechanism of collecting and evaluating data about testing and counseling, or about receipt of services subsequent counseling and testing. The usual sites where adolescents seek access to medical care, such as STD clinics, Planned Parenthood and the Bridge Clinic (local adolescent clinic) have not actively participated in HIV outreach and counseling and testing.

Testing, counseling and follow up for HIV-exposed/-infected children and adolescents is available at NEFPAP/RCWAC. Offering HIV testing and counseling to pregnant women is required by Florida law. There is more coordination for HIV infected pregnant women. Once tested positive, they are referred to High Risk Obstetric Clinic at University Medical Center where they receive counseling from Dr. Delke and linked to NEFPAP/RCWAC for services. There is a need to develop a plan to identify infected individuals in need of services and link such individuals to available services.

Information about the Title IV project will be disseminated by many different mechanisms. These would include 1) Mailing information to existing Ryan White Title I and II providers, County Health Departments, Northwest Quadrant Clinic, testing and counseling sites, Consumer Advocacy Groups (e.g., NEFPAP/RCWAC CAB, PLWA Association, etc.), adolescent programs (Bridge Clinic, Juvenile Detention Center,); 2) posting information on the web page of NEFPAP/ RCWAC, 3) media campaign; 4) articles in NEFPAPer; 5) health fairs and community activities; 6) high school educational activities; and 7) Women's HIV Hotline.

All organizations will be invited to an "Outreach Summit" which will be coordinated by NEFPAP/RCWAC under the supervision of the project director. The goal of this summit will be to develop a strategic plan for outreach activities in the service area. Education workshops will be conducted during the summit.

Consumer Involvement: In the past, the applicant has always involved consumers in all program planning, implementation and other activities. We plan to continue this involvement. The first of these would be to involve the NEFPAP/RCWAC Community

Advisory Board (CAB) in the proposed project. Two members of CAB are part of the Ryan White Title IV Task Force (which, if funded, would become the Ryan White Title IV Advisory Committee). These two individuals have participated in the planning process throughout and, if funded, would continue to participate in the project implementation. The CAB will be able to evaluate the implementation over the life of the grant. Consumers at large will participate in a survey. We plan to conduct a survey of at least 50% of the clients to assess if the planned services were successfully provided. We will also continue to do the anonymous annual satisfaction surveys.

The CAB (see appendix for membership roster) has been in place to advise the program for about two years. Participation has been less than satisfactory, although some members are working hard to make the CAB work more efficiently and effectively. The major barriers to consumer participation has been the clients not willing to be identified as HIV infected, lack of transportation, child care, clients' health and lack of time. NEFPAP/RCWAC provides some clerical support to the CAB, but this is less than optimum. We plan to use the administrative assistant (requested position) to provide secretarial support for the CAB.

We plan to recruit an HIV affected client to serve as a client advocate/liaison (requested position). This individual will serve not only as a client advocate/ liaison, but also will assist the CAB to recruit new members and develop plans to retain the members and increase their participation. We believe this individual will play a key role to further increase consumer participation.

The grantee proposes that the Ryan White Title IV Advisory Committee Co-Chairperson will be HIV affected. The members of the Advisory Committee will be invited to attend meetings with network providers so they may understand the process. NEFPAP/RCWAC staff will provide mentorship for client participant. As is our practice, we will continue supporting CAB members to participate in the ACTG meetings twice a year in Washington, D.C. Clients will also be supported to attend Ryan White Title IV Annual Meeting. Clients will be invited to attend and speak at the Annual HIV/AIDS Conference sponsored by NEFPAP/RCWAC. This would enhance the clients' training, knowledge and education about HIV/AIDS. We also propose to provide transportation and baby sitting services for members to attend the monthly CAB meeting. Consumers will continue to attend meetings that the program staff has with the various funding agencies so that they can have input in the process. Consumers will be encouraged to volunteer at the Rainbow Center to help the other clients and their families with concerns and issues. Consumers will receive education, training and mentorship in advocacy and peer education. This will be accomplished in collaboration with Ryan White Title I and II who are already doing this. Consumers, especially women and adolescents will be encouraged to participate in focus groups, town meetings and surveys that the program will conduct in collaboration with Ryan White Title I and II.

D. STAFFING PLAN

Currently, the program has 28 employees. There are 10 physicians: four board certified pediatric infectious disease specialists (one part time), one adolescent specialist (part time), one board certified internist/HIV specialist (part-time), three pediatricians and an obstetrician with special competence in maternal-fetal medicine. There is one physician's assistant, one nurse practitioner (part time), two research pharmacists, four nurse case managers, one neuropsychologist (part-time), one dietitian (part time), one level non-licensed social worker, four research nurses, one medical assistant and four administrative/support staff.

The pediatric infectious disease specialists (Mobeen H. Rathore, M.D., Samir Midani, M.D., Ana Alvarez, M.D. and Sharon G. Paryani, M.D. have a cumulative experience of 44 years in HIV care. Dr. Rathore participated in the Infectious Disease Society of America (IDSA) course on HIV/AIDS at Duke University and is the principle investigator of the NICHD Pediatric AIDS Clinical Trials Unit. He has participated in writing the pediatric primary care guide published jointly by the Florida Medical Association and the University of Florida AETC. Dr. Rathore is on three committees of PACTG. Dr. Dinerman (adolescent specialist) has special interest in HIV and pregnancy prevention. Dr. Juba (internist/adult HIV specialist) also participated in the IDSA course at Northwestern University and since 1991 has been providing care for HIV infected clients at St. Johns, Duval and Clay County AIDS clinics, and now NEFPAP/RCWAC. Dr. Delke (obstetrician) has cared for HIV-infected pregnant women since 1984. He serves on many HIV/AIDS committees at local, state and national level. He participated in writing the section on pregnant women in the primary care guide. He also served on the writing panel of the Review of ACTG 076 result. Michelle Eagle, P.A.-C. (Physician Assistant) has a leadership role in the PACTG, as a part of protocol teams and is a Certified Clinical Research Coordinator (CCRC). Saniyyah White, ARNP, MSN (nurse practitioner) provides HIV care and education, and is editor of "NEFPAPer" and serves on patient care committee of PACTG. She is also the coordinator of the Annual HIV/AIDS Conference sponsored by NEFPAP/RCWAC. The case managers have extensive case management experience and the research nurses have coordinated over 25 trials. One research nurse is CCRC and another plans to get certified in 1998. Both research pharmacists are Pharm.D. and have extensive experience in conducting research trials and plan to get CCRC certified in 1998. One secretary has extensive experience in grant management and data reporting for state and federal grants and contracts and a second secretary has extensive experience in research, including Institutional Review Board issues. We plan to retain a number of our current staff and recruit new staff for the successful implementation of the program.

From the current staff, we plan to retain the following for program implementation: Not Requested - 1. Mobeen H. Rathore, M.D., Project Director - 0.2 FTE; Requested - 2. L.

Michelle Eagle, PA-C, Research Director; 3. Nurse Case Managers - 4.0 FTE; 4. Pamela Juba, M.D., Adult HIV Specialist - 0.2 FTE; 5. Linda Dinerman, M.D., Adolescent HIV Specialist - 0.1 FTE.

Recruitment of new personnel will be as follows (all requested): 1. Client Advocate/ Liaison 1.0 FTE; 2. Project Coordinator - 0.8 FTE; 3. Adolescent case manager - 0.5 FTE; 4. Licensed Social Worker - 1.0 FTE; 5. One administrative staff - 0.6 FTE.

E. PROGRAM EVALUATION

The evaluation strategy will combine both process and impact evaluation using quantitative and qualitative methodologies. Evaluation will be on-going and be part of project management and review for staff and agencies in the service network. Many of the evaluation activities dovetail with the current NEFPAP/RCWAC process and requirements. Specific methods to be applied include: interviews, direct feedback from consumers and collaborators, content analysis, collection and review of meeting agendas and minutes, record reviews, and review and analysis of statistics and trends. The Project Director is responsible for monitoring of the overall evaluation plan. In addition, an outside evaluator will be used to validate process and impact attainment and progress annually.

Achievement of Program Goals and Objectives: These will be measured by process evaluation. Specific timelines and assigned responsible staff member for each objective are outlined in the workplan. Content analysis of data routinely collected by the program for various service (Ryan White I and II and State of Florida Children's Medical Services) and research activities will be conducted and documented (see Objective 1.2.). Feedback on progress will be provided to partner agencies and staff for discussion and corrective actions as necessary.

The current information system includes access to a number of networks and programs. As NEFPAP/RCWAC is currently required to report to Ryan White Title I and II, Pediatrics ACTG and the State of Florida Children's Medical Services, up to date, timely data bases are readily available. The network system is supported by the University Medical Center along with access to the University of Florida and Internet connections and has the capacity to sustain additional users. These data bases, along with new project service numbers, financial data, epidemiological and demographic data and outreach activities, will allow ample information for reports to the grantor, to the community and for resubmission for continuation funding. The workplan names the Project Coordinator as the responsible staff to collect data and to compile a quarterly calendar of meetings and activities. Progress reports will be given at weekly staff meetings, monthly agency network meetings and through the program newsletter already in production with the assistance of consumers. Feedback from consumers is now and will continue to be

received through annual satisfaction surveys and through the Community Advisory Board. The newly requested position of client advocate/liaison will further enhance this process.

Impact of the Program: Methods used to measure the impact of the program will include establishment of baseline data with annual comparison and analysis of trends, a quality of life survey, and focus groups. A review of the reported quality of life and records of the client will be used to determine the success of family-centered case management. The policy will be to offer family-centered case management to all families, and work intensely with those who agree to the service. Over the grant period, the project proposes to: 1) Reduce perinatal transmission of HIV to <2%; 2) Successfully maintain at least 75% of project families in family-centered case management as indicated by compliance to medical appointments and regime and favorable connection to needed support services; 3) Improve the reported quality of life for at least 50% of consumers measured by an annual survey; 4) Increase the life expectancy of HIV-infected infants; 5) Document a delay in onset of signs and symptoms associated with HIV and the development of AIDS of enrolled clients; 6) Reduce *Pneumocystis carinii* to <5%; and 7) Reduce hospitalization of enrolled clients to 10% or less. Impact data can be validated from other sources such as hospital data and the State of Florida Department of Health statistics.

Overall Impact Goal: Over the one year grant period to enhance and improve the overall quality of life for patients and families enrolled in the project

Objective 1.1. Reduce perinatal transmission of HIV to <2%.

Key Action Steps

1.1.1. Establish baseline of perinatal transmission rate. By February 1, 1999. Project Director and Project Coordinator.

1.1.2. Monitor rate on a quarterly basis. By February 1, 1999 and quarterly thereafter. Project Director and Project Coordinator.

1.1.2. Discuss with staff/agencies and adapt/adjust actions as necessary. By July 1, 1999 and annually thereafter. Project Director and Project Coordinator.

Objective 1.2. Successfully maintain at least 75% of project families in family-centered case management as indicated by compliance to medical regime and appointments and favorable connection to needed support services.

Key Action Steps

1.2.1. Establish protocol/process to offer family-centered case management to all project families. By October 1. Project Coordinator/Licensed Social Worker/Case Managers.

1.2.2. Establish case management plan for families agreeing to service and assign case manager. Ongoing within two weeks of referral. Project Coordinator and Case Managers.

1.2.3. Review records of families in case management according to reported quality of life factors and involvement in primary care and other support services. By August 1, 1999 and annually. Project Coordinator and Case Managers.

Objective 1.3. Improve the reported quality of life for at least 50% of consumers as measured by an annual quality of life survey.

Key Action Steps

1.3.1. Select (random) clients for participation in quality of life survey and conduct survey. By August 1, 1999, 2000, 2001. Project Coordinator/Licensed Social Worker.

1.3.2. Review/record results and discuss with staff and adjust project activities as necessary. By October 1, 1999 and 2000.

Objective 1.4. Increase the life expectancy of HIV-infected infants.

Key Action Steps

1.4.1. Establish baseline statistics. By February 1, 1999. Project Director and Project Coordinator.

1.4.2. Establish monitoring process and review statistics annually. By August 1, 1999, 2000, 2001. Project Director and Project Coordinator.

Objective 1.5. Document a delay in onset of signs and symptoms associated with HIV and the development of AIDS for enrolled clients of all ages.

Key Action Steps

1.5.1. Establish monitoring system to review enrolled clients for sentinel

indicators of delayed signs and symptoms. By January 1, 1999 and ongoing. Project Director and Project Coordinator.

1.5.2. Maintain documentation file with agreed-upon identifiers. By January 1, 1999 and ongoing. Project Director and Project Coordinator.

1.5.3. Discuss with staff/agencies and adjust/adapt activities as necessary. By September 1,1999, 2000. Project Director and Project Coordinator.

Objective 1.6. Reduce Pneumocystis carinii pneumonia to <5% for clients.

Key Action Steps

1.6.1. Establish baseline statistics. By February 1, 1999. Project Director and Project Coordinator.

1.6.2. Establish monitoring process and review statistics annually. By August 1, 1999, 2000. Project Director and Project Coordinator.

1.6.3. Discuss with staff/agencies and adjust/adapt activities as necessary. By September 1, 1999, 2000. Project Director and Project Coordinator.

Objective 1.7. Reduce hospitalizations of enrolled clients to ≤10%.

Key Action Steps

1.7.1. Establish baseline statistics. By February 1, 1999. Project Director and Project Coordinator.

1.7.2. Establish monitoring process and review statistics annually. By August 1, 1999, 2000. Project Director and Project Coordinator.

1.7.3. Discuss with staff/agencies and adjust/adapt activities as necessary. By September 1, 1999, 2000. Project Director and Project Coordinator.

Quality Assurance/Continuous Quality Improvement: NEFPAP/RCWAC client records are reviewed during the weekly multi-disciplinary meetings for clients seen that week or scheduled to be seen the next week. Any client with a medical or specific problem, regardless of the appointment schedule, is also discussed. As a result, all clients are reviewed and discussed over a three month period. Particular attention is paid to the timeliness of receipt of services. Case managers then follow through on any plans made during the meeting.

Almost all the program's clients are hospitalized or seen through the University Medical Center (UMC) system and therefore their records fall under the UMC quality assurance plan. It is a UMC policy to review 20 charts from each program every month for adherence to established policies and protocols. Records are also reviewed and audited by Ryan White Title I and II, the State of Florida Children's Medical Services and WESTAT, Inc. for pediatric ACTG. If at any time protocols are not followed, it is apparent at one of many reviews.

All agencies who sign a memorandum of agreement will be required to adhere to internal or mutually agreed and established protocols, audits and reports for quality assurance.

IV. PROJECT WORK PLAN

NEFPAP/RCWAC will address the following four major areas:

1) Capacity building
2) Consumer involvement
3) Access trials
4) Outreach and education

Capacity building is one of the major objectives of NEFPAP/RCWAC and will continue to develop the program and services for women, adolescents, children and families in the service area. Many specific details for providing family-centered, consumer guided, comprehensive community based, culturally sensitive and coordinated service will be worked out and implemented during the life of the grant. This will hopefully result in the continued collaboration between NEFPAP/RCWAC, AIDS Services Organizations (ASO), Children's Medical Services of the Department of Health, State of Florida (CMS), Community-Based Organizations (CBO) and community-at-large. NEFPAP/RCWAC is recognized as the lead agency in service area providing care for HIV-infected/-affected women, adolescents, children and families. This leadership position will help augment and strengthen the collaboration and coordination between various agencies. Program development for adolescents and adults will be the major focus.

Consumer involvement has always been the major goal of the program. During the life of the grant, consumer involvement will be further strengthened by making it easier for the consumers to participate in the process. The involvement of client/advocate/liaison will be the most significant effort towards achieving this goal.

Access to research trials for adults will be one of the major undertakings of the program during the life of the grant. To achieve this goal, the program will have to start from scratch to build on the already existing infrastructure for pediatric and perinatal research programs. Because of the existing expertise in conducting clinical research access to adult research trials should be relatively easy. Program development and coordination for access to research trials for all adolescent and adult consumers will be done.

Education and outreach will be an important component of program goals. This will largely be achieved by the expertise in medical care, case management and education that already exists in the network. What would be critical to achieve this goal would be collaboration and coordination between agencies and development of a comprehensive and cogent plan for outreach and education. This will include education for lay and professional communities. This will consist of open forums, education pamphlets and

PROJECT WORK PLAN

Goal 1: Establish and maintain the infrastructure and capacity of NEFPAP/RCWAC to increase and sustain access to quality community-based, culturally competent, family-centered and consumer-driven medical, preventive, support and research activities.		
Objective 1.1. By September 1, 1998, recruit, hire/assign and train staff to accomplish project work plan and sustain the network for the target population within the eligible metropolitan area as measured by the staff roster and training agenda.		
Key Action Steps	Target Date	Responsible Person(s)
1.1.1. Recruit, hire and assign staff and provide training in overall to project activities and specific training as appropriate to job duties.	9/1/98	Project Director
1.1.2. Evaluate staff performance at six months and annually thereafter.	2/1/99 and each year by August 1st	Project Director & Assigned Staff
Objective 1.2. By the 10th day of each month, collect and review the previous month's financial reports, service activity and outcome data from all data bases and objectives, and submit oral and/or written summaries to the Project Director and an annual progress report/projected budget to grantor as measured by documentation file of reports, completion of proposed activities and filing of annual report to grantor.		
1.2.1. Prepare and maintain project documentation file including fiscal monitoring system (to include number of clients served with epidemiological/demographic and exposure and diagnostic category profile and outreach efforts).	10/1/98	Project Coordinator
1.2.2. Review all pertinent data bases and timelines and computerize as necessary.	10/1/98	Project Director Project Coordinator

1.2.3. Compile format for interim and regular reports (including reports to grantor) and submit as necessary.	10/1/98, monthly, locally, annually to grantor	Project Director Project Coordinator
1.2.4. Disseminate reports to collaborating agencies, partners, staff and consumers at least twice a year or according to agreements and meeting schedules.	11/1/98	Project Coordinator
Objective 1.3. By November 1, 1998 and on a regular basis, conduct care and service quality assurance/continuous quality improvement activities according to established NEFPAP, University Medical Center and funding protocols as measured by documentation of file of audit reports from all sources.		
1.3.1. Review protocols and establish timeline of reports.	11/1/98	Project Coordinator
1.3.2. Maintain documentation file.	11/1/98	Project Coordinator
1.3.3. Review QA/CQI reports and discuss with affected staff/agencies and adjust activities as necessary.	11/1/98 & Ongoing	Project Director Project Coordinator
Objective 1.4. By November 1, 1998 and quarterly thereafter, establish, maintain, monitor and distribute a calendar of project activities, staff meetings, Advisory Committee and community meetings as measured by printed calendar, meeting agenda/minutes file and distribution list.		
1.4.1. Review project objectives/activities and develop calendar format and distribution list.	10/98	Project Coordinator
1.4.2. Prepare calendar and distribute quarterly.	11/1/98 & Quarterly	Project Coordinator & Administrative Staff
1.4.3. Maintain file of meeting agendas and minutes.	10/1/98 & Ongoing	Project Coordinator & Administrative Staff

Objective 1.5. By July 31, 1999, compile and conduct a needs assessment in collaboration with the Ryan White Title I & II groups to identify services gaps and barriers to care for women, children and adolescents as measured by survey and focus groups, reports and timelined plan of resolution.		
1.5.1. Meet with appropriate staff from Ryan White projects.	1/1/99	Project Coordinator
1.5.2. Design needs assessment tools.	1/1/99	Project Coordinator
1.5.3. Conduct surveys and focus groups.	4/1/99	Project Coordinator
1.5.4. Analyze and discuss results.	5/1/99	Project Coordinator
1.5.5. With partners, develop resolution plan.	6/1/99	Project Coordinator
1.5.6. Review plan and adjust services as necessary.	7/1/99	Project Coordinator Project Director Case Managers

Goal 2: Expand consumer involvement in planning, implementation and evaluation of Title IV project.		
Objective 2.1. By February 1, 1999, restructure the Community Advisory Board (CAB) as measured by written document, roster and agendas.		
Key Action Steps	Target Date	Responsible Person(s)
2.1.1. Recruit a consumer as client advocate liaison.	10/1/98	Licensed Social Worker Case Managers
2.1.2. Determine membership and notify members.		Licensed Social Worker

2.1.3. Arrange regular meeting location and set meeting schedule during clinic time.	12/1/98	Licensed Social Worker Case Managers
2.1.4. Arrange transportation and child care during meeting for CAB members.	12/1/98	Licensed Social Worker Case Managers
2.1.5. Begin schedule of regular meeting and retain.	2/1/99	Licensed Social Worker Administrative Assistant

Goal 3: Enhance and maintain coordination and collaboration among EMA network of agencies serving HIV/AIDS infected clients and their families.		
Objective 3.1. By February 1, 1999 sign memorandum of agreements (MOA) with at least four ASO's in the network for regular participation in project activities and coordination of meetings as measured by documentation of MOA's.		
Key Action Steps	Target Date	Responsible Person(s)
3.1.1. Identify eight major ASO's in the service area and have a meeting with them to discuss the goals of Title IV project and start developing a plan to coordinate the services.	10/15/98	Project Coordinator
3.1.2. Select at least four ASO's for coordination of services.	11/15/98	Project Coordinator
3.1.3. Establish agreements with 100% of partner ASO's.	1/1/99	Project Director
3.1.4. Schedule monthly meetings of partner ASO's.	2/1/99	Project Coordinator Administrative Staff

Goal 4: Increase access to primary care and case management for pregnant and postpartum women and their uninfected children.		
Objective 4.1. By June 1, 1999, enroll and maintain two ASO's to provide case management for pregnant women as measured by memorandum of agreements and positive review notes.		
Key Action Steps	Target Date	Responsible Person(s)
4.1.1. Identify four ASO's providing case management.	10/1/98	Project Coordinator
4.1.2. Meet with at least three case management agencies.	11/1/98	Project Coordinator
4.1.3. Reach an agreement with two agencies for case management.	4/15/98	Project Director
4.1.4. Review case management status and adapt as necessary.	11/30/99	Project Director Agency Staff
Objective 4.2. By July 1, 1999, enroll and maintain at least four providers in the network to provide primary care for HIV-infected postpartum women as measured by memorandum of agreements.		
4.2.1. Meet with at least six primary care providers in the network.	11/1/98	Project Coordinator Project Director
4.2.2. Reach consensus with at least four providers and develop plan for referral and to provide postpartum care for women.	3/1/99	Project Coordinator
4.2.3. Sign memorandum of agreement with at least four providers for postpartum care of women.	6/1/99	Project Director
4.2.4. Completely implement plan and start active referral.	7/1/99	Project Coordinator Case Managers

4.2.5. Review plan and adapt as necessary.	1/30/2000	Project Coordinator Case Managers
Objective 4.3. By July 1, 1999, enroll and maintain at least three providers in the network to provide primary care for the uninfected HIV-exposed children as measured by memorandum of agreements.		
4.3.1. Identify five primary care pediatric providers in the service area and meet with them.	11/1/98	Project Director Project Coordinator
4.3.2. Identify three providers and develop plan for primary care.	3/1/99	Project Director
4.3.3. Sign an agreement with 100% of the identified providers.	6/1/99	Project Director
4.3.4. Completely implement plan and start new service.	7/1/99	Project Coordinator Case Managers
4.3.5. Review plan as needed.	Ongoing	Project Coordinator Case Managers

Goal 5: Coordinate the establishment and maintenance of a comprehensive program in the EMA for the care of HIV-infected women that includes referrals from counseling and testing, prenatal care, primary care, specialty care and case management.		
Objective 5.1. By February 1, 1999, develop and implement a referral process for counseling and testing sites to project as measured by written policy and receipt of referrals.		
Key Action Steps	Target Date	Responsible Person(s)

5.1.1. Contact and visit HIV testing sites within northeast Florida area to include health departments, correctional facilities, drug rehabilitation centers, psychiatric care facilities, and hospitals to explain project and survey services and referral process.	12/1/98	Project Coordinator
5.1.2. Meet with testing and counseling site representatives to develop referral policies to project.	1/1/99	Project Coordinator
5.1.3. Implement referral policy and review at least twice per year.	2/1/99 & Ongoing	Project Coordinator
Objective 5.2. By March 1, 1999, coordinate comprehensive prenatal care services to include individual counseling and use of Zidovudine prophylaxis and other current methods to reduce perinatal transmission of HIV, and update consumers and community providers on strategies to reduce perinatal transmission of HIV as measured by a sustainable reduction in HIV transmission and documentation file of correspondence, educational materials and training rosters.		
5.2.1. Contact Northeast Florida Healthy Start Coalition to obtain current list of EMA providers and reach agreement with the Coalition on co-sponsored training and dissemination of educational materials to community prenatal providers.	1/1/99	Project Coordinator Project Director
5.2.2. Enroll patients into project program, monitor and review treatment and prenatal transmission rates.	3/1/99 & Ongoing	Project Coordinator Associate Director, Adult Program
5.2.3. Provide or participate in training/education of community prenatal providers.	8/1/99	Project Coordinator Associate Director, Adult Program

Objective 5.3. By March 1, 1999, develop and implement coordinated plan to provide female patients enrolled in project with primary care services that include family planning, specialty referrals and enrollment in the state ADAP program, or the individual pharmaceutical and drug assistance program as measured by written plan and documentation of services through case reviews.		
5.3.1. Compile list of providers and agencies involved for listed services and disseminate information about project.	12/1/98	Associate Directors of Adolescent and Adult Programs
5.3.2. Sign memorandum of agreements with at least two agencies in service network to provide family planning services and two agencies to provide primary care (may be same agency for both services).	2/1/99	Project Director
5.3.3. Provide family planning education/counseling and materials as part of project (Rainbow Center) clinic visits and case management discussions.	3/1/99 & Ongoing	Associate Directors of Adolescent and Adult Programs
5.3.4. Perform PAP testing and cultures as needed in 100% of patients receiving family planning through the project.	3/1/99 & Ongoing	Associate Directors of Adolescent and Adult Programs
5.3.5. Identify women with cervical dysplasia and refer to the UMC cervical dysplasia clinic and record follow up in case management notes.	3/1/99 & Ongoing	Associate Directors of Adolescent and Adult Programs
5.3.6. Develop and implement policy for payor issues and specialty referral form and mechanism.	3/1/99 & Ongoing	Project Coordinator Associate Director, Adult Program
Objective 5.4. By July 1, 1999, enroll at least 90% of HIV-infected women served in the project into case management as measured by case record reviews and case assignments.		

5.4.1. Assign at least two case managers to oversee care of women served in project.	12/1/98	Project Director Project Coordinator
5.4.2. Provide training for each case manager in the required protocols for laboratory and specialty referrals and procedures, medications, social services, other support services and cultural competency.	2/1/99	Project Coordinator
5.4.3. Schedule and hold focus groups with families enrolled in family-centered case management and with women enrolled in case management.	10/1/99	Project Coordinator w/Consultant
5.4.4. Review case management framework quarterly to determine effectiveness and to adapt procedures/training (use focus group reports).	2/1/98 & Quarterly	Project Director

Goal 6: Coordinate the establishment and maintenance of a comprehensive program in the EMA for the care of HIV-infected adolescents that includes referrals, primary and specialty care and case management, and enhances access to service for adolescents.		
Objective 6.1. By July 1, 1999, develop and implement a comprehensive program for HIV-infected adolescents as measured by signed memorandum of agreements (MOA's) and written plan.		
Key Action Steps	Target Date	Responsible Person(s)
6.1.1. Identify eight community-based organizations including ASO's that provide services to adolescents.	10/15/98	Adolescent Case Mgr. Project Coordinator Associate Director, Adolescent Program

6.1.2. Sign a memorandum of agreement with at least four agencies to provide services to adolescents.	12/15/98	Project Director Project Coordinator Associate Director, Adolescent Program
6.1.3. Prepare written plan for a comprehensive care program for adolescents.	2/15/99	Project Coordinator Associate Director, Adolescent Program Adolescent Case Mgr.
6.1.4. Completely implement plan.	7/1/99	Associate Director, Adolescent Program Project Coordinator
6.1.5. Review plan and MOA as needed.	Ongoing	Associate Director, Adolescent Program Project Coordinator

Goal 7: Assure linkage to research trials for clients and families enrolled in project.		
Objective 7.1. By January 1, 1999, enroll and maintain a minimum of three ASO's to provide opportunities to enter clients into research trials as measured by memorandum of agreements (MOA's).		
Key Action Steps	Target Date	Responsible Person(s)
7.1.1. Identify agencies conducting research trials and meet with them to discuss the process of referral and enrollment into trials.	9/1/98	Adult HIV Specialists Associate Research Dir.

7.1.2. Identify at least three agencies and reach agreement with them for referring clients for research trials.	12/15/98	Adult HIV Specialist Project Director
7.1.3. Review and renew MOA's as needed.	Ongoing	
Objective 7.2. By January 15, 1999, identify two new research trials that will be conducted through NEFPAP/RCWAC as measured by written receipt of trial.		
7.2.1. Conduct mass mailing to pharmaceutical industry and other Contract Research Organizations (CRO) conducting HIV-related research to solicit possible trials.	10/1/98	Adult HIV Specialist Associate Research Dir.
7.2.2. Discuss potential research trials with six agencies sponsoring research.	12/1/98	Adult HIV Specialist Associate Research Dir.
7.2.3. Reach an agreement to conduct two new research trials.	2/1/99	Project Director Adult HIV Specialist Associate Research Dir.
Objective 7.3. By December 1, 1998, develop educational materials for ongoing and potential clinical research and distribute to providers as measured by distribution packet and list.		
7.3.1. Develop written general information about research trials.	11/1/98	Adult HIV Specialist Associate Research Dir.
7.3.2. Distribute this information to network providers.	12/1/98	Adult HIV Specialist Associate Research Dir.
7.3.3. Develop written information for specific research trial prior to starting the actual research trial.	Ongoing	Adult HIV Specialist Associate Research Dir.

Objective 7.4. By March 15, 1999, develop a mechanism for identifying clients eligible for research trial as measured by documentation of form and research trial entries.		
7.5.1. Develop system to review records to identify research eligibility.	11/30/98	Case Managers Associate Research Dir. Adult HIV Specialist
7.5.2. Develop a form to assure eligibility and referral.	1/15/99	Adult HIV Specialist Associate Research Dir. Case Mangers

Goal 8: Increase access to transportation and service-related child care for families enrolled in project.		
Objective 8.1. By May 1, 1999, develop and implement coordinated and comprehensive transportation plan for the service area as measured by written plan and memorandum of agreements.		
Key Action Steps	Target Date	Responsible Person(s)
8.1.1. Identify and meet with five agencies providing transportation in the EMA.	10/15/98	Project Coordinator Administrative Staff
8.1.2. Write a transportation plan and reach an agreement with three agencies in the service area.	12/1/98	Project Director Project Coordinator
8.1.3. Disseminate transportation plan information to 100% of the known ASO's.	1/15/99	Project Coordinator Administrative Staff
8.1.4. Have transportation coordinator trained to beta-test the transportation plan.	3/15/99	Project Coordinator Administrative Staff

8.1.5. Fully implement transportation plan and review in monthly meetings.	5/1/99 & Ongoing	Project Coordinator Case Managers Administrative Staff
Objective 8.2. By March 1, 1999, develop and implement a coordinated plan for child care and respite care as measured by child care plan and child care reports.		
8.2.1. Notify and invite five provider agencies to meet for discussion of child care plan.	9/15/98	Project Coordinator
8.2.2. Identify and confirm at least one agency willing to provide personnel for on site, drop-off child care.	10/15/98	Project Coordinator
8.2.3. Identify at least three agencies willing to provide child care at their own site.	12/15/98	Project Coordinator
8.2.4. Develop and sign agreement with agencies identified in 2.2.2. and 2.2.3. to provide child care.	1/13/99	Project Director
8.2.5. Disseminate information to ASO's of availability of child care and begin program.	3/1/99	Project Coordinator
8.2.6. Review child care plan with provider agencies and through case managerial reviews.	7/30/99	Project Coordinator

Goal 9: Develop and implement outreach plan to include identification of HIV-infected individuals and linkage to services, including those offered by project, and to inform and train network providers.		
Objective 9.1. By April 1, 1999, enroll and maintain four agencies in the network to provide counseling and testing and appropriate referrals as measured by MOA.		
Key Action Steps	Target Date	Responsible Person(s)
9.1.1. Identify six agencies in the network and meet with them to discuss coordination of counseling, testing and referral process.	10/15/98	Project Coordinator
9.1.2. Reach agreement with at least four agencies to participate in a coordinated plan.	12/15/98	Project Coordinator
9.1.3. Compile and disseminate plan.	3/30/99	Project Coordinator Case Managers
9.1.4. Implement coordinated plan.	4/1/99	Project Coordinator Case Managers
9.1.5. Review and adapt plan as necessary.	7/1/99 & Ongoing	Project Coordinator Case Managers
Objective 9.2. By July 1, 1999, plan and hold an Outreach Summit as measured by summit announcement, agenda, attendance roster and evaluation summary.		
9.2.1. Appoint committee to plan summit and set date and location.	10/1/98	Project Coordinator
9.2.2. Set agenda/program and invite speakers.	12/1/98	Project Coordinator
9.2.3. Obtain continuing education units/CME.	1/1/99	Project Coordinator
9.2.4. Send announcements and invitations.	2/1/99	Project Coordinator

9.2.5. Hold conference.	6/1/99	Project Coordinator
Objective 9.3. By July 1, 1999, compile materials for multimedia distribution, provide at least one presentation to the lay community, participate in health fairs and continue other routes of communication concerning project activities as measured by documentation file of materials.		
9.3.1. Meet with project staff to develop and compile packet of materials, and set timeframes for presentation/participation in multimedia activities.	3/1/99	Project Coordinator
9.3.2. Participate/present/distribute materials according to timeline of requests.	Ongoing	Project Coordinator
9.3.3. Maintain documentation file and obtain evaluations when appropriate.	Ongoing	Project Coordinator

PROCESS OBJECTIVES TIMELINE - NEFPAP/RCWAC

X = Action Taken (1st Quarter - Aug, Sep, Oct; 2nd Quarter - Nov, Dec, Jan; 3rd Quarter - Feb, Mar, Apr; 4th Quarter - May, June, Jul)

	Year 1 98/99				Year 2 99/2000				Year 3 2000/01				Responsibility	Status
OBJECTIVE \ Quarter ⇒	1	2	3	4	1	2	3	4	1	2	3	4		
1.1. Hire & train staff	X												Project Director	
1.2. Review data/prepare	X	X	X	X	X	X	X	X	X	X	X	X	Proj. Dir & Coord.	
reports														
1.3. QA/CQI review/monitor		X	X	X	X	X	X	X	X	X	X	X	Proj. Dir & Coord.	
1.4. Establish calendar		X	X	X	X	X	X	X	X	X	X	X	Project Coordinator	
1.5. Needs assessment		X	X	X		X	X	X		X	X	X	Project Coordinator	
2.1. Start new CAB struc-			X										LSW, Case Managers	
ture/meetings														
3.1. Sign MOAs for network			X		X				X				Project Coordinator	
4.1. Start prenatal case				X									Proj. Dir & Coord.	
management														
4.2. Sign MOAs for post-				X				X				X	Proj. Dir & Coord	
partum primary care														
4.3. Sign MOAs for primary				X				X				X	Proj. Dir & Coord.	
care of uninfected														
HIV children														
5.1. Implement HIV-infected			X										Project Coordinator	
women's program														
5.2. Coordinate prenatal			X										Project Coordinator	
services														
5.3. Start women's primary			X										Adol., Adult Directors	
care plan														
5.4. Provide case mgmt.				X	X	X	X	X	X	X	X	X	Proj. Dir & Coord.	
for HIV women														
6.1. Implement HIV-infected		X	X	X	X	X	X	X	X	X	X	X	Adolescent Director	
adolescents program														
7.1. Sign MOAs for research	X					X				X			Adult Specialist, Assoc. Research Dir.	

PROCESS OBJECTIVES TIMELINE - NEFPAP/RCWAC

X = Action Taken (1st Quarter - Aug, Sep, Oct; 2nd Quarter - Nov, Dec, Jan; 3rd Quarter - Feb, Mar, Apr; 4th Quarter - May, June, Jul)

	Year 1 98/99				Year 2 99/2000				Year 3 2000/01				Responsibility	Status
OBJECTIVE / Quarter →	1	2	3	4	1	2	3	4	1	2	3	4		
7.2. Obtain 4 new in-house research trials			X										Adult Specialist, Assoc. Research Dir.	
7.3. Outreach for research		X	X	X	X	X	X	X	X	X	X	X	Adult Specialist, Assoc. Research Dir.	
7.4. Client eligibility for research trials		X	X	X	X	X	X	X	X	X	X	X	Adult Specialist, Assoc. Research Dir.	
8.1. Start transportation plan				X									Project Coordinator	
8.2. Start child care plan			X										Project Coordinator	
9.1. Start counseling/ testing plan			X				X				X		Project Coordinator, Case Managers	
9.2. Outreach Summit				X				X				X	Project Coordinator	
9.3. Community education				X				X				X	Project Coordinator	

V. PROJECT BUDGET

A. Personnel: **$27,304.00**

The Project Director (0.2 FTE, In-Kind; Mobeen H. Rathore, M.D.) will assume overall responsibility for implementation of the proposed project. He will be responsible for assuring that the project meets all the time lines. He will also be responsible for making agreements, developing respite care program, coordinating care of uninfected HIV exposed children. He will develop an outreach program.

Adult HIV Specialist (0.2 FTE) (Pam Juba, M.D.) will coordinate and develop research programs for adolescents and adults. She will contact organizations and individuals conducting trials and develop a plan to access these trials either at our site or by referral.

Adolescent HIV Specialist (0.1 FTE) (Linda Dinerman, M.D.) will be responsible to develop, coordinate and implement the adolescent HIV program. She will supervise the adolescent case manager and the licensed social worker.

Research Coordinator (0.5, in-kind - L. Michelle Eagle, PA-C) will assume overall responsibility of development and coordination of the research program and will assist the Adult HIV Specialist in developing the adult and adolescent HIV program.

Pediatric Infectious Disease Specialists (1.5 FTE, split between Mobeen Rathore, M.D. - 0.3 FTE; Samir Midani, M.D. - 0.5 FTE, Ana Alvarez, M.D. - 0.5 FTE, and Sharon Paryani, M.D. - 0.2 FTE). These physicians will provide medical care for pediatric and adolescent patients. They will also supervise research projects involving children.

B. Fringe Benefits: **$7,126.34**

We have a cafeteria fringe benefit plan based on needs and are calculated based on actual fringe benefits selected by each employee. All employees pay FICA at 0.0765%. University of Florida physicians are charged fringe benefits at a rate of 26.1%, non-physicians are charge 26.1% plus $3,228 for family and $2,608 for individual health insurance. For non-physicians, we calculated at 30% for UFJHI employees. The fringe benefits are calculated based on these rates and certain assumptions are made. Actual cost of benefits is available from payroll registers and may be more or less for each employee.

C. Travel: **$8,980.00**

Out of town travel is included for staff and consumers to participate in 1) Title IV annual

meeting; 2) Continuing education programs. If is anticipated that two staff members and two consumers will participate in Title IV grantee meeting and education programs related to HIV/AIDS. Two consumers and four staff will also travel to Annual ACTG meetings at no cost to the project. The costs are calculated at a per diem rate and are allocated as follows:

Title IV Annual Grantee Meeting

Registration Fee		$125.00
Air Fare		$450.00
Grand transportation	$30/day x 3 days = $90.00	
Lodging	$100/day x 3 days = $300.00	
Per diem	$40/day x 3 days = $120.00	
Total	$1,085/person x 4 persons = $4,340.00	

Continuing Education Program

Registration Fee		$150.00
Air Fare		$500.00
Ground Transportation	$30/day x 3 days = $90.00	
Lodging	$100/day x 3 days = $300.00	
Per diem	$40/day x 3 days = $120.00	
Total	$1,160/person x 4 persons = $4,640.00	

D. Supplies: **$3,000.00**

Computer (1)	$1,500.00
Office Supplies	$1,500.00

Computer will be purchased for project coordinator. Computer and office supplies will be used for the project.

E. Contractual: **$173,455.20**

Through formal written agreements, the following organizations or individuals will provide contractual services as outlined below.

University of Florida Jacksonville Healthcare, Inc. (UFJHI) $153,350.20

The project coordinator (0.8 FTE) (TBA) will supervise the day-to-date activities of the project and will report to the Project Director. The Project Coordinator will

coordinate case management, transportation, care of postpartum women and assist the Project Director in developing outreach program.

Client Advocate/Liaison (1.0 FTE) (TBA) will perform the most important element of the program to ensure consumer participation and involvement and that the concerns of the consumers are being addressed and their needs are being met. This individual will interact directly with clients and program staff and assist in implementation, planning and evaluation of the program.

Licensed Social Worker (1.0 FTE) (TBA) will provide counseling to clients and their families. This person will also assist individual clients and their families to access other resources in the community. The social worker will assure compliance and follow-up on referrals. This person would serve an important role in the development of the adult and adolescent programs and will work very closely with physicians, case managers and other program staff.

Administrative Assistant (0.6 FTE) (TBA) will provide administrative support to the project staff and Community Advisory Board.

Northeast Florida AIDS Network, Inc. (NFAN) $18,105.00

The Adolescent case manager (0.5 FTE) (TBA) will provide case management for the adolescent and will assist in developing the Adolescent HIV Program. This individual will develop a support group and assist in outreach, education and prevention for the adolescent.

NFAN provides case management and other services for HIV infected/affected population and is in the forefront of the organizations, committed to services and care for women, youth, children and families.

F. Other: **$4,400.00**

Consumer Support $2,000.00

These funds will be used to support consumers to pay for transportation to the CAB meetings, meals to be served at the CAB meetings and provide babysitting service during the CAB meetings. These funds will also be used to purchase any supplies needed for CAB activities.

Mileage $2,400.00

These funds will be used to pay for the mileage for the social worker to make home visits and other client-related local travel. This will be calculated at 29¢/mile. The amount is derived based on the previous experience in the program.

Total Direct Cost	**$222,236.30**
Total Indirect Costs (19.4%):	**$17,928.57**
Grand Total	**$242,164.87**

Indirect cost is calculated at 19.4% of the total direct costs less equipment, patient care and tuition. Subcontracts are assessed indirect costs at a rate of 19.4% of the first $25,000.00.

Line Item Budget and Justification

		Title IV Funded Activities		In-Kind/Other Financial Support		
Line Item	Annual Salary	FTEs	Total	FTEs	Total	Total Program Cost
Personnel						
Project Director	120,000.00	0.0	0	0.2	24,000.00	24,000.00
Adult HIV Specialist	91,520.00	0.2	18,304.00	0.24	21,964.80	40,268.80
Adolescent HIV Specialist	90,000.00	0.1	9,000.00	0.5	45,000.00	54,000.00
Research Coordinator	48,306.60	0.0	0	0.5	24,153.30	24,153.30
Pediatric Infectious Disease Specialist (3)	300,000.00	0.0	0	1.5	150,000.00	150,000.00
Total	649,826.60	0.3	27,304.00	2.94	265,118.10	292,422.10
Fringe (26.1%)						
Total	169,604.74		7,126.34		68,195.82	75,322.16
Travel						
Title IV Meeting			4,340.00		0	4,340.00
Continuing Education			4,640.00			4,640.00
ACTG Meeting			0		5,760.00	5,760.00
Total			8,980.00		5,760.00	14,740.00
Supplies						
Total			3,000.00		1,000.00	4,000.00
Contractual						
NFAN, Inc.						
Adolescent Case Manager	24,440.00	0.5	12,220.00	0	0	12,220.00
Benefits (25%)	6,110.00		3,055.00	0	0	3,055.00
Mileage (0.29¢/mile)			750.00			750.00
Administrative Cost (13%)			2,080.00			2,080.00

Total			18,105.00			18,105.00
UFJHI						
Project Coordinator	56,160.00	0.8	44,928.00	0.2	11,232.00	56,160.00
Client Advocate	12,480.00	1.0	12,480.00	0	0	12,480.00
Administrative Assistant	22,880.00	0.6	13,728.00	0	0	13,728.00
Licensed Social Worker	41,600.00	1.0	41,600.00	0	0	41,600.00
Case Managers (4)	163,000.00	0	0	4	163,000.00	163,000.00
Subtotal	296,120.00	3.4	112,736.00	4.2	174,232.00	286,968.00
Fringe (30%)			33,820.80		52,269.60	86,090.40
Administrative (6%)			8,793.40		0	8793.40
Total			155,350.20		226,501.60	381,851.80
Other						
Consumer Support			2,000.00		0	2,000.00
Mileage for Social Worker (0.29¢/mile)			2,400		0	2,400.00
Total			4,400.00		0	4,400.00
TOTAL DIRECT COST			224,265.54		566,575.52	790,841.06
TOTAL INDIRECT COST (19.4%)			17,928.57		0	17,928.57
GRAND TOTAL			242,194.11		566,575.52	808,769.63

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Table 1: Description of Populations Served by Title IV Program or Applicant Organization[3]
BY CALENDAR YEARS 1995 - 1997
(Suggested Format)

POPULATION GROUP	FEMALES			MALES			TOTAL		
	1995	1996	1997	1995	1996	1997	1995	1996	1997
Total number of clients served	85	125	142	70	84	86	155	209	228
Number of clients served by population group[4]									
Infants 0-23 months	24	35	32	34	30	34	58	65	68
Children 2-12 years	33	47	43	33	52	50	66	99	93
Adolescents 13-19 years (total)	4	11	20	3	2	2	7	13	22
Pregnant during year (subgroup of above)	3	7	10				3	7	10
Adolescents 20-24 years (total)	12	16	19	0	0	0	12	16	19
Pregnant during year (subgroup of above)	12	16	9				12	16	9
Adults 25+ years (total)	12	16	28	0	0	1	12	16	29
Pregnant during year (subgroup of above)	12	16	20				12	16	20

[3]If data are available.

[4]Respond by subgroups as listed below this row.

Table 2: Cumulative Number of AIDS Cases [5]

(Suggested format)

GEOGRAPHIC AREA: (specify)

AGE AT DIAGNOSIS	FEMALES			MALES			TOTAL		
	1995	1996	1997	1995	1996	1997	1995	1996	1997
0 - 23 months	1	1	1	2	1	1	3	2	2
2 - 5 years	0	0	0	2	1	1	2	1	1
6 - 12 years	0	0	0	0	0	0	0	0	0
13 - 19 years	7	0	4	0	2	1	7	2	5
20 - 24 years	5	8	11	8	10	5	13	18	16
25 and over	88	80	95	320	254	227	408	334	322
TOTAL	101	89	111	332	268	235	433	357	346
RACE/ETHNICITY									
White, Non-Hispanic	22	20	15	151	107	92	173	127	107
Black, Non-Hispanic	78	67	94	172	155	136	250	222	230
Hispanic	1	2	2	8	6	7	9	8	9
Asian/Pacific Islander	0	0	0	1	0	0	1	0	0
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0
TOTAL	101	89	111	332	268	235	433	357	346

[5] Number of AIDS cases in service area as reported to the Centers for Disease Control and Prevention.

Table 3: Cumulative Number of AIDS Cases by Exposure Category [6]

(Suggested Format)

GEOGRAPHIC AREA: (specify)

EXPOSURE CATEGORY	FEMALES			MALES			TOTAL		
	1995	1996	1997	1995	1996	1997	1995	1996	1997
ADULTS/ADOLESCENTS									
Men who have sex with men				174	119	99	174	119	99
Men who have sex with men and injecting drug use				17	15	7	17	15	7
Injecting drug use	22	12	17	47	29	21	69	41	38
Hemophilia/coagulation disorder	0	0	1	0	2	2	0	2	3
Heterosexual conduct	48	41	50	30	31	49	78	72	99
Heterosexual conduct and injecting drug use	9	6	7	11	7	8	20	13	15
Receipt of blood transfusion, blood components, or tissue	3	2	1	1	2	0	4	4	1
Risk not reported or identified	18	27	34	48	61	47	66	88	81
Perinatally acquired[7]	1	1	1	4	2	2	5	3	3

[6] Number of AIDS cases in service area as reported to the Centers for Disease Control and Prevention.

[7] Identify any adolescents known to have been infected with HIV perinatally but were diagnosed with AIDS after age 13.

TABLE 4: UNMET NEEDS AND BARRIERS TO CARE

Selected Populations	Access to Care		
	Unmet Needs and Gaps in Service	Barriers to Care	Strategies to Overcome Barriers/Gaps
Children 0-12 years (infected or exposed)	1. Child care 2. Dental care 3. Transportation 4. Clinical social worker.	1. Unavailability of providers. 2. Unavailability of providers. 3. Cost and inconvenience of medical transportation. 4. Unavailability of provider.	1. Develop on site child care. 2. Agreement with Dr. Cioffi, UF Dept. Of Dentistry. 3. Provide transportation by cab and bus service. 4. Hire clinical social worker.
HIV-infected female adolescents (13-24 years of age)	1. Adolescent specialist 2. Case management. 3. Family planning. 4. Support group.	1. Unavailability of provider. 2. No adolescent case manager. 3. Unavailability of provider. 4. Mistrust of system and authority.	1. Increase FTE to be more available. 2. Recruit adolescent case manager. 3. Adolescent specialist to provide this and referrals. 4. Clinical social worker and adolescent case manager to develop support group.
HIV-infected male adolescents (13-24 years or age)	1. Adolescent specialist. 2. Case management. 3. Support group.	1. Unavailability of provider. 2. No adolescent case manager. 3. Mistrust of system and authority.	1. Increase FTE to be more available. 2. Recruit adolescent case manager. 3. Clinical social worker and adolescent case manager to develop support group.
HIV-infected women of child-bearing age (25 years and older)	1. Medical care. 2. Dental care. 3. Child care. 4. Transportation. 5. Support group.	1. Stigma of going to city AIDS clinic. 2. Unavailability of providers.. 3. Unavailability of provider. 4. Mistrust of system and authority. 5. Reason 3 & 4.	1. Develop comprehensive medical care program. 2. Recruit providers. 3 Recruit providers. 4. Develop comprehensive plan. 5. Clinical social worker and case manager to develop support group.
HIV-infected pregnant adolescents or women (any age)	1. Mental health counseling 2. Support	1. Unavailability of provider. 2. No support group.	1. Increase FTE of psychologist. 2. Licensed social worker.

Table 5: Projected Services Matrix
AUGUST 1, 1998 to JULY 31, 1999
(Suggested Format)

Complete a line of the matrix for each entity that is expected to have a formal arrangement with the grantee.
Place an "x" in the service category box(es) provided. Check as many service categories as apply. Indicate services provided by entities that have formal arrangements with the grantee, beginning with the grantee lead agency. The agencies listed need not be restricted to those designated to receive funds as part of the proposed project.

Name of Providing Entity	Prevention	Provider/Professional Training	Counseling and Testing	Case Management	Medical Care	Mental Health	Substance Abuse	Developmental Assessment/ Educational Early Intervention	Psychosocial Support	Housing	Child Welfare	Legal Services	Logistical Support	Linkages to Research
NEFPAP/RCWAC	X	X	X	X	X	X		X	X				X	X
DUVAL COUNTY HEALTH DEPARTMENT	X	X	X		X	X							X	X
ST. JOHN'S COUNTY HEALTH DEPARTMENT			X		X									
CLAY COUNTY HEALTH DEPARTMENT			X		X									
CHILDREN'S MEDICAL SERVICES (TITLE V)				X										
HEALTHY START COALITION	X		X			X	X							
AIDS EDUCATION AND TRAINING CENTER		X												
NORTHEAST FLORIDA AIDS NETWORK, INC.		X		X						X			X	
LUTHERAN SOCIAL SERVICES				X									X	

NEFPAP/RCWAC

Table 5: (continued) **Projected Services Matrix**
AUGUST 1, 1998 to JULY 31, 1999
(Suggested Format)

Complete a line of the matrix for each entity that is expected to have a formal arrangement with the grantee.
Place an "X" in the service category box(es) provided. Check as many service categories as apply. Indicate services provided by entities that have formal arrangements with the grantee, beginning with the grantee lead agency. The agencies listed need not be restricted to those designated to receive funds as part of the proposed project.

Name of Providing Entity	Prevention	Provider/Professional Training	Counseling and Testing	Case Management	Medical Care	Mental Health	Substance Abuse	Developmental Assessment/ Educational Early Intervention	Psychosocial Support	Housing	Child Welfare	Legal Services	Logistical Support	Linkages to Research
ST. JOHN'S HORIZON HOUSE	X			X					X	X			X	
RIVER REGION HUMAN SERVICES						X	X						X	
GATEWAY COMMUNITY SERVICES						X	X		X				X	
NORTHWEST QUADRANT CLINIC	X		X		X									
BRIDGE CLINIC	X				X									
PLANNED PARENTHOOD	X				X									

Table 6: Projected Services and Funding Sources
AUGUST 01, 1998 TO JULY 31, 1999

SERVICE CATEGORY	AMOUNT OF TITLE IV FUNDING REQUESTED*	OTHER FUNDING SOURCES/IN-KIND CONTRIBUTIONS (Indicate source and smount of funding, if available.)
Prevention/Outreach	16,224.00	-0-
Provider/Professional Training	-0-	-0-
Counseling and Testing	-0-	-0-
Case Management	18,105.00	CMS - 33,000.00 RWT II - 48,000.00 RWT I - 82,000
Medical Care (Physicians)	-0-	NCC - 100,000.00 UF - 50,000.00
Substance Abuse	-0-	-0-
Mental Health	-0-	RWT I - 55,000.00
Psychosocial Support	54,080.00	CMS - 40,000.00
Housing	-0-	-0-
Development Assessment/ Education Early Intervention	-0-	-0-
Child Welfare	-0-	-0-
Legal	-0-	-0-
Logistical Support	13,380.00	CMS - 10,000.00 NICHD - 5,760.00
Project Development	107,438.34	CMS - 11,349.00
Linkages to Research	-0-	NICHID - 30,457.31
Administrative/Management	17,846.40	CMS - 55,146.00
Data Collection**/Evaluation	-0-	CDC - 10,000.00

*Some amounts are calculated more than once because of overlap in categories.
**Done by various program staff.

CMS = Childrens Medical Services
RWT I = Ryan White Title I
RWT II = Ryan White Title II
NCC = Nemours Children's Clinic
UF = University of Florida
NICHD = National Institute of Health and Human Development
CDC = Centers for Disease Control and Prevention

Table 7: Clinical Trials and Other Research
January 01, 1997 - December 31, 1997

POPULATION GROUP	SPONSOR	RESEARCH TYPE	NUMBER REFERRED	NUMBER ENROLLED	SPECIFIC PROTOCOL	PERINATAL TRANSMISSION YES/NO
Adult Women 25+ Years	NICHD PACTG NICHD PACTG	Drug Drug	1 1	 -0-	316 185	Yes Yes
Adult Pregnant Women 25+ Years	NICHD PACTG	Drug Drug	15 9	7 6	316 185	Yes Yes
Adolescent Women (20-24 Years)	NICHD PACTG	Drug	1	-0-	293	No
Adolescent Pregnant Women (20-24 Years)	NICHD PACTG NICHD PACTG	Drug Drug	6 4	3 3	316 185	Yes Yes
Adolescent Males (24-24 Years)			-0-	-0-	----------	---------
Adolescent Women (13-19 Years)	NICHD PACTG NICHD PACTG	Behavioral Intervention Drug	2 1	1 -0-	220 293	No No
Adolescent Pregnant Women(13-19 Years)	NICHD PACTG NICHD PACTG	Drug Drug	3 5	2 3	316 185	Yes Yes
Adolescent Males (13-19 Years)	NICHD PACTG NICHD PACTG	Drug Drug	1 3	1 1	254 268	No No

Indicate as many categories as apply - using a separate row for each.

Table 7(continued): Clinical Trials and Other Research
January 01, 1997 - December 31, 1997

POPULATION GROUP	SPONSOR	RESEARCH TYPE	NUMBER REFERRED	NUMBER ENROLLED	SPECIFIC PROTOCOL	PERINATAL TRANSMISSION YES/NO
Infants (0-23 Months)	NICHD PACTG	Drug	11	11	185	Yes
	NICHD PACTG	Observational	20	15	219	No
	NICHD PACTG	Vaccine	18	13	225	No
	NICHD PACTG	Drug	2	1	239	No
	NICHD PACTG	Drug	1	1	245	No
	NICHD PACTG	Nutritional	10	6	247	No
	NICHD PACTG	Vaccine	2	2	292	No
	NICHD PACTG	Drug	13	13	316	Yes
	NICHD PACTG	Drug	2	2	321	No
	NICHD PACTG	Drug	1	1	331	No
	Univ. of FL	Prevalence	56	45	*S. Pneumo.* HIV	No
Children (2-12 Years)	NICHD PACTG	Drug	3	3	185	Yes
	NICHD PACTG	Observational	30	27	219	No
	NICHD PACTG	Drug	1	1	239	No
	NICHD PACTG	Drug	3	3	245	No
	NICHD PACTG	Drug	8	8	254	No
	NICHD PACTG	Drug	3	2	273	No
	NICHD PACTG	Drug	4	3	300	No
	NICHD PACTG	Drug	7	5	327	No
	NICHD PACTG	Drug	27	21	338	No
	NICHD PACTG	Drug	3	3	382	No
	Univ. of FL	Prevalence	67	55	*S. Pneumo. HIV*	No
	Univ. of FL	Diagnostic	5	3	Procalcitonin	No

Indicate as many categories as apply - using a separate row for each.

NFAN

NORTHEAST FLORIDA AIDS NETWORK

March 19, 1998

Mobeen H. Rathore, M.D.
Department of Pediatrics
University of Florida Health Science Center
653-1 West 8th Street
Jacksonville, FL 32209

Dear Dr. Rathore:

I am writing to confirm that the Northeast Florida AIDS Network (NFAN) will collaborate with you as a subcontractor under your proposal for funding under Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families. We will dedicate .5FTE case manager to the project for a total cost of $18,105.00 for a twelve month period. This cost includes salary, benefits, mileage and 13% administrative costs as indicated below:

.5FTE Case Manager Salary	$12,220.00
Benefits/Fringe (25%)	$ 3,055.00
Mileage (.29 cents per mile)	$ 750.00
Administrative Costs (13%)	$ 2,080.00
Total	$ 18,105.00

We look forward to working with you on this project and other efforts to provide high quality HIV health care, advocacy, and social services.

Sincerely,

A. Gene Copello, D.Div., M.S.
Executive Director

cc: Fred Carey, Director of Community Services
Susan Hutchins, Associate Director for Client Services
Bill Rollo, Acting Director of Administrative Services

REPLY TO METROPOLITAN JACKSONVILLE OFFICE

Daytona Area Office
669 Bellville Road
South Daytona, Fl 32119
(904) 304-0015

Metropolitan Jacksonville Office
112 West Adams Street
Suite 600
Jacksonville, Fl 32202
(904) 356-1612
e-mail: nfanjax@aol.com

St. Johns County Office
93D Orange Street
St. Augustine, Fl 32084
(904) 826-1450

UNIVERSITY OF FLORIDA

Jacksonville Physicians, Inc.

653-2 West Eighth Street
P.O. Box 44008
Jacksonville, Florida 32231-4008
Tel: (904) 549-3500
Fax: (904) 549-3528

April 6, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief, Pediatric
Infectious Diseases/Immunology
University of Florida Health Science
Center/Jacksonville
Department of Pediatrics
653 W. 8th Street
Jacksonville, FL 32209

Dear Dr. Rathore:

The University of Florida Jacksonville Healthcare, Inc. (HSSO) will be pleased to subcontract with the University of Florida to provide support staff should your application for funding be awarded for the Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women, and Families. As with all personnel funded from grants or contracts, the employees can be hired into the HSSO with the stipulation that should funding be reduced or eliminated, the positions would be automatically reduced or eliminated.

Please let me know if I may provide additional information.

Sincerely,

Debra J. Stevens

Debra J. Stevens
Contracts Manager

cc: Nancy D. Frashuer, Executive Vice President

CFRI Central Florida Research Initiative
Jeff Goodgame, M.D. Principal Investigator

April 9, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Pediatric Infectious Diseases/Immunology
653-1 W. 8th Street
Jacksonville, FL 32209

Dear Dr. Rathore:

It is with enthusiasm that I write this letter in support of your efforts to coordinate services, including access to clinical trials for children, women, youth, and families. We would be delighted to work with you and coordinate adolescents from Jacksonville to come to Orlando to participate in HIV research trials. We agree that primary and specialized HIV care for these clients on research trials will be continued to be provided by local providers in your service area. At this time we are participating in 23 clinical trials related to HIV. We can work on details and send you protocols/eligibility criteria in the near future.

If I can be of any further assistance please do not hesitate to contact me.

Sincerely,

C. Jeffrey Goodgame M.D.

340 N. Maitland Ave. • Maitland, FL 32751
Phone (407) 647-3960 • FAX (407) 647-3426

Northeast Florida Pediatric Aids Program
Community Advisory Board (NEFPAP/CAB)

March 29, 1998

Mobeen H. Rathore M.D.
653-1 West 8th Street
Jacksonville, FL 32209-6511

Dear *Dr. Rathore*:

The Community Advisory Board wholeheartedly supports your efforts to obtain funds through the Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families.

The current array of services being offered are badly in need of centralized comprehensive coordination. In addition there are significant barriers in accessing care and research. The staff at the Rainbow Center has done much to overcome the complex array economic and social issues affecting comprehensive care and access to research trials, still there is much yet to be done. As the rate of HIV infection in our region is continuing to increase, your efforts, in cooperation with other agencies, to expand on the family centered care offered at the Rainbow Center are greatly commended.

The staff at NEFPAP and the Rainbow Center has always been very responsive to our customer care inputs. As your partners, the CAB is standing by to lend support and assistance to your efforts. Please advise if we can be of any further assistance.

For the board,

Frederick Warren

Frederick Warren
Co-Chairperson
NEFPAP/CAB

Donna Dunlap
Co-Chairperson
NEFPAP/CAB

Minority AIDS Coalition of Jacksonville

March 10, 1998

Mobeen H. Rathore, M.D.
Associate Professor & Chief
Division of infectious Diseases/Immunology &
Director, Northeast Florida AIDS Program
University of Florida _ Health Science Center
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

This letter is in support of your efforts to obtain funds through the Ryan White Title IV funding to provide coordinated services and access to research for children, youth, women, and families. The services you propose to provide are greatly needed for this underserved population!

Our organization offers several opportunities to the public throughout the year for educational events to learn about HIV/AIDS, but there is still such a tremendous need for services to this proposed targeted population. This population is one of the most at-risk for HIV and the Minority AIDS Coalition will be happy to be a part of this endeavor.

We hope that your efforts are rewarded and look forward to working with you.

Sincerely,

Derya E. Williams
Chairperson

DEW/bp

PWA COALITION OF JACKSONVILLE, INC.
2257 Riverside Avenue • Jacksonville, Florida 32204 • 904-387-2992 • Fax 904-389-4066

March 26, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
University of Florida Health Science
Center - Jacksonville
Department of Pediatric Infectious
Diseases/Immunology

RE: Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families

Dear Dr. Rathore:

This is in support of your proposal to seek grant funding under Ryan White Title IV for projects that enhance access to clinical research trials and other research and develop and support the provision of coordinate comprehensive services and activities for children, youth, women and families infected/affected by Human Immunodeficiency Virus.

It is my understanding these funds will link clinical research and other research activities with comprehensive care systems, and improve and expand upon the coordination of a system of comprehensive care for children, youth, women and families who are infected by HIV.

Yours truly,

Dick Niemann
Director of Agency Development

Metropolitan Jacksonville Area HIV Health Services Planning Council

March 30, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
University of Florida Health
Science Center Jacksonville
Department of Pediatric Infectious Disease
and Immunology
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

As co-chairperson of the Metropolitan Jacksonville Area HIV Health Services Planning Council, I support and endorse your application for Ryan White Title IV funding.

The University of Florida, Health Science Center at Jacksonville, Department of Pediatrics is highly respected for the manner in which it provides services to women and children with HIV. I applaud the Department of Pediatrics for seeking funding designed to enhance access to clinical research and comprehensive support services for children, youth, women and families infected and affected by HIV.

On behalf of the officers and members of the HIV Health Services Planning Council, I wish you and staff much success in receiving the Title IV grant. Women, infants and children with HIV will be the beneficiaries of the needed services.

Sincerely,

Terri Poster-Taylor

Terri Poster-Taylor, Co-Chairperson
HIV Health Services Planning Council

TPT/pca

900 University Boulevard, North, Suite 405
Jacksonville, Florida 32211

First Coast CARES
THE RYAN WHITE TITLE II CONSORTIUM FOR
THE NORTHEAST FLORIDA REGION
1833 Boulevard
Suite 502
Jacksonville, Florida 32206

March 9, 1998

Mobeen H. Rathore, M.D., Director
Northeast Florida Pediatric AIDS Program
University of Florida
Health Science Center
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

First Coast CARES, the Ryan White Title II Consortium for Northeast Florida, offers its full support of your proposal seeking Ryan White Title IV funds. The Consortium is dedicated to working in collaboration with your program to assure that infants, children, youth and women in this region receive the services they need. The funds you are seeking through Title IV would go a long way toward realizing this goal.

Our need for Title IV funds is amply documented by the incidence rates within this region. Your ability to use these funds to address the health and prevention issues of infants, children, youth and women is clearly demonstrated by your and your staff's current efforts in providing medical and preventive services. The successes you have realized as a result of your response to these needs are to be applauded. The consortium membership knows well that the additional funds made available through Title IV funding would help you to expand and build on these successes.

If I, or the consortium as a whole, can offer any further support for your application please contact me at your earliest convenience.

With regards,

Thomas S. Serwatka, Ph.D.
Co-Chair
First Coast CARES

NEFPAP/RCWAC

Iris Young
Executive Director

Jewish Family & Community Services, inc.

3601 Cardinal Point Drive • Jacksonville, FL 32257-5582 • (904) 448-1933 • Fax 448-0349

March 3, 1998

Mobeen H. Rathore, M.D.
Associate Professor & Chief
University of Florida Health Science
Center - Jacksonville
Department of Pediatric Infectious
Diseases/ Immunology
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

This letter is written support of your efforts to obtain a Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families. Your program's reputation for compassionate, high quality, efficient and professional services is well deserved. Funds to provide early intervention services and primary care for adolescents and women with children infected and affected by HIV/AIDS. As a contractual service provider for Ryan White Title II and General Revenue Patient Care Network, NEFPAP has done a commendable job in providing services to this population.

The population you are proposing to target is one of the most at-risk groups in Duval County and is recognized as a priority in this area. As the lead agency for Ryan White Title II and General Revenue Patient Care Network, Jewish Family & Community Services, Inc. supports you in your continuing efforts to provide the highest quality services for women and children and in your bid to obtain Ryan White Title IV funds for this purpose. Please let me know if we can be of any assistance in coordination of services if you are successful in your bid for funds.

Sincerely,

Iris T. Young
Executive Director

ITY/sw

JACKSONVILLE JEWISH FEDERATION

FLORIDA DEPARTMENT OF HEALTH

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

CITY OF JACKSONVILLE
Community Services Department
Mental Health and Welfare Division

March 17, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Division of Pediatric Infectious
Disease/Immunology
University of Florida
Health Science Center/Jacksonville
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Re: Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families

Dear Dr. Rathore:

The Mental Health and Welfare Division of the City of Jacksonville is very much in support of your application for Ryan White Title IV funding. We know that additional funding will enhance your department's ability to reduce the number of children born with HIV. As the number of women contracting HIV continues to increase in Duval County, it becomes more important each day to find ways of protecting the children born to these mothers.

Your work to date has been exemplary and we sincerely hope that you are successful in receiving Ryan White Title IV funding to continue your research.

Sincerely,

Virgil S. Green, Jr.
Chief

VSG/dvk

900 University Boulevard, North / Suite 405 / Jacksonville, Florida 32211
Area Code (904) 744-4669 / Fax (904) 744-4914

FLORIDA DEPARTMENT OF HEALTH

Lawton Chiles
Governor

James T. Howell, M.D., M.P.H.
Secretary

March 5, 1998

Mobeen H. Rathore, MD
University of Florida, Health Science Center
Department of Pediatrics
653-1 West 8th Street
Jacksonville, FL 32209-6511

Dear Dr. Rathore:

This letter is written in support of your application for a Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families. This office is well aware and very appreciative of the work that you and your department have done, especially in the field of maternal and pediatric HIV positive patients.

We wish you well in this endeavor and hope that you can expand your clinical trials and other research.

Sincerely,

James W. Walker, MD
Director

JWW:bfg

St. Johns County Health Department
180 Marine Street • St. Augustine, Florida 32084
Phone: (904) 825-5055 FAX: (904) 825-5008 SunCom: 865-5055

FLORIDA DEPARTMENT OF HEALTH

Lawton Chiles
Governor

James T. Howell, M.D., M.P.H.
Secretary

April 2, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Pediatric Infectious Diseases/Immunology
653-1 West 8th Street
Jacksonville, Florida 32209

Dear Dr. Rathore:

It gives me great pleasure to write this letter of support for your appiication to Ryan White Title IV Grant for "Coordinated HIV Services and Access to Research for Children, Youth, Women and Families". The Clay County Health Department fully supports the concept of family centered care. Our area has a need to coordinate these services to increase access to care which will fill many of the gaps in service. Your family centered program at Northeast Florida Pediatric AIDS Program and Rainbow Center for Women, Adolescents and Children (NEFPAP/RCWAC) is in the best position to coordinate these services.

We support and agree to participate with your program to coordinate family centered care in Jacksonville EMA.

Sincerely,

R. N. CHAPMAN
Administrator

RNC/dcs

Clay County Health Department
P.O. Box 578
Green Cove Springs, Florida 32043-0578

Telephone: (904) 269-6340 (904) 284-6340 SunCom: 821-3000 FAX: (904) 269-6373

North West Quadrant
Community Health Center, Inc.

March 31, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
University of Florida Health Science Center - Jacksonville
Department of Pediatric Infectious Diseases/Immunology
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

I am writing in support of your application for Ryan White Title IV Grant Funding for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families.

Northeast Florida has a high incidence of HIV positive individuals. As a professional in health care services, I am acutely aware of the need for project grants that enhance access to clinical research trials and other research.

The Northwest Quadrant Community Health Center is committed to ensure both coordination of services for persons infected with HIV and those already diagnosed with AIDS. These grant funds will assist in providing a continuum of services to those infected and their families.

The Northwest Quadrant Community Health Center fully supports your efforts to bring additional funding to Northeast Florida and Duval County to serve our HIV positive and AIDS clients.

Sincerely,

Rohan A. Dial, M. D.
Medical Director

5375 Vernon Road • Jacksonville, Florida 32209
(904) 924-1284 • Fax: (904) 924-9362

UNIVERSITY OF
FLORIDA

HEALTH SCIENCE CENTER / JACKSONVILLE
Office of the Associate Dean

653-1 West 8th Street
Jacksonville, Florida 32209-6511
Tel.: (904) 549-3131
Fax: (904) 549-3130

February 27, 1998

Mobeen Rathore, M.D.
Associate Professor and Chief
University of Florida Health Science Center/Jacksonville
Department of Pediatric Infectious Diseases/Immunology
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

The University of Florida Health Science Center at Jacksonville enthusiastically and fully supports your grant application for Ryan White Title IV. We have always been supportive of clinical, educational and research services for HIV infected individuals. You and other faculty and staff of our institution have been the leaders in these areas, especially for infants, children, youth and women. The departments of Pediatrics and Obstetrics have played a most important role in providing comprehensive health care services for HIV infected/exposed infants and HIV infected children, youth and pregnant women in northeast Florida. The Northeast Florida Pediatric AIDS Program (NEFPAP) has been especially successful in preventing perinatal transmission of HIV infection. The program is now embarking on a wider goal of including women and youth in their field of care, a goal I strongly support.

I look forward to working with you on this most important project and future endeavors.

Sincerely,

Louis S. Russo, Jr., M.D.
Senior Associate Dean

LSR/ns

NEFPAP/RCWAC

UNIVERSITY MEDICAL CENTER

University of Florida Urban Campus

March 24, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Division Chief
University of Florida Health Science Center - Jacksonville
Department of Pediatric Infectious Diseases/Immunology
Northeast Florida Pediatric AIDS Program (NEFPAP)
653-1 West Eighth Street
Jacksonville, FL 32209

Re: Ryan White Title IV - Grants for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families

Dear Dr. Rathore:

I am writing in support of your application for Ryan White Title IV Grant Funding for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families.

Northeast Florida has a high incidence of HIV-positive individuals. As a professional in health care services, I am acutely aware of the need for project grants that enhance access to clinical research trials and other research.

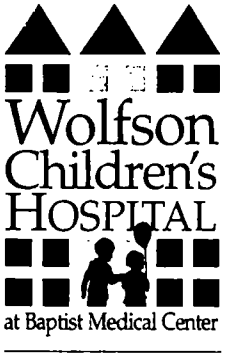
University Medical Center is committed to ensure both coordination of services for persons infected with HIV and those already diagnosed with AIDS. These grant funds will assist in providing a continuum of services to those infected and their families.

University Medical Center fully supports your efforts to ring additional funding to Northeast Florida and Duval County to serve our HIV-positive and AIDS clients.

Kindest regards,

W. A. McGriff, III
President & Chief Executive Officer

655 West Eighth Street ▪ Jacksonville, Florida 32209 ▪ 904/549-5000



Larry J. Freeman
Administrator

George F. Armstrong Jr., M.D., F.A.A.P.
Director of Medical Affairs

March 4, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Department of Pediatric Infectious
Diseases/Immunoogy
University of Florida Health Science
Center/Jacksonville
653-1 W. 8th Street
Jacksonville, FL 32209-6511

Dear Dr. Rathore:

I am pleased to submit this letter of support for your grant application for a "Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families." I have personally observed the extraordinary effectiveness of the professional members of your division in coordinating and providing extensive services to children and young people with HIV infections.

You and your associates have been able to bring together multiple diverse institutions and resources within the Northeast Florida area to develop a programmatic approach to the care of children and young people with HIV infections. You have at all times appropriately disbursed funds so that the benefits are maximized. I speak for the entire Administration and Medical Staff of Wolfson Children's Hospital when I speak to support your proposal.

Sincerely,

George F. Armstrong, Jr., M.D.

GFA:kd

800 Prudential Drive · Jacksonville, Florida 32207 · 904/202-8799
Baptist/St. Vincent's Health System · www.baptist-stvincents.com

TheNEMOURS CHILDREN'S CLINIC

March 30, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
University of Florida Health Science Center
Department of Pediatric Infectious Diseases/Immunology
653-1 West 8th Street
Jacksonville, Fl. 32209-3051

Dear Dr. Rathore:

I wholeheartedly endorse and support your efforts to obtain Ryan White Title IV funding.

Our community has great need for a program designed to enhance access to clinical research and comprehensive support services and activities for children, youth, women and families infected and affected by HIV.

The University of Florida, Health Science Center at Jacksonville, Department of Pediatrics and you are to be commended for the care and outstanding services you continually provide women and children with HIV. I am confident that the Title IV funding, a coordinated, comprehensive and expanded system of care will be realized.

The Department of Pediatrics at Nemours Children's Clinic – Jacksonville fully supports this application.

Sincerely,

Paul A. Pitel, M.D.
Chair, Department of Pediatrics

PAP/bb

Lawton Chiles
Governor

FLORIDA DEPARTMENT OF HEALTH

James T. Howell, M.D., M.P.H.
Secretary

April 7, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief,
University of Florida Health
Sciences Center/Jacksonville
Department of Pediatric Infectious
Diseases/Immunology and
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

On behalf of the State of Florida's Title V program, Children's Medical Services (CMS), I am writing in support of your proposal for a Ryan White Title IV Grant for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families of Northeast Florida. The Department of Pediatrics in the University of Florida Health Science Center at Jacksonville has played a very important role in providing a comprehensive health service for the at-risk and HIV infected mothers and children in Northeast Florida.

Children's Medical Services has demonstrated its commitment by serving HIV infected children and their families through an established system of health care, and has worked closely with the Department of Pediatrics for many years. With funds appropriated to CMS by the legislature, the Department of Pediatrics at the Health Science Center in Jacksonville has been able to provide services to CMS children with HIV infection. Unfortunately, the funding available has not nearly met the needs. Since 1975, CMS has administered the Regional Perinatal Intensive Care Centers Program (RPICC) for high-risk pregnant women and sick and low birth weight newborns. The RPICC Program at the Health Sciences Center in Jacksonville has been a valuable resource for HIV positive and infected women and infants in your area, especially following implementation of the ACTG 076 protocol in February 1994.

You are to be commended for your efforts to utilize and coordinate existing health services in Northeast Florida for at-risk and infected mothers and children. CMS looks forward to working collaboratively with you on this much needed project.

Sincerely,

Eric G. Handler, M.D., M.P.H.
Deputy Secretary
Children's Medical Services

Lawton Chiles
Governor

FLORIDA DEPARTMENT OF HEALTH

James T. Howell, M.D., M.P.H.
Secretary

April 8, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Department of Pediatric Infectious Diseases/
Immunology
University of Florida Health Science Center
653-1 West 8th Street
Jacksonville, FL 32209

Dear Dr. Rathore:

As MCH Director for the State of Florida, I am writing in support of your proposal for Ryan White Title IV: Grant for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families of Northeast Florida. University of Florida Health Science Center at Jacksonville has been an active participant in enhancing access to medical services for high-risk women and children in Northeast Florida. The Departments of Pediatrics and Obstetrics-Gynecology in particular have played a very important role in providing a comprehensive health service for the at-risk and HIV-infected mothers and children in Northeast Florida. I would like for you to be able to refer women and adolescents to participate in the clinical trials being done at the Boulevard Comprehensive Care Center.

I look forward to working with you on this important project and in future endeavors.

Sincerely,

Donna M. Barber, R.N., M.P.H.
Director, Division of Family Health Services

DMB/tb

Northeast Florida Healthy Start Coalition

9143 Philips Highway, Suite 350, Jacksonville, Florida 32256
Phone: (904) 363-6352 FAX: (904) 363-6356

March 26, 1998

Mobeen H. Rathore, M.D.
Associate Professor & Chief
University of Florida Health Science
Center - Jacksonville
Department of Pediatric Infectious
Diseases/Immunology
653-1 West 8th Street
Jacksonville, FL 32209-6511

Dear Dr. Rathore:

On behalf of the Coalition, I am pleased to provide this letter of support for your proposed Ryan White Title IV Grant.

As you know, Healthy Start is a statewide initiative to provide care coordination and related services to at-risk pregnant women and infants. Your proposal will enable us to link with other service providers to ensure HIV-infected families who come through our system have access to the medical and supportive services they need.

We look forward to working with you and to being a part of the coordinated service system envisioned in your proposal. We strongly encourage the funding agency to respond favorably to your request.

Sincerely,

Carol Brady

Carol Brady
Director

/cb

FLORIDA'S HEALTHY START

Healthy babies, like delicate flowers, must be carefully nurtured.

St. John's Horizon House

Caring for People With AIDS

Methodist Regional Hospital System
580 West Eighth Street
Jacksonville, Florida 32209
(904) 798-8555
Fax (904) 798-8554

April 1, 1998

University Of Florida
Health and Science Center / Jacksonville
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

St. John's Horizon House offers its full support of your proposal seeking Ryan White Title IV funds. We are dedicated to working in collaboration with your program to assure that infants, children, youth and women in this region receive the services they need. The funds you are seeking through Title IV would go a long way toward realizing this goal.

Northeast Florida's rate of HIV/AIDS is one of the highest, not only in the State of Florida, but also, the Nation and the needs in our area continue to increase. You can count on our staff's assistance in any area you need us should you receive this greatly needed funding.

Please advise if we can be of any further assistance in your endeavors!

Sincerely,

Monica Costello, MS
Director

NFAN

NORTHEAST FLORIDA AIDS NETWORK

March 16, 1998

Mobeen H. Rathore, M.D.
Department of Pediatrics
University of Florida Health Science Center
653-1 West 8th Street
Jacksonville, FL 32209

Dear Dr. Rathore:

The Northeast Florida AIDS Network is pleased to support you in your efforts to obtain funding under the 1998 Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families.

NFAN is committed to helping persons with HIV/AIDS at all spectrums of the disease. Your efforts as described in this proposal, to further enhance the provision of medical and supportive services as well as long term follow up of the mother and child pair for health promotion, disease prevention and access to clinical trials are critical in helping to abate the growing trend of HIV infection in women in our community.

NFAN hopes that you are successful in your efforts to obtain this grant and will assist in any way possible to ensure that the program is a success.

Sincerely,

A. Gene Copello, D.Div., M.S.
Executive Director

REPLY TO METROPOLITAN JACKSONVILLE OFFICE

Daytona Area Office
669 Bellville Road
South Daytona, Fl 32119
(904) 304-0015

Metropolitan Jacksonville Office
112 West Adams Street
Suite 600
Jacksonville, Fl 32202
(904) 356-1612
e-mail: nfanjax@aol.com

St. Johns County Office
93D Orange Street
St. Augustine, Fl 32084
(904) 826-1450

LUTHERAN SOCIAL SERVICES

421 W. CHURCH ST. SUITE 314 • JACKSONVILLE, FLORIDA 32202 • (904) 632-0022 • FAX: (904) 632-0431

April 1, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief of Pediatric Infectious Diseases/Immunology
University of Florida Health Science Center
653 -1 West 8th Street
Jacksonville, Fl 32209-6511

Dear Dr. Rathore:

Lutheran Social Services/ AIDS Care and Education Program has been providing case management services to infected adults since 1994. During that time we have worked closely with many physicians to co-ordinate care for our mutual cases, many of whom are parents with children. As you are aware, there are many complex family issues which arise that must be addressed when attempting to serve this population. At the present time there are not adequate resources in our area that specifically address these problems, even though statistics show that the rate of HIV infection is increasing alarmingly for this group. The problem disproportionately affects African-American women. We would welcome the opportunity to work more closely with you and your staff to provide services to this under-served population. We support your efforts to obtain funding through the Ryan White Title IV Grant for Co-ordinated Services and Access to Research for Children, Youth, Women and Families and hope that this funding will enhance HIV care for all in this EMA.

Sincerely,

Kathryn Lavoro Castro
Program Director

Gateway Community Services, Inc.

Comprehensive Treatment for Alcoholism and Other Drug Abuse

- ☐ Administration
- ☐ Medical Services
- ☐ Detoxification Center
- ☐ AIDS Project
- ☐ Adult Residential Services
- ☐ Central Assessment
- ☐ Women and Children's Project
  555 Stockton Street
  Jacksonville, Florida 32204
  (904) 387-4661 • FAX (904)389-3197
  TDD (904) 389-6244
- ☐ Alumni Services
  900 Bridier Street
  Jacksonville, Florida 32206
  (904) 354-0835 • FAX (904) 354-0837
- ☐ Outpatient Baker
  P.O. Box 502
  Agricultural Building, U.S. 90
  Macclenny, Florida 32063
  (904) 259-2506 • FAX (904) 259-5144
- ☐ Outpatient Edgewood
  1105 West Edgewood Avenue
  Jacksonville, Florida 32208
  (904) 768-5300 • FAX (904) 765-7933
- ☐ Outpatient Lexington
  4814 Lexington Avenue
  Jacksonville, Florida 32210
  (904) 384-8669 • FAX (904) 388-9689
- ☐ Outpatient University
  1754 University Boulevard, West
  Jacksonville, Florida 32217
  (904) 733-1573 • FAX (904) 733-3883

Juvenile Residential and Inpatient Services

- ☐ TPC Village
  2671 Huffman Boulevard
  Jacksonville, Florida 32246
  (904) 646-4889 • FAX (904) 646-0791
- ☐ New Beginnings
  555 Stockton Street
  Jacksonville, Florida 32204
  (904) 387-4661 • FAX (904) 388-4501
- ☐ Impact House
  940 Bridier Street
  Jacksonville, Florida 32206
  (904) 354-7545 • FAX (904) 356-4219

Juvenile Non-Residential Services

- ☐ Outpatient/Overlay
- ☐ Targeted Case Management
  555 Stockton Street
  Jacksonville, Florida 32204
  (904) 387-4661 • FAX (904) 389-8758
- ☐ Juvenile Assessment Center
  1283 East 8th Street
  Jacksonville, Florida 32206
  (904) 356-9835 • FAX (904) 355-5962

March 16, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
University of Florida Health Science
Center - Jacksonville
Department of Pediatric Infectious
Diseases/Immunology
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

Gateway Community Services, Inc. supports your application for a Ryan White Title IV Grant for Coordinated HIV Services and Access to Research for Children, Youth, Women and Families.

Gateway is committed to insure both coordination of services for persons infected with HIV and those already diagnosed with AIDS. These grant funds will assist in providing a continuum of services to those individuals and their families.

Gateway has demonstrated its commitment by serving HIV infected children and their families through an established system of health care, and has worked closely with the Department of Pediatrics for many years.

The Department of Pediatrics in the University of Florida Health Science Center has played a very important role in providing comprehensive health services for the at-risk and HIV infected mothers and children in Northeast Florida.

We look forward to working collaboratively with you. If we can be of assistance, please let us know.

Sincerely,

Virginia Borrok

Virginia Borrok, DPA
President/CEO

Some Programs Funded in Part by the Federal Center for Substance Abuse Treatment, the Florida Department of Children & Families, the Department of Juvenile Justice, the City of Jacksonville and Baker County.

River Region Human Services

330 West State Street • Jacksonville, Florida 32202 • 904-359-6571 • SC/826-6571

March 10, 1998

Mobeen H. Rathore, M.D.
Associate Professor & Chief
Division of infectious Diseases/Immunology &
Director, Northeast Florida AIDS Program
University of Florida _ Health Science Center
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

This letter is in support of your efforts to obtain funds through the Ryan White Title IV funding to provide HIV services to the largely underserved target population of adolescents and women.

As an agency with a very intense AIDS Outreach/Testing, Counseling, and Education Program, we fully realize the very special needs of persons effected/affected by the HIV virus. The population you propose to target is one of the most at-risk for HIV and my staff and I will be happy to be a part of this endeavor. I or someone from my staff would be pleased to join in a collaborative effort with you and other individuals and organizations to implement a comprehensive continuum of care for this project. Any efforts to make the lives of these persons more productive deserves to be commended.

We hope that your efforts are rewarded and please know that our staff will be willing to work with you and your staff in any way possible to ensure the success of this program if funded!

Sincerely,

Derya E. Williams
Associate Executive Director

DEW/bp

UNIVERSITY OF
FLORIDA

College of Dentistry
Jacksonville Clinic

2028 Boulevard
Jacksonville, FL 32206
Tel: (904) 549-4071
Fax: (904) 549-5304

March 6, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief,
Division of Pediatric Infectious Diseases/Immunology
Director, NE Florida Pediatric AIDS Program

Dear Dr. Rathore,

You and your colleagues at the University of Florida, Health Science Center at Jacksonville, Department of Pediatrics should be congratulated and commended for the terrific job you have done and continue to do regarding the evaluation and care of women, youth, children and families affected by HIV. I wholeheartedly support your attempts to obtain Ryan White Title IV funds so that you may continue to provide these urgently needed preventive and medical services to this devastated population.

Our region lacks a coordinated program for HIV affected families, although the entire family is affected when one or more members are involved. Your family centered program at Northeast Florida Pediatric AIDS Program and Rainbow Center for Women, Adolescent and Children (NEFPAP/RCWAC) is providing excellent coordinated and comprehensive, family centered medical care. However, there is a lack of coordination in the region. In addition, coordination of available dental services is urgently needed. I am confident your program can achieve this much needed coordination. Please let us know what additional support you need from us to develop a comprehensive management approach for these families.

Sincerely,

Cliff Starr, D.M.D.
Director

GERALD A. CIOFFI, D.M.D.
767 BLANDING BLVD., SUITE 109
ORANGE PARK, FLORIDA 32065
TELEPHONE (904) 272-6244

March 23, 1998

Mobeen H. Rathore, M.D.
Director
Northeast Florida Pediatric
AIDS Program (NEFPAP)
653-1 West 8th Street
Jacksonville, Florida 32209

Dear Dr. Rathore:

This letter is in support of your grant application for "Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families" funding to provide early intervention services /primary care to HIV -infected adolescents and women, youths, children and families. I look forward to the opportunity to continue collaboration in this area.

I am in full support of your pursuit of this funding and am committed to providing comprehensive diagnostic, preventive, and therapeutic oral health care to these HIV-infected individuals.

Sincerely,

Gerald A. Cioffi DMD

Gerald A. Cioffi, D.M.D.
GAC:ms

CHILDREN'S HOME SOCIETY OF FLORIDA

March 4, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Division of Pediatric Infectious Disease/Immunology
University of Florida Health Science Center
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

We are writing in support of your application for the *Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, and Families*. We have been pleased with the care that you and your associates have provided to the children in our Medically Needy Foster Care Program. Enhanced funding for your program could certainly benefit our children by affording them the opportunity to participate in the latest clinical research trials.

We wish you continued success in your efforts.

Sincerely yours,

Mary C. Shell

Mary C. Shell, ACSW, LCSW
Program Supervisor

Lynn H. Bertram

Lynn H. Bertram, LCSW
Associate Executive Director

Executive Director
William A. Shetler, ACSW, LCSW
Associate Executive Director
Lynn H. Bertram, LCSW

CHILDREN'S HOME SOCIETY
Buckner Division
3027 San Diego Road
Post Office Box 5616
Jacksonville, Florida 32247-5616
Phone: (904) 348-2811
Fax: (904) 348-2818

UNIVERSITY OF MIAMI
School of Medicine, Department of Family Medicine
South Shore Hospital, 600 Alton Road, Suite 502
Miami Beach, FL 33139
Phone: 305/672-2100 x 3549 Fax: 305/538-9301
Internet: afeingol@mednet.med.miami.edu

NOVA-SOUTHEASTERN UNIVERSITY
College of Osteopathic Medicine
3200 S. University Drive, Suite 1419
Ft. Lauderdale, FL 33328
Phone: 954/262-1419 x 1863 Fax: 954/262-2251

FLORIDA AIDS EDUCATION AND TRAINING CENTERS NETWORK

UNIVERSITY OF FLORIDA
Health Science Center
PO Box 100177
Gainesville, FL 32610-0177
Phone: 352/395-8037 Fax: 352/395-8047
Internet: aids@hpe.ufl.edu

UNIVERSITY OF SOUTH FLORIDA
Center for HIV Education and Research
13301 Bruce B. Downs Boulevard, Tampa, FL 33612
Phone: 813/974-4430 Fax: 813/974-4406
Internet: grannan@hal.fmhi.usf.edu

17 March 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Division of Pediatric Infectious Disease and Immunology
Director, Northeast Florida Pediatric AIDS Program (NEFPAP)
University of Florida Health Science Center - Jacksonville
653-1 West 8th Street
Jacksonville, Florida 32209-6511

RE: Letter of Collaboration for Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families

Dear Dr. Rathore:

It is with pleasure that I write this letter of collaboration and support for your application for funding through the Ryan White Title IV Grant "Coordinated HIV Services and Access to Research for Children, Youth, Women, and Families." The dedication demonstrated by the faculty and staff of the Northeast Florida Pediatric AIDS Program (NEFPAP) regarding family HIV care, research, and advocacy is admirable.

As you are aware, the Florida AIDS Education and Training Center is a member of the Florida AETC Network, which provides HIV/AIDS clinical resources, mini-residency programs, conferences, workshops, and educational materials for health care professionals throughout Florida. To this end, the FAETC at the University of Florida would be pleased to continue our relationship and expand collaborative activities as they pertain to educating and training the providers active in the NEFPAP and associated providers and clinics. The FAETC has cooperated with Jacksonville agencies to provide update conferences for HIV/AIDS clinicians, provided "HIV/AIDS Primary Care Guides" to health care providers in the Duval County area, and included information regarding clinical trials from Northeast Florida in the FAETCN quarterly newsletter (distribution over 6,000). Additional projects, as determined through local needs assessments and indicated by the NEFPAP faculty and staff, will be considered as priority programs for cooperative support by the FAETC at the University of Florida.

With whole-hearted enthusiasm, I urge the Health Resource and Services Administration to fund your application for Ryan White Title IV Grant "Coordinated HIV Services and Access to Research for Children, Youth, Women, and Families." If you need additional information or clarification, please do not hesitate to contact me at my direct office number, 352/395-8037, or via the Internet, klb@hpe.ufl.edu.

With High Regard,

Karen L. Bentrup, MSHSE
Director, Florida AIDS Education and Training Center
and Assistant In Health Policy and Epidemiology University of Florida College of Medicine

pc: Michael K Miller, PhD, Principal Investigator, AETC at the University of Florida

Major funding provided by HHS-BHP Grant No. U69 PE00101-07

NEFPAP/RCWAC

Jacksonville Area Legal Aid, Inc.

126 W. Adams Street
Jacksonville, FL 32202-3849
(904) 356-8371
FAX: (904) 356-8285

1488 Park Avenue
Orange Park, FL 32073-4830
(904) 264-2713
FAX: (904) 269-4422

March 19, 1998

Via Facsimile Number: 549-5341

Mobeen Rathore, M.D.
Associate Professor and Chief,
Division of Pediatric Infectious
Diseases/Immunology and
Director, Northeast Florida Pediatric
AIDS Program (NEFPAP)
653-1 West 8th Street
Jacksonville, Florida 32209-6511

Dear Dr. Rathore:

This letter is in support of your efforts to obtain funds through the Ryan White Title IV to provide HIV services and research for children, youth, women, and families. More intense services are urgently needed for this underserved population.

Northeast Florida's rate of HIV/AIDS is one of the highest not only in the State of Florida, but also, the Nation and the needs in our area continue to increase. As a group of individually, Jacksonville Area Legal Aid, Inc. will support your efforts in any manner possible should you receive this greatly needed funding.

Please advise if we can be of any further assistance in your endeavors.

Yours very truly,

Michael G. Figgins
Executive Director

MGF/fjs
cc:

UNIVERSITY OF
FLORIDA

HEALTH SCIENCE CENTER / JACKSONVILLE
Department of Pediatrics

653-1 West 8th Street
Jacksonville, Florida 32209-6511
Tel.: (904) 549-3027

March 5, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
Division of Pediatric Infectious Diseases/Immunology
University of Florida Health Science Center/Jacksonville

Dear Dr. Rathore:

This letter is written in support of your application for Ryan White Title IV Grant for Children, Youth, Women and Families. As you know, the AIDS epidemic has afflicted our youth, especially African-Americans and women. Our region lacks a coordinated program for HIV infected youth, although they are among the highest HIV infected group. A program dedicated to adolescents would fill this gap in services.

Sincerely,

Frank J. Genuardi, M.D., M.P.H.
Chief, Division of Adolescent Medicine

TheNEMOURS CHILDREN'S CLINIC

March 20, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief,
University of Florida
Health Science Center/ Jacksonville
653-1 West 8th Street
Jacksonville, Florida 32209

Dear Dr. Rathore:

It is with great pleasure and enthusiasm that I write this letter of support for your application to "Ryan White IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families".

As in the past, we would be delighted to collaborate with you in the care of hemophilia patients infected with HIV. We would especially like to coordinate participation in the CDC grant entitled " Region IV South Program for the Prevention of the Complications of Hemophilia through Hemophilia Treatment Centers".

Hemophilia is a disease that affects the whole family, and HIV infections have the potential of burdening the family even further. The issues of adolescents and young adult hemophiliacs infected with HIV are critical. Most of this group of patients are very close to the pediatric service and need a slow and gentle transfer to adult care. I believe a well - coordinated plan for services to adolescent HIV-infected hemophiliacs and their families is much needed. We at the Hemophilia Center fully support your efforts to coordinate services and agree to participate with you in the implementation of the grant.

Please let me know if I or my staff can be of any assistance in further planning and implementation of the program.

Sincerely,

Bridget Freeman-Nord, M.D.
Director, Regional Hemophilia Center
Jacksonville, Florida

BF/ab

FLORIDA DEPARTMENT OF HEALTH

Lawton Chiles
Governor

James T. Howell, M.D., M.P.H
Secretary

March 31, 1998

Mobeen H. Rathore, M. D.
Associate Professor and Chief
University of Florida Health Science
Center - Jacksonville, Florida
Department of Pediatric Infectious
Disease/Immunology

Dear Dr. Rathore:

I am writing this letter in support of your application for Ryan White Title IV Grant Funding for coordinated HIV services and access to research for children, youth, women and families. In my role as the Regional HIV/ AIDS Prevention Coordinator for the Department of Health I am very much aware of the need for coordinated services focusing on our families. The Department of Pediatrics in the University of Florida Health Science Center at Jacksonville have played a major role in providing comprehensive health care for those high risk and HIV infected mothers and children in Northeast Florida.

The Jacksonville community recognize the Department of Pediatrics at the Health Science Center in Jacksonville as the program that's on the cutting edge when it comes to children, adolescents and women health services. Northeast Florida has a high incidence of HIV positive individuals, therefore we are looking forward to working collaboratively with you on this much needed project.

We fully support your efforts to bring additional funding to Northeast Florida and Duval County to serve our HIV/AIDS clients. Please feel free to call on us for any assistance you may need in the future because together we are able to turn back the tide of this disease.

Sincerely,

Jacquelyn J. Nash

Jacquelyn J. Nash, LCSW
HIV/AIDS Prevention Coordinator
Department of Health

1833 Boulevard, Suite 502 • Jacksonville, FL 32206

FLORIDA DEPARTMENT OF HEALTH

Lawton Chiles
Governor

James T. Howell, M.D., M.P.H.
Secretary

March 31, 1998

Mobeen H. Rathore, M.D.
Associate Professor and Chief
University of Florida
Health Science Center - Jacksonville
Department of Pediatric Infectious Diseases/Immunology
653-1 West 8th Street
Jacksonville, Florida 32209

Dear Dr. Rathore:

Please accept this letter of support for the Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families that you are proposing. As you know, this Health Department is committed to the care of all people in Northeast Florida with HIV and AIDS. We will look forward to the opportunity to collaborate with you in the implementation of this initiative. In particular, the services and resources that you propose will do much to greatly improve the services we are able to provide to mothers and children.

This Department will also provide in kind and other resources required to make this initiative a success. As the manager of medical services for Ryan White Titles I and II, we will make sure that these resources are integrated to effect a successful and cost-effective program.

Thank you for the efforts that you have expended on behalf of children and mothers in this community. We will look forward to ongoing collaboration. We are prepared to support you in every and in any way possible to make this a success.

Sincerely,

Jeffrey Goldhagen, M.D.
Director

FLORIDA DEPARTMENT OF HEALTH

Lawton Chiles
Governor

James T. Howell, M.D., M.P.H
Secretary

Mobeen Rathore, M.D.
Associate Professor and Chief
Division of Pediatric Infectious Diseases/Immunology
Director, Northeast Florida Pediatric AIDS Program
653-1 West 8th Street
Jacksonville, FL 32209-6511

March 26, 1998

Dear Dr. Rathore,

This letter is in support of your efforts to obtain funding through Ryan White Title IV Grant for Coordinated Services and Access to Research for Children, Youth, Women and Families.

Nassau County Health Department relies on regional referral centers such as your Northeast Florida Pediatric AIDS Program for patient services which may not be available in smaller, more rural counties. Your ability to access additional funding will improve service delivery for the region. We are happy to collaborate with you in expanding care to women and children with HIV.

If I can offer any further support for your application, please contact me at (904) 277-7287.

Sincerely,

E. Ngo-Seidel, M.D., MPH
Director

CC: J. Baker, HIV Nurse Case Manager/Nassau CHD

Nassau County Health Department
PO Box 517, 30 South 4th Street
Fernandina Beach, Florida 32035-0517
(904) 277-7280, SUNCOM 848-7280, FAX (904) 277-7286

Principal Investigator/Program Director *(Last, first, middle):* Mobeen H. Rathore

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE
Mobeen H. Rathore, M.D.	Associate Professor and Chief, Division of Pediatric Infectious Diseases/Immunology Director-Northeast Florida Pediatric AIDS Program Director, Rainbow Center for Women, Adolescents and Children

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY
King Edward Medical College, Lahore, Pakistan	M.B.B.S.	1980-1983	Medicine
Pediatric Residency, Akron Children's Hospital		1985-1988	Pediatrics
Pediatric Infectious Disease Fellowship		1989-1991	Pediatric Infectious Diseases
Cardinal Glennon/St. Louis Children's Hospital			

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order, previous employment, experience and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. DO NOT EXCEED TWO PAGES.

Assistant Professor, Pediatric Infectious Disease/Immunology, University of Florida Health Science Center/ Jacksonville (UFHSC/J), Jacksonville, FL 1991-1995
Assistant Professor and Chief, Pediatric Infectious Disease/Immunology, UFHSC/J 1993-1995
Director, Northeast Florida Pediatric AIDS Program (NEFPAP) 1993-date
Principle Investigator, Pediatric AIDS Clinical Trial Unit, NICHD 1994-date
Associate Professor and Chief, Pediatric Infectious Diseases/Immunology, UFHSC/J 1995-date
Chief, Pediatric Infectious Disease/Immunology, Nemours Children's Clinic, Jacksonville, FL 1995-date
Chief, Pediatric Infectious Disease/Immunology, Wolfson Children's Hospital, Jacksonville, FL 1996-date
Director, Rainbow Center for Women, Adolescents and Children, Jacksonville, FL 1997-date
Hospital Epidemiologist, Wolfson Children's Hospital 1993-date

Fellow, Infectious Disease Society of America and American Academy of Pediatrics
Member, Policy and Procedures Subcommittee, PACTG of NIH 1996-date
Member, Protocol Evaluation Subcommittee, PACTG of NIH 1997-date
Member, HIV Planning Council, Jacksonville, FL 1993-date
Member, Board of North Florida AIDS Network (NFAN) 1996-date
Excellence in Healthcare Award (for north Florida) awarded by Jacksonville Business Journal, WJXT Channel 4, KPMG Peat Marwick for outstanding HIV/AIDS program
Attending of the Year by Pediatric Residents 1991-1992
Golden Apple Teaching Award by Senior Medical Students 1996-1997
Member, National Institutes of Health - NIAID Collaborative Antiviral Study Group 1992-date
Member, Institutional Review Board, UFHSC/J and University Medical Center, Jacksonville, FL 1994-date
Member, Research Advisory Committee, UFHSC/J 1995-date
Member, Promotion and Tenure Committee (Associate Professor), University of Florida, College of Medicine
Member, Florida HIV/AIDS Epidemiology Work Group, Department of Health, State of Florida
Author of 59 refereed publications, 11 correspondences, 52 abstracts, 17 book chapters
Reviewer for the American Journal of Diseases of Childhood, Pediatrics, Pediatric Infectious Disease Journal, Southern Medical Journal and Red Book 1997, Report of the Committee on Infectious Diseases, American Academy of Pediatrics
Given 52 presentations at national and international conferences
Invited lectures in excess of 75

Barton LL, Hoddy D, Rathore MH, Friedman A and Gravis ER. The long-term outcome of Pseudomonas osteomyelitis of the foot. Pediatr. Infect. Dis. 1990;9:476.

Rathore MH, Barton LL, Dunkle LM. Fusobacterial infection in children. Pediatr. Infect Dis. 1990; 9:505

Rathore MH, Barton LL and Luisiri A. Acute Lobar Nephronia. Pediatrics. 1991; 87:728-734.

Rathore MH: Do prophylactic antibiotics prevent meningitis after basilar skull fracture? Pediatr. Infect. Dis. J 1991; 10:87-88

Rathore MH, Barton LL, Kaplan EI: Serious group A beta hemolytic infections in children. Pediatrics. 1992; 4:743

Barton LL, Rathore MH, Dawson J. Ehrlichial infection in childhood. J Pediatr. 1992; 120:998

Granoff DM, Rathore MH, Granoff PD, Lucas AH. Effect of immunity to the carrier protein on antibody responses to Haemophilus influenzae type b conjugate vaccine. Vaccine:1993; 11:S44-S49.

Rathore MH: Meningococcal arthritis: Comparison in children and adults. Infect Dis Clin Prac. 1993; 40:282

Cope ANK, Frank PJ, Rathore MH, et al. Measles Outbreak in Duval County. MMWR, 1993;42(4):81-83.

Freeman B, Rathore MH, Joyce MJ, Salman E, Pitel P. Intravenous Gamma globulin for the treatment of Infection-Associated Hemophagocytic Syndrome. J Pediatr. 1993; 123:479

Rathore MH, Barton LL, Dawson JE, Regenery R, Ayoub EM. Prevalence of Antibodies to Ehrilichia chaffeensis (EC) and Rochalimaea spp. (R) in patients with Kawasaki Disease (KD). J Clin Microbiol. 1993; 31:3058

Pitman T, Williams D, Rathore MH, Knudsen A. Cerebrospinal fluid eosinophilia in patients with ventriculoperitoneal shunts. British Journal of Neurosurgery. 1994;8:41.

Waler J, Rathore MH. Outpatient Management of Childhood Meningitis. Pediatric Infectious Disease Jacksonville, Florida. 1995; 14:89

Rathore MH, Jenkins SG, Williams E. Non-Typhoidal Salmonella infections in Northeast Florida. South Med J. 1995; 88(8):840

Rathore MH, Bux D, Hasan M. Multi-drug Resistant Salmonella typhi in Pakistani children. S.Med J. 1996; 89(2):235-237.

Rathore MH, Bux D, Hasan M. Visceral Leishmaniasis in Pakistani Children. S. Med J, 1995; 89:491

Ayoub E, Rathore MH, Reuman P. Developments in Childhood Immunization. Current Problems in Pediatr, April 1996

Chaban C. Montgomery JM, Tolaymat A, Rathore MH. Urinary Tract Infection in Childhood. Infections in Med. 1996 (April);13:314

Rathore MH, Mercurio K, Halstead D. Herpes Simplex Virus type I meningitis in childhood. Pediatr Infect Dis 1996;15:824

Midani S, Rathore MH. Polymerase Chain Reaction Testing for early detection of HIV infection in children. 1996; S Med J 1997; 90:294

BIOGRAPHICAL SKETCH

NEFPAP/RCWAC

Give the following information for the key personnel and consultants and collaborators. Begin with the principal investigator/program director. Photocopy this page for each person.

NAME	POSITION TITLE
Isaac Delke, M.D.	Associate Professor

EDUCATION *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
Haile Selassie I Univ, Addis Ababa, Ethiopia	Pre-Med	1964-66	Pre-Med Science
Haile Selassie I Med School, Addis Ababa, Ethiopia	M.D.	1967-71	Medicine
Brookdale Hosp Med Center, Brooklyn, NY		1974-75	Intern
Brookdale Hosp Med Center, Brooklyn, NY		1974-79	Res., OB/GYN
Brookdale Hosp Med Center, Brooklyn, NY		1979-80	Clinical Fellow
State Univ of NY, Brooklyn, NY		1980-1982	Clinical Fellow

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Key personnel include the principal investigator and any other individuals who participate in the scientific development or execution of the project. Key personnel typically will include all individuals with doctoral or other professional degrees, but in some projects will include individuals at the masters or baccalaureate level provided they contribute in a substantive way to the scientific development or execution of the project. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. DO NOT EXCEED TWO PAGES.

PROFESSIONAL EXPERIENCE:

1990-Present	Assoc Prof., Dept. of Obstetrics and Gynecology, University of Florida
1989-1990	Assoc Prof., Dept. of Obstetrics-Gynecology, SUNY Health Science Center at Brooklyn, Brooklyn, New York
1982-1989	Asst Prof., Dept. of Obstetrics- Gynecology, SUNY Health Science Center at Brooklyn, Brooklyn, New York
1990-Present	Physician-In-Charge, OB/GYN Clinic- Women with HIV Infection/Drug Abuse Univ Med Center, Jacksonville, Florida
1986-1990	Chief, Obstetrics-Gynecology, Kings County Hosp Center, Brooklyn, NY

HONORS:

Society of Perinatal Obstetricians' (SPO) Best Research Idea Award 1985
"Correlation Between Lamaze Childbirth Preparation and Maternal Plasma Beta-Endorphin Immunoreactivity"
Certificate of Appreciation: Presenting at the Second Annual Minority AIDS Conference/HRS AIDS Symposium, 1991
Certificate of Recognition: Outstanding Student Teacher 1991-1992
Certificate of Recognition: Outstanding Student Teacher 1992-1993
Certificate of Recognition: Outstanding Student Teacher 1993-1994

COMMITTEES:

NATIONAL:

1995	Adult AIDS Clinical Trials Groups (ACTG) - Special Review Committee Member
1994	Public Health Service Panel Member, Bethesda, Maryland Review of the Results of AIDS Clinical Trial Group (ACTG) 076
1990	ACOG Subcommitteé on Underserved Women, Washington, DC

STATE:

1986-1990	Governor's Task Force on Perinatal Care in New York State
1990-Present	Governor's Healthy Start Work Group, Tallahassee,Florida

LOCAL:

1990-Present	Substance-Exposed Newborns Staffing Committee
1992-1994	Board member- Gateway Community Services, Inc.
1989-1990	Maternal and Child Substance Abuse Task Force Steering Committee
1987-1990	New York City Department of Health Subcommittee on Substance Abuse

REFEREED PUBLICATIONS:

Minkoff HL, Holman S, Beller E, Delke I, et al: Routinely Offered Prenatal HIV Testing. N Engl J Med 1988; 319:1018.

Minkoff HL, McCalla S, Delke I, et al: The Relationship of Cocaine Use to Syphilis and Human Immunodeficieny Virus Infection Among Inner City Parturient Women. Am J Obstet Gynecol 1990; 163:521-526.

Nanda D, Feldman J, Delke I, Chintalapally S, Minkoff HL: Syphilis Among Parturients at an Inner-City Hospital: Association with Cocaine Use and Implications for Congenital Syphilis Rates. NYS J Med 1990; 90:488-490.

McCalla S, Minkoff HL, Feldman J, Delke I, Salwin M, Valencia G, Glass L: The Biologic and Social Consequences of Perinatal Cocaine Use in an Inner City Population: Results of an Anonymous Cross-sectional Study. Am J Obstet Gynecol 1991; 164:625-630.

Economos K, Veridiano NP, Delke I, et al: Abnormal Cervical Cytology in Pregnancy: A 17-Year Experience. Obstet Gynecol 1993; 81:915-8.

Sanchez-Ramos L, Kaunitz AM, Del Valle GO, Delke I, et al: Labor Induction With the Prostaglandin E1 Methyl Analogue Misoprostol versus Oxytocin: A Randomized Trial. Obstet Gynecol 1993; 81:332-6.

Delke I, Sanchez-Ramos L, Briones D: Effect of Substance Abuse Reporting Laws on Cocaine Use in Subsequent Pregnancies. Am J Obstet Gynecol 1993; 168:403.

Delke I, Greenhaw J, Sanchez-Ramos L, Roberts W: Antiretroviral Therapy During Pregnancy. Am J Obstet Gynecol 1993; 168:424.

Delke I: HIV infection in pregnancy. Jacksonville Medicine 1994; 45:69-74.

Sanchez-Ramos L, Tolaymat A, Yergey AL, Viera N, Abrams SA, Calventi V, Delke I, Adair CD, et al: Pathophysiology of Hypocalciuria in Preeclampsia: Isotopic Measurement of Calcium Absorption. Am J Obstet Gynecol 1993; 168:384.

Sanchez-Ramos L, Del Valle GO, Briones RN, Walker RN, Delke I, Gaudier F: Prevention of preeclampsia by calcium supplementation in angiotensin-sensitive patients. Am J Obstet Gynecol 1994; 170:479.

Sanchez-Ramos L, Chen A, Briones D, Del Valle GO, Gaudier FL, Delke I: Premature rupture of membranes at term: Induction of labor with intravaginal misoprostol tablets (PGE1) or intravenous oxytocin. Am J Obstet Gynecol 1994; 170:377.

BOOK CHAPTER:

Delke I: Women and HIV disease. In a supplement to the "HIV Disease Primary Care Guide." Editors Shands JW, Bentrup KL. Florida AIDS Education and Training Center, University of Florida, 1994; pp 20-25.

HONORS:

Society of Perinatal Obstetricians' (SPO) Best Research Idea Award 1985
"Correlation Between Lamaze Childbirth Preparation and Maternal Plasma Beta-Endorphin Immunoreactivity"

Certificate of Appreciation: Presenting at the Second Annual Minority AIDS Conference/HRS AIDS Symposium, 1991

Certificate of Recognition: Outstanding Student Teacher 1991-1992
Certificate of Recognition: Outstanding Student Teacher 1992-1993
Certificate of Recognition: Outstanding Student Teacher 1993-1994

Name: Linda M. Dinerman, M.D. Title: Assistant Clinical Professor

Education/Training:
* University of California at San Diego, LaJolla, CA - Bachelor of Arts Degree/Psychology - 1977-1982
* University of Florida, Gainesville, FL - M.D. Degree/Medicine - 1983-1987
* University of Florida, Gainesville, FL - Intern/Resident, Pediatrics - 1987-1990
* University of Florida, Gainesville, FL - Chief Resident, Pediatrics - 1990-1991
* The Johns Hopkins University, Baltimore, MD - Fellow, Adolescent Medicine - 1991-1993

Employment:
* 7/93-6/95 - Faculty, Department of Pediatrics, Division of General Pediatrics, Sinai Hospital of Baltimore, Baltimore, MD; Instructor, Department of Pediatrics, Johns Hopkins University School of Medicine
* 9/1/95-8/31/96 - University of Florida Health Science Center/Jacksonville, Associate Professor, Department of Pediatrics
* 9/1/96-12/31/96 - Pediatric private practice, Baptist/St. Vincent's Pediatrics
* 5/97-Present - Faculty, Assistant Clinical Professor, Department of Pediatrics, University of Florida Health Science Center/ Jacksonville

Experience:
5/92-5/93 - Co-Investigator, "Adolescent Female Contraceptive Decision Making", General Clinical Research Center, The Johns Hopkins Medical Institutions

Presented Abstracts:
* Dinerman, L. M., Wilson, M.D., Duggan, A.K., Joffe, A.: Norplant Counseling Practices by Adolescent Medicine Fellowship Programs. Presented at Society for Adolescent Medicine, Chicago, IL, March 1993
* Dinerman, L.M., Wilson, M.D., Duggan, A.K., Joffe, A.: Adolescent Female Contraceptive Decision-Making: Norplant vs. Oral Contraceptives and Other Methods. Presented at Ambulatory Pediatric Association Meeting, Washington, D.C., May 1993
* Boehm, K., Duggan, A.K., Dinerman, L.M., McGowan, M.: Social Support of Inner-City Fathers and Mothers. Presented at Ambulatory Pediatric Society for Pediatric Research, Washington, D.C., May 1993
* Duggan, A.K., Reis, E.C., Dinerman, L.M., Serwint, J.R.: Description of Inner-City Fathers of Newborns: A Comparison of Paternal and Maternal Reports. American Journal of Diseases of Children 147:4460, April 1993

Other Presentations:
* Dinerman, L.M., Sexually Transmitted Diseases in Adolescents: Diagnosis, Treatment and Strategies for Prevention. Presented at "Nursing Issues in Ambulatory Pediatrics", Washington, D.C., October 23, 1992
* Dinerman, L.M., Adolescent Gynecology: Delayed Puberty and Menstrual Irregularities. Presented at "Ambulatory OB/GYN Nursing", Washington, D.C., October 15, 1993
* Dinerman, L.M., Adolescent Gynecology: Abnormal Onset of Puberty and Menstrual Irregularities. Presented at "Contraceptive Technology", Washington, D.C., March 1994
* Dinerman, L.M., Advances in Adolescent Contraception. Presented at Sinai Hospital Grand Rounds, Baltimore, MD, May 1994

Publications:
* Rizkallah, M.F., Meyer, L. , Ayoub, E.M.: Hapatic and Splenic Abscesses in Cat-Scratch Disease. The Pediatric Infectious Disease Journal; 7:191-195, 1988
* Dinerman, L.M., Elfenbein, D.S., Cummings, W.A.: Ultrasonographic Findings in an Adolescent with Clinical Fitz-High--Curtis Syndrome. Clinical Pediatrics; 29:532-535, 1990

Published Abstracts:
* Dinerman, L.M., Wilson, M.D., Duggan, A.K., Joffe, A.: Adolescent Female Contraceptive Decision-Making: Norplant vs. Oral Contraceptives and Other Methods. American Journal of Diseases of Children; 147:417, April 1993
* Duggan, A.K., Reis, E.C., Dinerman, L.M., Serwint, J.R.: Description of Inner-City Fathers of Newborns: A Comparison of Paternal and Maternal Reports. American Journal of Diseases of Children; 147:460, April 1993

Honors:
1987 - Winner of scholarship to Germany Medical Student Exchange Program
1987 - Winner of J. Eugene Craig Haufler Award for Excellence in Medical Care of Children
1994 - Finalist, Society for Adolescent Medicine Young Investigator's Award

Pamela L. Juba, M.D.
1828 Commodore Point Drive
Orange Park, Florida 32273
(904) 278-7090

EDUCATION:

High School: Douglas Southall Freeman, Richmond, Va. Graduation June 1975

College: University of Richmond, Richmond, Virginia, 8/75-5/77
Virginia Commonwealth University, Richmond, Virginia, 5/78-5/81
Degree - B.S. Chemistry
Old Dominion University, Norfolk, Virginia, 1/82-5/82, Postbaccalaureate courses.

Medical School: Eastern Virginia Medical School, Norfolk, Virginia, M.D. 1989

TRAINING:

Internal Medicine Residency: University of South Florida, Tampa, Florida, 1989-1992

EMPLOYMENT

Research: Eastern Virginia Medical School, Department of Microbiology, Norfolk, Virginia. Research in the development of an ELISA for the detection of antibodies to M. Tuberculosis. 1982-1983

Research: Eastern Virginia Medical School, Department of Pharmacology, Norfolk, Virginia. Research in the effects on drug metabolism after exposure to acetylcholinesterasease inhibitors. 1983-1985

Clinical: Senior Physician, St. Johns County Public Health Unit, St. Augustine, Florida. Primary responsibilities in the clinical care of adults, HIV-infected adults, family planning and public health related areas. 5/93 to present.

Clinical: Clinical Assistant Professor, University of Florida, University Medical Center, Jacksonville, Florida. Clinical care of HIV-infected adults. 10/97 to present

LICENSURE/CERTIFICATION

Florida (ME0061937)
1990 National Board
1993 American Board of Internal Medicine

MEMBERSHIPS

Northeast Florida AIDS Network, Vice Chair
Northeast Florida Pediatric AIDS Program, Community Advisor Board

PERSONAL

Married
Children - Travis (1983), Elizabeth (1990), Brian (1992)
Interests: Tennis, Swimming, Sign Language

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	[Personally Identifiable Information] [partial] (1 page)	00/00/1998	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Todd Summers
OA/Box Number: 21082

FOLDER TITLE:
Correspondence-Todd Summers-Incoming-6/98

2018-0758-F
rs3221

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

CURRICULUM VITAE

NAME:		L. Michelle Eagle, P.A.-C.
ADDRESS:	(Office)	Department of Pediatrics University of Florida Health Science Center 653-1 W. 8th Street Jacksonville, FL 32209
	(Home)	12554 Blue Lagoon Trail Jacksonville, FL 32225
TELEPHONE:	(Office)	(904) 549-5331
	(Home)	(904) 221-8795
BIRTH DATE:		(b)(6)
BIRTHPLACE:		
MARITAL STATUS:		Married Michael Eagle, P.A.C.
EDUCATION:		University of Florida Gainesville, Florida Bachelor of Medicine Degree received 6/26/93
		Florida Community College at Jacksonville Jacksonville, Florida Associate of Arts with Honors Degree received December 1990
PROFESSIONAL TRAINING:		University of Florida Gainesville, Florida Bachelor of Medicine-Physician Assistant Program July 1991 - June 1993
		Florida Community College at Jacksonville Emergency Medical Technician Training
		Leadership Training- University of FL-Gainesville 5\96
		Managing and Monitoring Clinical Trials - 3\97
EXPERIENCE:		University of FL-HSC, Jacksonville July 1993-Present Department of Pediatric Infectious Diseases and Immunology Physician Assistant- Inpatient\Outpatient services- July 1993-August 1994 Director of Research-Division of Pediatric Infectious Disease and Immunology- September 1994-present

L. MICHELLE EAGLE
CURRICULUM VITAE
PAGE 2

LICENSURE:

State of Florida Board of Medicine
1998, #PA0002708

Prescriptive License - State of Florida
1998, PAX 0000330

CERTIFICATIONS:

National Commission on Certification of
Physicians Assistants
Certification received October 1993-Honors

Basic Cardiac Life Support, 1996
Certified HIV Counselor, September 1991
Certified Emergency Medical Technician; March 1991

Certified Clinical Research Coordinator
Associates of Clinical Pharmacology - 4\97

PROFESSIONAL ORGANIZATIONS:

Florida Academy of Physician Assistants
American Academy of Physician Assistants

RESEARCH Experience:

Research Director\ Study Coordinator
Pharmaceutical Funded Research Protocols- specific protocol names available upon request
AIDS CLINICAL TRIALS GROUP- specific protocol names available upon

JOB DESCRIPTIONS

(see Organizational Chart)

Project Director: QUALIFICATIONS: Doctoral or higher education with at least 5 years of experience in administering HIV/AIDS program. Medical Doctor with Board Certification in Pediatric Infectious Diseases preferred. Reports to Associate Chairman, Department of Pediatrics. Will be responsible for: 1) Overall management of the program; 2) Assurance of budgetary compliance; 3) Evaluation and supervision of Project Coordinator and doctoral staff in the program; 4) Assurance that goals and objectives are met; 5) Execution of memorandum of agreements, etc.; and 6) Other duties as needed for program completion.

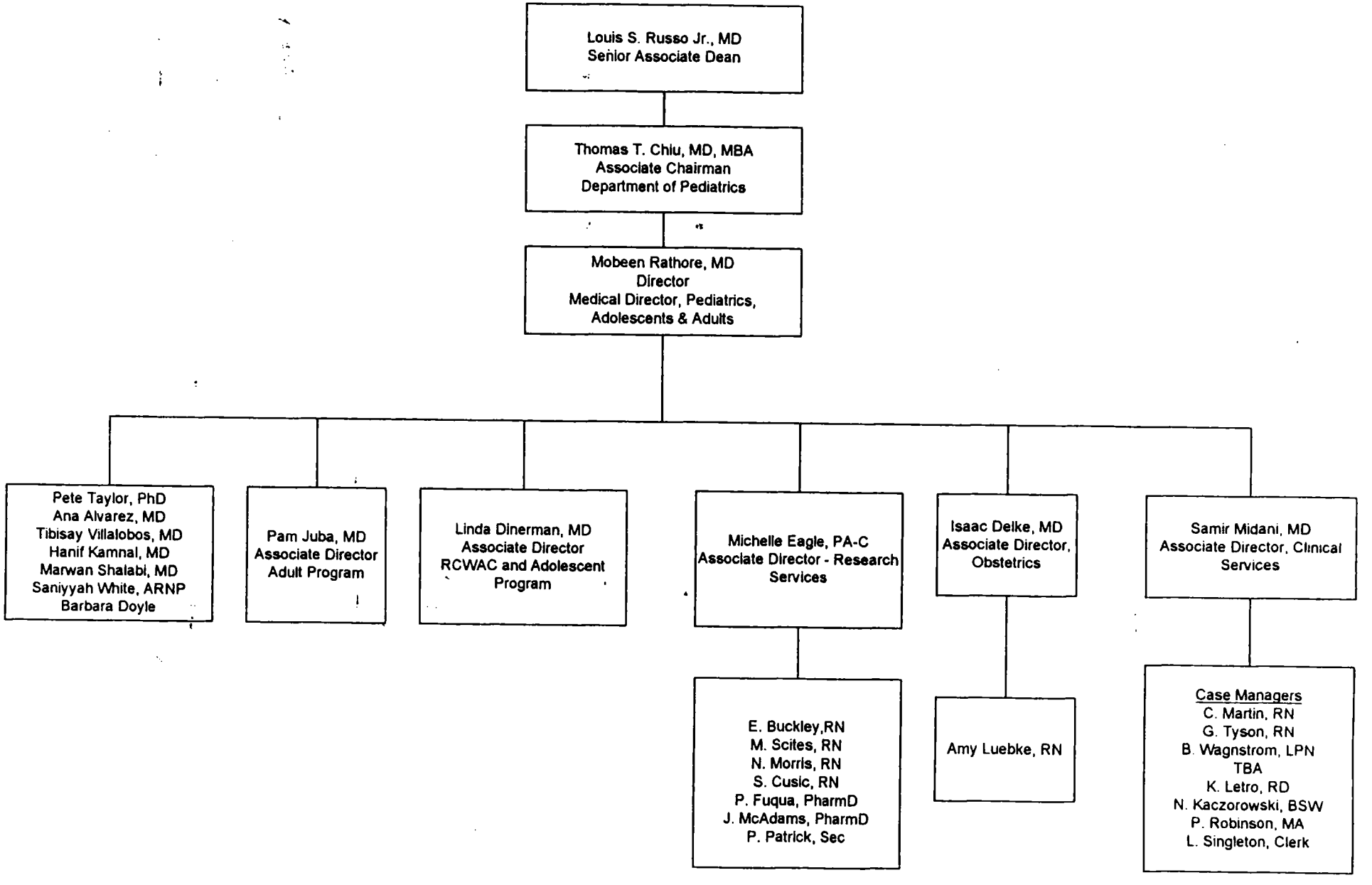
Project Coordinator: QUALIFICATIONS: Masters level or higher preferred with 3-10 years experience or Bachelor level with at least 5 to 10 years experience, in managing a community program, public health or HIV/AIDS-related program. Reports to the Project Director. The Project Coordinator duties will include but not limited to: 1) Supervision of all non-physician personnel; 2) Management of day-to-day administration and operation of the program; 3) Assistance to the Project Director in the overall management and evaluation of the program; 4) Collection of data and preparation of reports; 5) Adherence to timeline to achieve the goals and objectives as outlined in the work plan; 6) Oversight of memorandum of agreements and communication with partners; and 7) Performance of additional duties as assigned by the Project Director including assurance of staff and partner training and Outreach Summit.

Social Worker: QUALIFICATIONS: Masters level and licensed in the state of Florida with at least two years experience in field. Experience with HIV/AIDS or high-risk populations preferred. Reports to the Project Coordinator. Social Worker will: 1) Follow at least 45 highest risk clients in coordination with the case managers; 2) Provide psychosocial assessments; 3) Develop family support plans; 4) Assistance in discharge planning, 5) Assume the lead role in assuring consumer involvement in Community Advisory Board, focus group, support groups and satisfaction surveys; and 8) Perform other duties as assigned by the Project Coordinator.

Adolescent Case Manager: QUALIFICATIONS: Bachelor level with 2-5 years experience in case management preferably with adolescent and/or HIV/AIDS. Master's degree may substitute for one year's experience. Experience may also be substituted on a year-for-year basis for Bachelor's degree (total minimum six years). Reports to Project Coordinator. Adolescent Case Manager will: 1) Provide case management for at least 16 HIV-infected adolescents; 2) Develop an adolescent support group; 3) Assist Adolescent HIV specialist in the development of adolescent HIV program; 4) Assistance of developing an outreach and prevention program for the adolescent; and 5) Perform other duties assigned by the project coordinator including representation on the CAB.

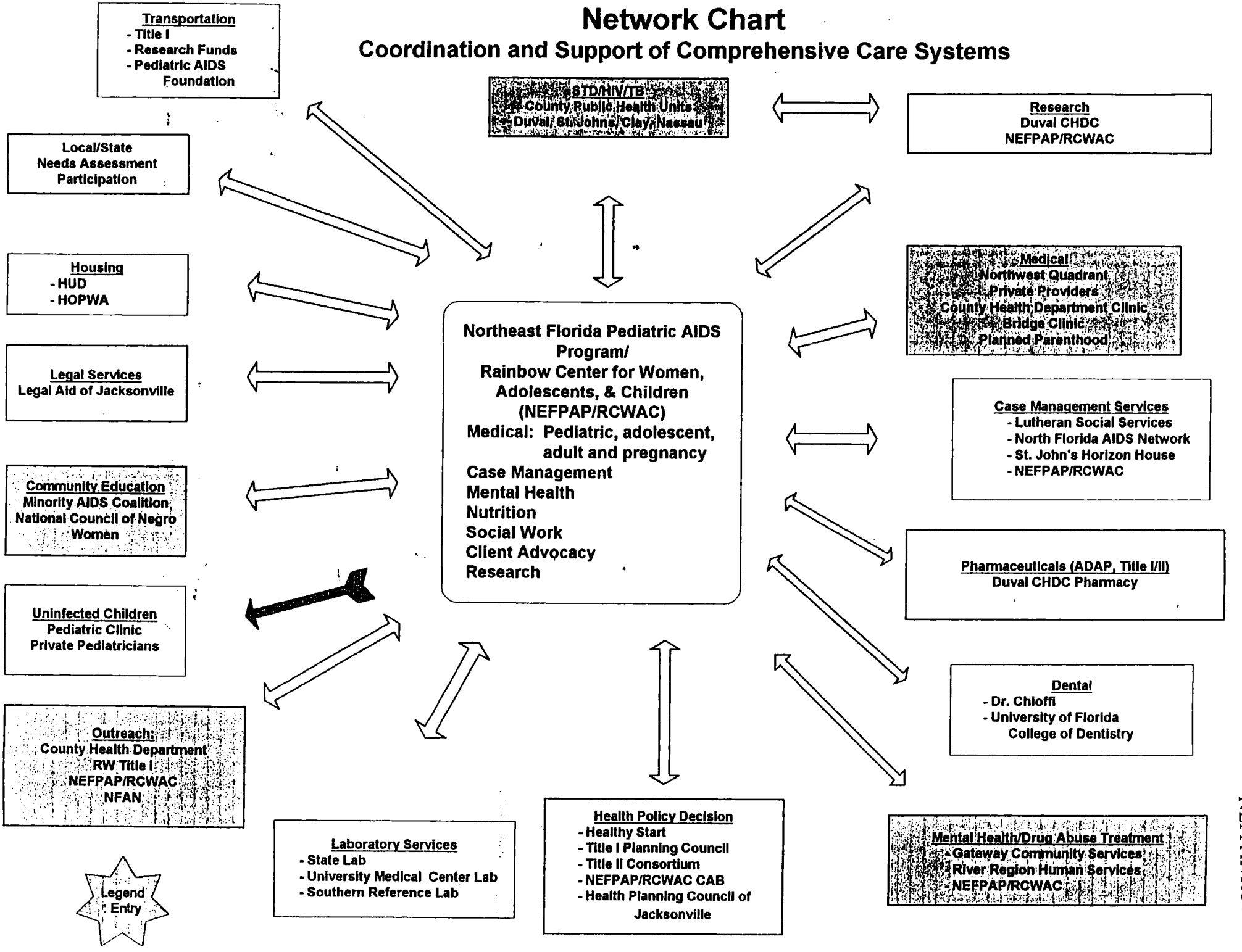
Client Advocate/Liaison: QUALIFICATIONS: An HIV-affected, preferably -infected individual who reflects the demographics of the program population (young, African-American female with an infected/affected child). Good communication skills. Reports to the Project Director. This individual will: 1) Work to increase consumer participation in the program planning and implementation; 2) Advise the program on how to increase consumer participation in the Community Advisory Board and support groups; 3) Assist the program in outreach work; 4) Provide peer support; and 5) Perform other duties to enhance consumer confidence, involvement and empowerment including attendance at budgeted training session.

Organizational Structure Chart



Network Chart

Coordination and Support of Comprehensive Care Systems



ROSTER OF THE COMMUNITY ADVISORY BOARD OF NEFPAP/RCWAC

1. Bobby: African-American, male, father of HIV-infected child
2. Cindy Martino, R.N.: White, female, community activist
3. Davita: African-American, female, mother of HIV-infected child
4. Donna (co-chair): White, female, foster mother of infected children
5. Elizabeth G. Means, R.N.: African-American female, community leader, hospital administrator
6. Frederick (co-chair): African-American, male, father of infected child, husband of infected woman
7. Kenneth: White, adolescent male, hemophiliac, HIV infected
8. Michelle: African-American, female, mother of HIV-infected child
9. Pam Juba, M.D.: White, female, medical provider for HIV-infected women, employed by public health department
10. Ruby Fouraker: White, female, case manager for HIV-infected women and children, employed by regional case management agency

RYAN WHITE TITLE IV TASK FORCE

NAME	RACE	SEX	AFFILIATION
David Andress	W	M	State AIDS Officer for Duval County
Sue Osborne	W	F	Mental Health and Welfare Dept. City of Jacksonville Ryan White Title I Admin. Agency
Frederick Warren	B	M	Co-Chair NEFPAP/RCWAC CAB HIV Affected
Donna Dunlap	W	F	Co-Chair NEFPAP/RCWAC CAB HIV Affected
Mobeen Rathore	O	M	NEFPAP/RCWAC
Lori Bollelo	W	F	Ryan White Title II Co-Chair and Northeast FL Health Planning Council
Bertha Dickerson	B	F	HIV Affected/Women's Hotline
Dee Unsicker	W	F	Dept. Of Pediatrics University of FL Health Science Center/ Jacksonville
Stewart Williams	W	M	JFCS, Ryan White Title II Admin. Agency
Sandy Everett	W	F	Nursing Director, CMS
Carol Brady	W	F	Executive Director of Healthy Start
Elizabeth Means	B	F	VP Community Affairs University Medical Center

1992 ZIP CODES

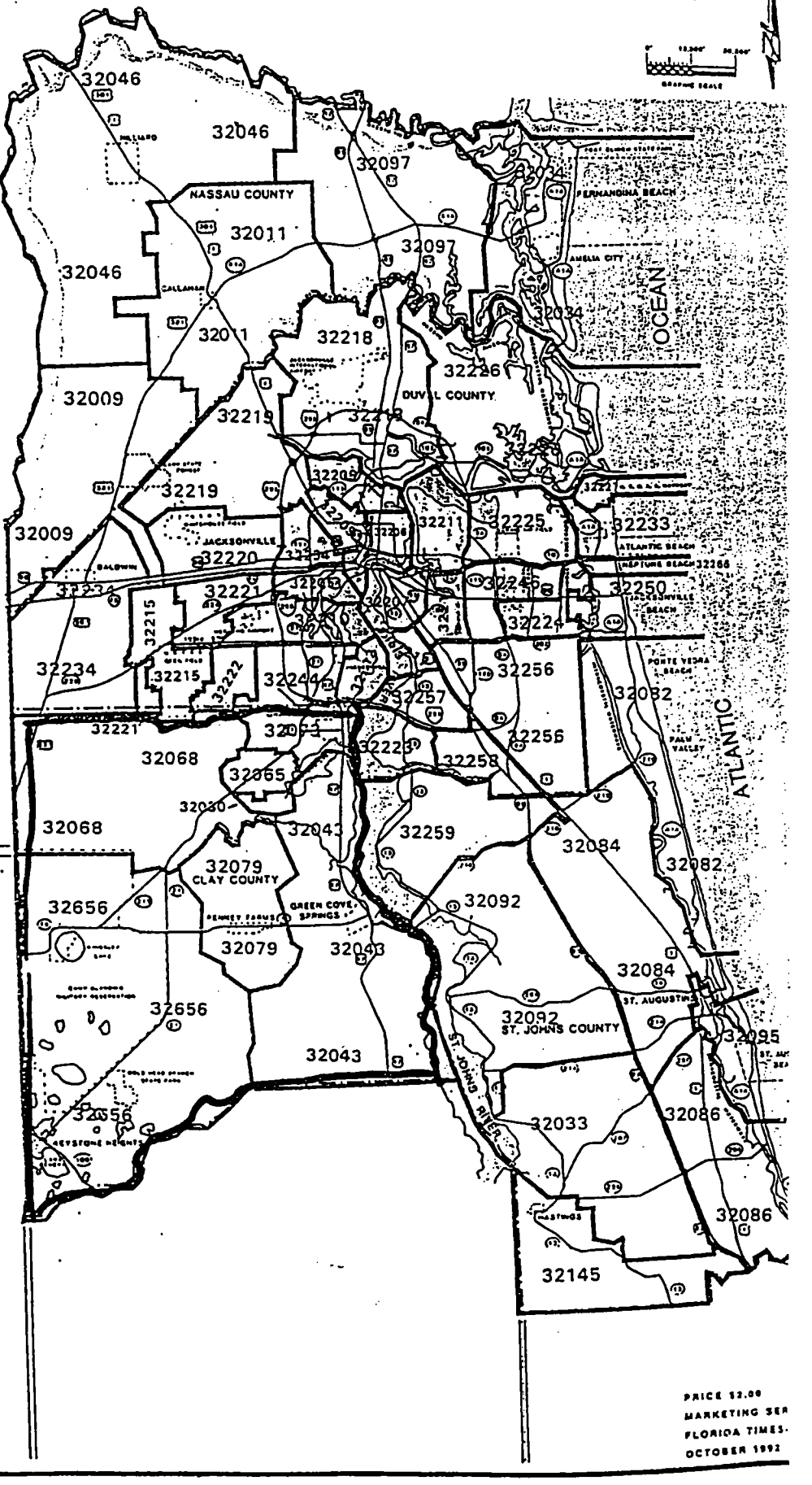
FLORIDA'S FIRST COAST

Duval County

St. Johns County

Clay County

Nassau County



Letter of Agreement from Evaluator NEFPAP/RCWA

UNIVERSITY OF NORTH FLORIDA
4567 St. Johns Bluff Road, South
Jacksonville, Florida 32224-2645
(904) 620-2810 • Fax (904) 620-1030

COLLEGE OF HEALTH

Joan Farrell, Ph.D., *Dean*
Pamela Chally, Ph.D., RN, *Associate Dean*

April 9, 1998

Mobeen H. Rathore, MD
Director
Northeast Florida Pediatric AIDS Program/
Rainbow Center for Women, Adolescents
and Children
653-1 West 8th Street
Jacksonville, Fl 32209

Dear Dr. Rathore,

We would be delighted to evaluate the implementation and outcomes of your Ryan White Title IV: Grant for Coordinated Servcies and Access to Research for Children, Youth and Families.

We have substantial resources to conduct ongoing evaluation of the project at the College of Health. If you have any questions, please do not hesitate to contact me.

Sincerely,

Constantine J. Contis, MPH
Health Services Planner/Evaluator

cc: Pamela Chally, PhD, R.N.
Associate Dean
Ms. Sue Osborn

25 JUNE 1998

BAVENO con Isola Bella e Isola Pescatori
Imbarcadero
Panorama con Grand Hotel "DINO"

MILANO

ITALIA 1300

IL VIAGGIO DI CABOTO = CABOT'S VOYAGE = LE VOYAGE DE CABOT

Folks -
Arrived just ahead of an air traffic controllers strike. Sessions run from 8:30 am to 7:30 pm, leaving barely enough time for espresso and gelato. Climate not terribly different from DC (hot + humid) but ameliorated by the scenery of the lake, islands, and surrounding mountains.
As ever, Todd

da Fotografia a Colori Ektachrome

ADDRESS

OFFICE OF NATIONAL AIDS POLICY
736 JACKSON PL NW
WASHINGTON, DC 20503
USA

37 c.

KINA ITALIA - Milano - Italy - Riproduzione vietata

Non scrivere al di sotto di questa riga - Do not write below this line - Ne pas écrire au dessous de cette ligne - Bitte nicht unterhalb dieser linie schreiben - No escribir debajo de esta raya

SPEDIZIO QUALITÀ

HIV LAW & POLICY STUDY

Health policy and legal protections for persons with HIV

A Project of the Federal Legislation Clinic, Georgetown University Law Center

Project Director
Timothy M. Westmoreland

Project Staff
Chai R. Feldblum
R. Scott Foster
Althea Gregory

June 10, 1998

Todd Summers
Deputy Director
White House Office of National AIDS Policy
808 17th Street, NW
Suite 820
Washington, DC 20006

Dear Mr. Summers:

We hope you can attend the June 19th roundtable next week entitled "After Bragdon v. Abbott, Issues and Options in Public Health Policy. Enclosed you will find an Agenda for the Roundtable.

As background material, I have also enclosed discussion drafts (with summaries and attachments) of the following four documents, prepared for the legal analysis roundtable the HIV Law & Policy (HLP) Study convened last month on "How Disability Discrimination Laws Apply to People with HIV/AIDS in an Era of More Effective Therapies":

- *Definition of Disability Under Federal Anti-Discrimination Law: Implications for People with AIDS and HIV Infection*, by Chai Feldblum;
- *Health Coverage for People with HIV/AIDS*, by Anne Lewis;
- *Discrimination in the HIV/AIDS Epidemic: A Fifty-State Survey of Anti-Discrimination Laws*, by Larry Gostin and David Webber; and
- *Potential Outcomes of the Disability Issue in Bragdon v. Abbott*, by Ben Klein (one page document).

While you might find the full set of papers useful, in light of your time constraints we are also including one page summaries of these documents. In addition, the issues raised in these papers will be summarized during the first hour of the June 19th Roundtable. (Please do not share these drafts; the drafts are being revised following comments from the legal analysis roundtable and will be made available for distribution in final form at a later date.)

Federal Legislation Clinic
111 F Street, NW, Suite 340, Washington, DC 20001
Tel. (202) 662-9595 ◆ Fax (202) 662-9682 ◆ e-mail: fedlegis@law.georgetown.edu
www.law.georgetown.edu/clinics/flc

A project supported by the Henry J. Kaiser Family Foundation, Menlo Park, CA

Shortly, I will also send you the paper the HLP Study commissioned for this Roundtable on the issues and options in public health policy after the Supreme Court decision in Abbott. We apologize for not providing you with more time to review all of these documents.

Additional Item of Note:

Special Participation Requested: We will be asking each Roundtable participant to be either a moderator or one of the designated commentators during the various sessions on Friday. We will contact each participant shortly to make these requests.

If you have any questions or concerns about the Roundtable, please call me.

Sincerely,

Scott Foster

SUMMERS, TODD A.
WHITE HOUSE OFFICE

DOMESTIC POLICY COUNCIL

736 JACKSON PL

June 8, 1998

MEMORANDUM TO: Executive Office of the President Staff

FROM: Charles F.C. Ruff
Counsel to the President

SUBJECT: REQUEST FOR RESPONSIVE RECORDS

We have received several document requests for all records referring or relating to the individuals, entities, and subject matters *listed below*. As many of you know, we have been working for the past several weeks to identify and gather documents from those sources most likely to contain responsive information. We are circulating this memorandum to all EOP staff to ensure that all relevant records are identified and that all responsive material is gathered.

Pursuant to this request, please provide copies of all records, documents (whether in hard copy, computer, or any other form), or any other materials of any kind relating or referring in any way to any of these subjects, entities, or individuals **from February 16, 1990 to May 26, 1998.**

Every employee is responsible for searching his or her own files and records to ensure a comprehensive search. Each office head or Assistant to the President must certify that his or her staff has done a complete and thorough search. In addition, if you believe that files that have been sent to the Office of Records Management may contain responsive information, please advise us so that we may ensure that all responsive documents have been located.

All materials must be provided to Michael X. Imbroscio, OEOB 488, by noon on Tuesday, June 16, 1998. If you anticipate any difficulty in meeting this deadline, please call Michael Imbroscio at 456-6243. If your production includes any classified information or documents, please call Michael Imbroscio to arrange secure delivery of these materials.

Please provide all records referring or relating in any manner to the following:

(1) **The export of satellites for launch in the People's Republic of China (PRC), including the following:**

(A) **All Presidential waivers, or denial of waivers, for satellites or related technology to the PRC, including (but not limited to) all license applications, review of such applications, end-use assessments, technical assistance agreements, and other technical data;**

(B) The launch of U.S. satellites on Chinese vehicles; or

(C) The unauthorized transfer of technology or technical data related to Chinese satellite launches, including the possible legal or national security implications of such transfer.

(2) The transfer of export licensing authority for communications satellites or related equipment and technology from the State Department to the Commerce Department, including:

(A) The removal of communications satellites or related equipment or technology from the United States Munitions List; or

(B) The implementation of the decision to transfer satellites or related equipment and technology from the Munitions List to the Commerce Control List, including all documents related or referring to the decision process, monitoring of such items, and licensing of technical data.

(3) The January 1994 National Security Council decision that satellites under Commerce Department jurisdiction could be licensed under standard Commerce Department procedures or the January 1994 U.S. Government decision that satellites under Commerce control were not subject to Missile Technology Control Regime (MCTR) Category II sanctions.

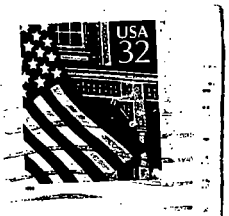
(4) Membership of the PRC in the MCTR regime, including all documents referring or relating to the impact that such membership would have upon future decisions regarding MCTR policy, and the application of future sanctions.

(5) PRC missile-related proliferation activities, including but not limited to transfer of M-9, M-11, CSS-2, C-801, or C-802 missiles; ammonium perchlorate or other fuels or oxidizers; missile production information, equipment or facilities; telemetry information or hardware; or guidance equipment.

(6) All records referring or relating to the following entities and individuals:

(A) Loral Space Systems (or Loral Space and Communications);
(B) Hughes Aircraft (or Hughes Electronics);
(C) Bernard L. ("Bernie") Schwartz;
(D) C. Michael ("Mike") Armstrong;
(E) China Great Wall Industry Corporation ("CGWIC");
(F) China Aerospace International Holdings, Ltd. ("CASIL");
(G) Liu Chao-ying (or Liu Chaoying);
(H) General Liu Huaqing.

Mrs. Andrew Cohen
8 Kirkwell Ct
Rockville Ctr, NY 11570-1632



Mr. Todd Summers
White House Office of
National Drug Policy
736 Jackson Place, N.W.
D.C. 20503

June 22, 1998

Dear Todd,

On behalf of my family & Dory, I would like to thank you again for taking the time, energy & patience for the tour we had. It was extremely interesting & truly memorable.

It was also very nice to meet you and know →

MRS. ANDREW N. COHEN

how nice Dory's
supervisors and
friends are in Washington
this summer.

Good luck to you
in the future

Mr. & Mrs. Andy Cohen,
Dory & Lacy

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-0001

June 3, 1998

THE SECRETARY

Mr. Todd Summers
Office of National AIDS Policy
808 - 17th Street, NW
8th Floor
Washington, DC 20006

Dear Mr. Summers:

Please join me and a panel of distinguished experts for the next Community 2020 forum on July 9, 1998. The theme for the evening's discussion will be ***Strengthening Communities, Increasing Public Safety: Old Values, New Strategies.*** The forum will be held at the Department of Housing and Urban Development, 451 7th Street SW, at 5:00 p.m.

The Community 2020 series brings together dynamic leaders to explore the future of America's communities and metropolitan regions: where they are headed and what they will be like in the next 25 years and beyond. We will focus on tough issues facing neighborhoods and families today and discuss ways we can better prepare them to meet the challenges of tomorrow.

I am pleased and honored to be joined by an outstanding panel of speakers for this event. Already confirmed are **Professor Cornel West** of Harvard University's Divinity School, who has been called "one of the most authentic, brilliant, prophetic and healing voices in America today," and **William Bratton**, former New York City Police Commissioner, who was instrumental in implementing alternative crime prevention strategies in that city.

The seminar will focus on how best to maintain safe streets and neighborhoods, and create community safety and security in our cities and suburbs -- by strengthening families, building new relationships between police and community, fighting drugs and gangs, and learning from what is working at the block and neighborhood level.

This is the fifth in the series of Community 2020 seminars. Previous seminars have included discussions on: Jobs and the Economy; Race; Fair Housing; and Homelessness.

Because seating is limited, please RSVP to 202-708-5029 or 800-647-4963, no later than close of business on Monday, July 6th. Please make plans to arrive early as the doors will open at 4:15 p.m. and the program will begin promptly at 5:00 p.m. This promises to be a lively discussion on an important issue facing our cities. I hope you will join us.

Sincerely,

Andrew Cuomo

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR CHARLES RUFF

From: Todd Summers TS
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: July 6, 1998

Re: Request for Documents - June 23, 1998

Please be advised that, in reference to the request for documents dated June 23, 1998, the Office of National AIDS Policy has no records that are responsive to your request.

Please contact me at 6-2437 should you require any additional information.

THE WHITE HOUSE

WASHINGTON

June 23, 1998

MEMORANDUM TO: Executive Office of the President

FROM: Charles F.C. Ruff
Counsel to the President

SUBJECT: Request for Documents

We have received a document request for records relating to the matters listed below. Accordingly, please conduct a thorough and complete search of all your records -- **whether in hard copy, computer form or any other form** -- for any of the material described below.

Every employee is responsible for searching his or her own files and records to ensure a comprehensive search. Each office head or Assistant to the President must certify that his or her staff has done a complete and thorough search.

In addition, if you believe that files from your office that have been sent to the Office of Records Management may contain responsive information, please advise us so that we may ensure that all responsive documents have been located.

Please provide all records referring or relating to the following:

1. The consolidated 1994 White House Holiday Card list that was returned to the White House by the DNC, including but not limited to a copy of all versions of the list, in whatever format, all records relating to any effort by the White House to obtain the return of the list, all records relating to the disposition of the list upon its return to the White House, and all records relating to the receipt of the list.

2. Any telecopy, including any telecopy transmittal sheet and any telecopy, sent by Truman Arnold to Sally Paxton in the Office of the White House Counsel between January 25, 1997 and February 14, 1997.

3. Any telecopy, including any telecopy transmittal sheet and any telecopy, sent from the White House Counsel's Office to the Democratic National Committee (DNC) between January 25, 1997 and February 14, 1997 relating to preparation of a statement by Truman Arnold on his use of or access to information at the White House.

4. All communications involving Truman Arnold, the White House or the DNC regarding:

   a. press reports on or about January 29-31, 1996 of Mr. Arnold's statements made to reporters concerning access by the DNC (including its officers, employees, and agents) to information from the White House; or

   b. the February 3, 1997 letter from White House Counsel Jack Quinn to the Subcommittee on National Economic Growth, Natural Resources, and Regulatory Affairs regarding the January 29-31 press reports about Mr. Arnold's statements.

5. Any lists that were sent to the White House from the Veteran's Department for the purpose of sending holiday greetings to families of service men and women who are missing in action.

All materials must be provided to Dimitri Nionakis (OEOB 479) or Sally Paxton (OEOB 148) by noon on June 30, 1998. If you have any questions or anticipate difficulty meeting this deadline, please call Dimitri Nionakis at 456-5814 or Sally Paxton at 456-5079.

SUMMERS, TODD A.
WHITE HOUSE OFFICE

DOMESTIC POLICY COUNCIL

736 JACKSON PL

June 8, 1998

Todd Summers
White House Office of National AIDS Policy
808 17th Street, NW
Suite #820
Washington, DC 20006

Dear Colleague:

HOME ACCESS HEALTH

On Saturday, June 27, 1998, for the first time ever, thousands of Americans nationwide will have an opportunity to discuss the often times sensitive subject surrounding HIV testing in support of National HIV Testing Day.

Home Access Health, the maker of Home Access Express® and Home Access®, the only FDA approved and doctor recommended HIV at-home tests will offer its professional telephone consultation service for people interested in how to discuss HIV testing with a sexual partner on June 27th – at no charge -- for National HIV Testing Day.

This year's call to action entitled, "*Ask Yourself*" is based on new findings from a national survey that show people are somewhat hesitant to discuss HIV testing with their partner, even though a vast majority of people support a potential partner's request to get tested before entering a physical relationship.

People interested in receiving a free "*Ask Yourself*" medical consultation can call 1-800-HIV-TEST toll-free and speak to a trained professional throughout the entire day and evening on Saturday, June 27th.

Enclosed is information regarding the recently released national survey on public attitudes toward HIV testing as well as information about Home Access Health and National HIV Testing Day.

Home Access Health Corporation, the leader in telemedicine, will continue to act as your helpful ally in the battle against HIV. As always, I welcome the opportunity to speak with you about our activities. Please feel free to call me at (847) 310-6339 or visit us at our website www.homeaccess.com.

Sincerely,

Joseph T. Smith
Director of Public Health Relations

HOME ACCESS HEALTH
The Leader in Telemedicine

MEDIA ALERT

HOME ACCESS HEALTH TO OFFER PROFESSIONAL "*ASK YOURSELF*" TELEPHONE CONSULTATION ON JUNE 27, 1998 AT NO CHARGE FOR NATIONAL HIV TESTING DAY

WHAT: Home Access Health, the maker of Home Access Express® and Home Access®, the only FDA approved and doctor recommended HIV at-home tests, will offer its professional telephone consultation service for people interested in how to discuss HIV testing with a sexual partner on June 27th – at no charge -- for National HIV Testing Day.

WHY: To support National HIV Testing Day. This year's call to action entitled, "*Ask Yourself*" is based on findings from a national survey that show people are somewhat hesitant to discuss HIV testing with a partner, even though the majority of people support a potential partner's request to get tested before entering a physical relationship. For more information on the *National Survey on Public Attitudes Toward HIV Testing*, please contact Kevin Johnson at 847-781-2504.

WHERE & WHEN: "*Ask Yourself*" free professional telephone consultation
Call 1-800-HIV-TEST toll-free
Available nationwide
Saturday, June 27th
12:00 a.m. to 11:59 p.m.

WHO: Home Access Health, the leader in telemedicine, markets the only at-home HIV test approved by the United States Food and Drug Administration (FDA). Home Access Express® (results in three days) and Home Access® (results in seven days) allow people to conveniently and anonymously test for HIV from the privacy of their home.

Home Access HIV tests are also available by mail by calling 1 800 HIV-TEST and are carried in more than 28,000 drugstores and drug wholesale distributors throughout the US. More information about Home Access Health can be found at the website www.homeaccess.com.

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10967	Todd	Summers	6/23/98	request for documents

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			The White House	

Action Completed	Action Date	Addressed To

Notes

Request for records for documents relating to the Department of Interior's decision to deny an application to put 55 acres of land in Hudson, Wisconsin in trust for gaming purposes.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip

THE WHITE HOUSE

WASHINGTON

June 22, 1998

MEMORANDUM TO: Executive Office of the President

FROM: Charles F.C. Ruff
Counsel to the President

SUBJECT: Request for Documents

We have received a document request for records relating to the Department of Interior's decision to deny an application to place a 55 acre parcel of land located in Hudson, Wisconsin in trust for gaming purposes. Accordingly, please conduct a thorough and complete search of all your records -- whether in hard copy, computer form or any other form -- for any of the material described below.

Every employee is responsible for searching his or her own files and records to ensure a comprehensive search. Each office head or Assistant to the President must certify that his or her staff has done a complete and thorough search.

If responsive documents are maintained in a file folder, please include a copy of the file label. Similarly, if there is an index of the documents contained in the file, please provide a copy of the index.

In addition, if you believe that files from your office that have been sent to the Office of Records Management may contain responsive information, please advise us so that we may ensure that all responsive documents have been located.

I. Definitions

1. **"Hudson casino proposal"** refers to the proposal by the Red Cliff Band of Lake Superior Chippewa Indians, the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, and the Sokaogon Chippewa Community (Mole Lake Band of Lake Superior Chippewa) to conduct gaming at the St. Croix Meadows Greyhound Racing Park in Hudson, Wisconsin (also known as the Hudson Dog Track), or the application by those groups requesting that the Department of the Interior take that property into trust and permit gaming on those premises, as well as any other proposal by any American Indian group or other group to conduct gaming at that particular location.

2. **"American Indian Group"** refers to any organization composed of or representing American Indians, specifically including but not limited to any nation, tribe, band or community or any corporate or political subdivision or entity within its authority, direction or control (such as political action committees, economic development committees, business councils, executive committees, and gaming divisions or partnerships), or any American Indian association, affinity group or advocacy group, and all employees of such entities (see attached Schedule A).

II. Requested Materials

Please provide all records referring or relating to the following:

1. The Hudson casino proposal, including all communications involving any of the following individuals or entities:

   a. any elected or appointed official of a local, state or federal government, including representatives of DOI or the White House;

   b. the DNC, Clinton/Gore or Democratic State Parties;

   c. any individual purporting to act on behalf of any American Indian group (including their members, employees, representatives, lawyers and lobbyists) (see attached Schedule A); or,

   d. any individual purporting to act on behalf of an individual or entity with a financial interest in the outcome of the Hudson casino proposal (including gaming or gambling company representatives).

2. Fundraising by or on behalf of Clinton/Gore, the White House, Democratic State Parties, DSCC, DCCC or the DNC that relates to the contributions or possible contributions from:

   a. any American Indian group known or believed to have opposed, supported or inquired about the Hudson casino proposal including specifically, but not limited to, the following American Indian groups:

      (1) St. Croix Band of Chippewa Indians of Wisconsin;
      (2) Oneida Tribe of Wisconsin;
      (3) Ho-Chunk Nation of Wisconsin;
      (4) Mille Lacs Band of Chippewa Indians;
      (5) Upper Sioux Community of Minnesota;
      (6) Lower Sioux Community of Minnesota;
      (7) Shakopee Mdewakanton Dakota Community of Sioux Indians of

Minnesota;
(8) Prairie Island Dakota Community of Sioux Indians of Minnesota;
(9) Red Lake Band of Chippewa Indians;
(10) Leech Lake Band of Chippewa Indians;
(11) Bois Forte Band of Chippewa Indians;
(12) the Minnesota Gaming Association (MIGA);
(13) Red Cliff Band of Lake Superior Chippewa Indians;
(14) the Lac Courte Oreilles Band of Lake Superior Chippewa Indians;
(15) the Sokaogon Chippewa Community (Mole Lake Band of Lake Superior Chippewa);
(16) Fon du Lac Chippewa;
(17) Grand Portage Reservation (Chippewa);
(18) White Earth Band of Chippewa; or
(19) Minnesota Chippewa Tribe.

b. Persons known or believed to be members, employees or representatives (including lawyers and lobbyists) of any American Indian group included in the listing provided above in 2.a.; or

c. Persons or entities known or believed to be engaged in gaming or gambling partnerships or ventures with any American Indian group included in the listing provided above at item 2.a.

3. Legal guidance or instructions to White House entities or employees concerning Native American issues and:

a. fundraising;

b. contacts with lawyers and lobbyists for parties appearing before the U.S. government; or

c. contacts with federal agencies concerning matters pending before those agencies.

All materials must be provided to Dimitri Nionakis (OEOB 479) by noon on **Friday, June 26, 1998**. If you have any questions or anticipate difficulty meeting this deadline, please call Dimitri Nionakis at 456-5814.

SCHEDULE A

The following is a non-exclusive list of individuals and entities that have **represented** American Indian Groups, as defined on page 1 of the memorandum:

Marge Anderson
Carl Artman
Jerome Berlin
Kurt Blue Dog
Gene Boyland
Brown & Bain, P.S.
Broydrick & Associates
William Broydrick
Cyndi Broydrick
Thomas J. Corcoran
Scott Dacey
Deborah Doxtator
Ducheneaux, Taylor & Associates
Franklin Ducheneaux
Myron Ellis
Mark Goff
Goff & Associates
Bill Gollnick
Ann Jablonski
JoAnn Jones
Kelm, Shaber & Kozack
Thomas A. Kelm
Larry Kitto
Thomas Krajewski
John McCarthy
Jim Moody
O'Connor & Hannan
Patrick J. O'Connor
Patrick E. O'Donnell
MPA Consultants
North State Advisors
Thomas Quinn
Thomas J. Schneider
Martin Schreiber
Martin Schreiber & Associates
Gerry Sikorski
Ed Songetay
James Symington
Lewis Taylor
Peter S. Taylor
Brady Williamson
Minnesota Gaming Association (MIGA)
Minnesota Chippewa Tribe

SUMMERS, TODD A.
WHITE HOUSE OFFICE

DOMESTIC POLICY COUNCIL

736 JACKSON PL

The George Washington University
WASHINGTON DC
MEDICAL CENTER

FORUM FOR COLLABORATIVE HIV RESEARCH

June 10, 1998

Todd Summers
Deputy Director
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Mr. Summers:

Thank you for your participation in our meeting on the role of managed care in HIV treatment and research. I think we were able to identify many of the relevant issues we face in providing high-quality, cost-effective HIV care within managed care systems. We were also able to outline the pressing research questions and discuss ways to incorporate research into the health care setting. It is clear that managed health care can provide quality HIV care and engage in HIV research efforts if the information about how to do so is available and the partners in care and research - employers, government, industry and academia - are there to provide collaboration, expertise and funding.

One central issue that was raised is how to create incentive for managed care organizations to participate in evaluations of the implementation of new practices in HIV treatment. Although HIV is not as prevalent a problem in many managed care organizations as some other diseases, the impact that proper implementation of new guidelines can have in HIV is profound, as is improper use of new treatments. Further discussion regarding how bring more managed care organizations into HIV care and research is essential.

I will be sending you minutes from the meeting along with suggestions for follow-up discussions. In the coming weeks you will also receive three reports from the Forum for Collaborative HIV Research: (1) HIV Treatment Failure: A Review of Current Clinical Research, (2) Report on the Dissemination and Evaluation of HIV Clinical Practice Guidelines, and (3) the Metabolic Consequences of HIV Disease and Treatment. I hope you find these reports informative.

Again, thank you for your participation and I look forward to working with you in the future.

Yours truly,

David Barr
Director

2021 K STREET, N.W. • SUITE 800 • WASHINGTON, DC 20006 • (202) 296-6922 • FAX (202) 296-0025

HIV LAW & POLICY STUDY

Health policy and legal protections for persons with HIV

A Project of the Federal Legislation Clinic, Georgetown University Law Center

Project Director
Timothy M. Westmoreland

Project Staff
Chai R. Feldblum
R. Scott Foster
Althea Gregory

June 2, 1998

Todd Summers
Deputy Director
White House Office of National AIDS Policy
808 17th Street, NW
Suite 820
Washington, DC 20006

Dear ~~Mr. Summers~~ Todd:

On June 19, 1998, the Federal Legislation Clinic (FLC) will convene a small number of public health officials, legal and policy experts, and AIDS advocates to participate in a roundtable entitled, **After Bragdon v. Abbott: Issues and Options in Public Health Policy.** The roundtable will focus on the potential effects of the Abbott decision on HIV/AIDS public health policy and will serve as a timely opportunity to examine the issues that may arise from the Court's first-ever ADA, first-ever HIV/AIDS decision. I am writing to invite you to participate in this full-day program of discussion and presentations.

To lay the groundwork for our discussion, the roundtable will begin with a paper on the public health issues raised by the Abbott case. Three other papers are being prepared for the roundtable: a review of federal disability discrimination law from the '73 Rehab Act to the present, with a particular focus on the definition of "disability"; a review of federal insurance protection for people with HIV/AIDS; and a survey of state disability discrimination laws. Following these presentations, roundtable participants will consider the range of issues presented by the various potential outcomes in Abbott and develop policy options to address those outcomes. After the roundtable, we at FLC will produce a policy brief on the issues covered.

The roundtable is part of a one-year HIV Law and Policy (HLP) Study at the Federal Legislation Clinic being funded by the Henry J. Kaiser Family Foundation. HLP Study activities commenced with two media briefings in March 1998 on the Abbott case (held in conjunction with oral arguments in the case.) Other HLP Study activities will include a roundtable for legal and policy experts on disability and HIV/AIDS issues in May, and a forum on benefits programs in the autumn. Your participation in the June roundtable would be a valuable part of this work.

Federal Legislation Clinic
111 F Street, NW, Suite 340, Washington, DC 20001
Tel. (202) 662-9595 ◆ Fax (202) 662-9682 ◆ e-mail: fedlegis@law.georgetown.edu
www.law.georgetown.edu/clinics/flc

A project supported by the Henry J. Kaiser Family Foundation, Menlo Park, CA

A detailed program for the roundtable is being developed and will be provided to you soon. In the meantime, please note the following information:

Date: Friday, June 19, 1998, all-day meeting (breakfast and lunch provided)
Place: Georgetown University Law Center, Washington, DC

Travel and accommodations will be provided to those who need them.

If you have any questions or comments with regard to the June roundtable, please call me or Scott Foster at (202) 662-9595. Otherwise, please RSVP by June 10, 1998 to Scott Foster.

I hope that you will be able to join us for this timely and important discussion.

Sincerely,

Tim Westmoreland
Project Director

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10970	Todd	Summers	6/23/98	thanks for support

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised
			KCARC	

Action Completed	Action Date	Addressed To

Notes

Kansas City Aids Research Consortium thanks you for securing Sandy's support for KCARC as a site in the VaxGen study.

Sender's Organization	Sender's Street1	Sender's Street2

Sender's City	Sender's State	Sender's Zip

KANSAS CITY
AIDS RESEARCH
CONSORTIUM

CLINICAL DIRECTOR: JAN MEIER
EXECUTIVE DIRECTOR: GARY R. JOHNSON
RESEARCH DIRECTOR: JAMES F. STANFORD, MD

4050 PENNSYLVANIA #230
KANSAS CITY, MO 64111
816.756-5116
FAX 816.756-5121

June 19, 1998

Mr. Todd Summers
Office of AIDS Policy
The White House
736 Jackson Place NW
Washington, DC 20503

Dear Todd:

Thank you so much for your help in securing Sandy Thurman's support for the Kansas City AIDS Research Consortium as a site in the VaxGen study. With your help, we have garnered Dr. Francis' attention and we will definitely be considered as they are selecting sites for this study. No guarantees, but at least we are in the running!

Todd, I know it is difficult to work in an office where all of the attention goes to the head of the agency, yet many others actually do the majority of the work. You are a wonderful credit to the Office of AIDS Policy and Sandy is very fortunate to have your help.

Keep up the great work.

Sincerely,

Gary R. Johnson
Executive Director

grj

4050 PENNSYLVANIA #230
KANSAS CITY, MO 64111

KCARC
KANSAS CITY
AIDS RESEARCH
CONSORTIUM

Mr. Todd Summers
Office of AIDS Policy
The White House
736 Jackson Place NW
Washington, DC 20503

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

June 15, 1998

MEMORANDUM TO SANDY THURMAN AND TODD SUMMERS

FROM: **R. Scott Hitt, MD, Chair**
RE: **Update of Interim Council Activities**

According to the March Council minutes, there are several issues which the Council would especially like you to address in your comments that include:

- **President's Youth Directive**
  Update on the creation of a Task Force, comprised of representatives from CDC, HRSA, and other agencies, to integrate youth concerns and any recommendations to the President that were promised within the next two months -May 1998 (page 3)

- **Indian Health Service (IHS)**
  Update on the Interagency Working Group on Native Americans (page 3)

- **HIV Surveillance**
  Update on HIV surveillance and the data collection method by CDC, including any formal administration position from ONAP and HHS (page 3)

- **Medicaid Expansion**
  Update on Medicaid Expansion and the role of HCFA in establishing criteria (page 3)

- **Interdepartmental Task Force on AIDS (ITFA)**
  Update on the February 18 meeting of the ITFA and the notes from this meeting that were promised to the Council, also any future meetings and topics to be discussed (page 4)

- **African American Initiative/State of Emergency**
  Update on CDC/HHS's efforts in setting a planning meeting in April for a leadership summit to be held in June to review HIV/AIDS prevention implementation strategies for African-American communities (page 10)

- **Prevention Funding at CDC**
  Update on information of data being compiled by CDC on funding for prevention and how this money is spent (page 20)

- **Prevention Conference**
  Update on ONAP hosting a conference at the White House for prevention research personnel both at NIH and CDC to determine the status of this research and to help build a better coordinated network through more effective communications channels (page 20)

736 Jackson Place, NW
Washington, D.C. 20503
Telephone: (202) 456-2437
Facsimile: (202) 456-2438

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

June 18, 1998

NOTE TO: Mr. Todd Summers
Deputy Director
Office of National AIDS Policy

FROM: Linda Jackson
Program Coordinator

SUBJECT: Planned Meeting in Geneva

I want to advise you that I and the US Mission in Geneva believe the planned reception with top country AIDS advisors should be canceled. In putting together a list of Ms. Thurman's counterparts, specifically the UNAIDS Programme Coordinating Board, we were unable to verify that a majority of them will actually be in attendance at the 12th World AIDS Conference in Geneva.

We have checked the names against the housing and programme listings, and found very few of these high level individuals confirmed for attendance. In many countries these people hold positions that encompass more than AIDS policy. Our major concern is that in planning for 100 people to attend a reception, and only 20-30 actually attending, the impact in cost and perception would not be worth pursuing this.

We have the room and the invitations are all ready. If we had more time to organize, contact, and receive rsvp's, I think we could make this a good networking activity. However, with the pitfalls that could present themselves we feel that we should cancel our activities. I need an answer today if possible. Thanks.

_____
Concur

_____
Other--Need to Discuss

Called - cancel - 6/18/98

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10876	Susan	Moore	6/4/98	KC Thank You

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Missouri Dept. of Health		

Sender's City	Sender's State	Sender's Zip

Please get copies
through Daniel to
PACHA Prison Committee
Return original to me.

MISSOURI DEPARTMENT OF HEALTH

Mel Carnahan
Governor

Maureen E. Dempsey, M.D.
Director

Northwestern District • Cameron Area Office
219 North Chestnut, Box 230
Cameron, MO 64429

816/632-2107
FAX 816/632-1636

May 27, 1998

Todd Summers, Deputy Director
Office of National AIDS Policy
736 Jackson Place, N. W.
Washington, D.C. 20503

Dear Mr. Summers:

Your luncheon presentation at the Kansas City Chicken Soup Conference May 1, 1998, was enlightening and I was delighted to have had the opportunity to spend a couple of minutes with you after the talk. Your enthusiasm, encouragement, and cautious optimism were very refreshing and energizing; thank you. Per our conversation I promised to send you a brief history and description of Missouri's pilot discharge program linking HIV+ inmates to the service coordination network prior to release. This information is attached.

The Missouri Department of Health, Bureau of HIV/AIDS Care and Prevention Services is currently in the process of locating funding sources to assist us with this program. I will be eager to hear of any opportunities that we might pursue.

Again, thank you for your assistance in this matter.

Sincerely,

Susan F. Moore

Susan Moore, Service Coordinator
Bureau of HIV/AIDS Care and Prevention Services

SM/jd

Attachment

c **Pamela Rice Walker, M.P.A.-Director**
Mary Menges, Bureau Chief

State of Missouri
Department of Health
Division of Environmental Health and Epidemiology
Cameron Area Health Office
219 North Chestnut PO Box 230
Cameron MO 64429
Telephone: (816) 632-2107
Toll Free: (800) 663-1649
FAX: (816) 632-1636

Susan F. Moore, B.S.
Service Coordinator

ATTACHMENT:

PRISON LINKAGE PROJECT:

GOAL: TO LINK EVERY HIV+ INMATE TO THE SERVICE COORDINATION NETWORK PRIOR TO RELEASE.

History

I have been involved in the AIDS pandemic for 13 years, the last eight as a case manager. I became increasingly concerned when formerly incarcerated HIV+ individuals were delaying accessing our service coordination network, for up to one year. This meant that they were not receiving vital services. Some of them have since reported that they simply returned to an environment they knew, Correctional Centers, to continue their care. With the support of the Bureau of HIV/AIDS Care and Prevention Services, I began to identify the barriers to accessing the life sustaining services that are offered through Ryan White Title II and prevention funding.

After interviewing the inmates, I determined that their discharge plan did not include a referral for Ryan White case management services or medical care and that they had no idea where to start locating the services. In fact, I was told by the medical staff in all five sites that they knew nothing about the services that were offered through the Missouri Department of Health, Local Health Departments, Community Based Organizations, or where to send the HIV+ inmates for medical care. I know from years of experience that finding a physician to treat HIV in the rural areas is not an easy task. In some cases, it was reported that medical pamphlets on HIV were avoided because they had never learned to read. Some reported that they did not take their medication while incarcerated for fear that their peers would "figure it out" and were afraid of the repercussions. Pursuing treatment on the "outside" was not high on their list of priorities for those who avoided care while incarcerated. Some reported that they just wanted to forget their pain and felt that talking about it was just a reminder that they were going to die. None of the former inmates reported knowing much about risk reduction or how to access free condoms. It became clear that time and energy was needed to educate the Correctional Medical Services Staff about the services available through service coordination (case management) and that personal contact with the soon to be released inmates was vital to the success of the linkage.

With the support of my bureau, I partnered with a Disease Intervention Specialist with the Missouri Department of Health STD/HIV Prevention Bureau who introduced me to the Medical Facilities Administrator at Western Missouri Correctional Center in Cameron, Missouri. The Department of Corrections contracts their Medical Services through

Correctional Medical Services, Inc. I explained our service delivery system and asked if the infectious disease nurse would be willing to contact me with the discharge date of all HIV+ inmates prior to their release. I asked permission to meet with the inmates to explain the benefits of our program, give them a choice of agencies, and have them call that agency and speak with a case manager to schedule an appointment prior to their release. The connection that the inmate makes that day is key to the success of this program as they start to build a relationship with a very concerned, caring, non-judgmental and encouraging case manager. This connection makes it is less intimidating to walk into a strange facility and keep their scheduled appointment. The administrator was very optimistic after hearing that there is community based assistance with medications, housing, food, transportation, risk reduction methods, and free condoms. She agreed to take the request to her superiors. Shortly after that meeting the administrator called to report that I had been cleared to meet with the HIV+ prisoners in her Center, but warned me that the notification of discharge is often very close to the discharge date. It was later that I learned that average length of discharge notification time from parole is only 5 days. Because I have a full case load of HIV+ symptomatic individuals, I knew that this short notification time would be a barrier to reaching all of the inmates, but I made a commitment to that administrator, that whenever possible, I would work within that time frame.

That first contact was made in August of 1995. Since then, four Correctional Centers located in this 19 county area of Northwest Missouri have been added. These include: Crossroads maximum security, Chillicothe Correctional Center for women; Western Regional Diagnostic and Treatment Center for substance abusers, and Maryville Treatment Center, also for substance abusers. It is now clear that in order to meet our objective of taking this project statewide we will need additional staff. There are 26 Correctional Centers, representing 9.5% of the HIV morbidity reported in the last year, and 136 jails in the State of Missouri. I am gathering data on the numbers of Juvenile Detention Centers, Residential Treatment Centers, Halfway Houses, Honor Centers, and facilities housing forensics patients.

This discharge program is effective at reducing the time from release to accessing case management services. I contact the agencies located in the community in which they will reside (frequently in St. Louis and Kansas City) and verify that the appointment was kept or rescheduled. Because I meet weekly with the Case Managers from all of the agencies in Kansas City area, I receive feedback about their visits. The inmates are very grateful to find that there is a mechanism to obtain medications, housing, transportation, and mental health services. I watch as their faces soften; some become so overwhelmed with emotion that their eyes fill with tears.

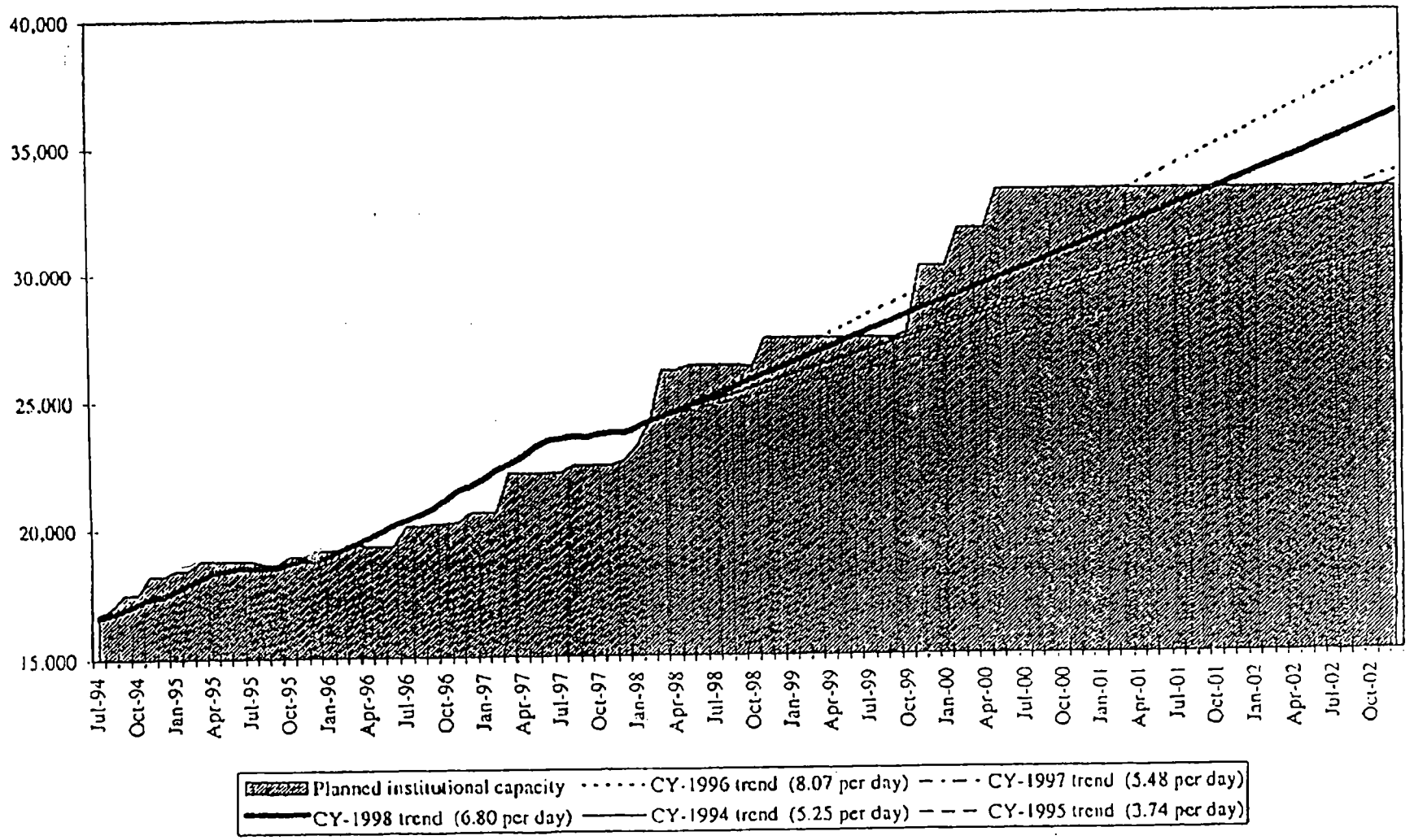
This project was just recently presented to the Governor's Council on AIDS who were all very supportive of pursuing funding in order to increase the number of sites. They are also making a recommendation that the parole officer notify medical services at least 30 days prior to release.

Two additional barriers have been identified. There is significant turnover of medical services staff that the referral process was not being passed on to the new employee. However, this will be alleviated with additional staff having designated dates to meet with medical services on a routine schedule. The Department of Health will work with the Department of Corrections to create standardized training for the Medical Services Staff on this outreach and transitional case management program. Although Missouri requires an HIV antibody test on all inmates upon entrance and exit, there can be up to a three month delay in notifying medical services of a positive test result. Inmates who seroconvert while incarcerated are released without knowing their test results as the HIV antibodies are drawn the week of their release. Surveillance is eventually notified and the former inmate will be contacted, however; without post test counseling, the potential of unprotected sexual activity is of great concern. This was presented as a barrier and the Department of Corrections will be discussing this concern during their strategic planning meetings. We have also been advised that new staff has been hired at the lab and there will no longer be such a delay in entering the HIV test results in the computer. I am concerned that three out of the last four inmates with whom I spoke reported that they seroconverted while they were incarcerated. These were inmates who requested a HIV antibody test. The ID Nurses confirmed that inmates are being infected while they are incarcerated and share our concern.

I have enclosed the growth protections from the Department of Corrections. They anticipate a 30% increase or 8,000 additional inmates, by April 2000. There is a strong focus on treatment, so we can expect an increase of injecting drug users and their sex partners.

Missouri is spread out over a large geographic area, and we project a minimum of four to six outreach workers routinely visiting the sites, meeting with the inmates to provide education, assess their needs, assist with their discharge and link with a case manager. In the future, we hope to facilitate support groups and offer HIV Antibody testing at sites where it is not currently available. In addition, there is a need for at lease two transitional case managers who will function as their primary transitional case manager. Based on the average number of releases each month, two transitional case managers could have up to 36 clients in a 6-8 month time frame with releases from just the major Correctional Centers.

Institutional Population and Capacity Projection to December 2002
April 7, 1998



Summary of Reported HIV and AIDS Cases, Missouri, 1982–1997*

Geographic Area	HIV Cases** Reported 1997* Case	%	HIV Cases** Cumulative* Case	%	AIDS Cases*** Reported 1997* Case	%	AIDS Cases*** Cumulative* Case	%	Total HIV/AIDS Cases Cumulative* Case	%
Location										
St. Louis City†	137	(29.1%)	1,062	(28.7%)	120	(25.0%)	1,980	(26.6%)	3,042	(27.3%)
St. Louis County†	77	(16.4%)	526	(14.2%)	92	(19.2%)	1,197	(16.1%)	1,723	(15.5%)
Kansas City†	101	(21.5%)	965	(26.1%)	113	(23.5%)	2,153	(29.0%)	3,118	(28.0%
Outstate†	112	(23.8%)	913	(24.7%)	129	(26.9%)	1,934	(26.0%)	2,847	(25.6%)
Missouri Correctional Facilities††	43	(9.1%)	234	(6.3%)	26	(5.4%)	170	(2.3%)	404	(3.6%)
Missouri Total	**470**	**100.0%)**	**3,700**	**(100.0%)**	**480**	**(100.0%)**	**7,434**	**(100.0%)**	**11,134**	**(100.0%)**

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10875	David	Harvey	6/4/98	Thank you

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
AIDS Policy Center		

Sender's City	Sender's State	Sender's Zip

CORR-TS

AIDS Policy Center
For Children, Youth & Families

918 Sixteenth Street, NW
Suite 201
Washington, DC 20006
Tel. (202) 785-3564
Fax (202) 785-3579
E-mail APCCYF@aol.com

June 1, 1998

Todd Summers
National Office of AIDS Policy
The White House
736 Jackson Place, NW
Washington, DC 20503

Dear Mr. Summers: Todd

On behalf of AIDS Policy Center for Children, Youth and Families, I am writing to thank you for your valuable contributions to our recent conference, "Voices '98: New Hope, New Options, New Needs."

Voices '98 was the largest and most successful event in the history of AIDS Policy Center. Over 300 individuals took part in the workshops, plenary sessions, Capitol Hill visits, and other conference activities. Feedback from conference participants has been overwhelmingly positive and enthusiastic. This achievement would not have been possible without your participation.

Again, thank you for your support of AIDS Policy Center. We look forward to your participation in Voices '99!

Sincerely,

David C. Harvey
Executive Director

Data Entry Form

Letter ID	Writer First Name	Writer Last Name	Received Date	Subject
10859	Tonio	Burgos	6/1/98	Thank you

☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

Sender's Organization	Sender's Street1	Sender's Street2
Tonio Burgos & Assoc.		

Sender's City	Sender's State	Sender's Zip

TONIO BURGOS & ASSOCIATES INC.

Tonio Burgos
President

909 Third Avenue
New York, NY 10022
212-826-2000
Fax 212-644-3601

May 11, 1998

Mr. Todd Summers
Presidential Advisory Council on HIV/AIDS
736 Jackson Place
Washington, D.C. 20503

Dear Todd,

Hope all is well and that we do indeed get together after my Costa Rica trip.

Thanks for all your help and support at the Leading for Life/Harvard AIDS Latino Conference. Our Public Policy discussion could not have worked as well without your guidance.

Sincerely,

Tonio Burgos
President

tb/mrb
C:\OFFICE\WPDOCS\WP\WINLETTERS\SUMMERS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

June 30, 1998

Dear HIV Prevention Colleague:

I am pleased to provide you with the report of the Northwest Regional Workshop, *HIV Prevention Approaches for Alcohol and Drug Use Among Men Who Have Sex with Men,* held September 3-5, 1997 in Seattle, Washington. The meeting was jointly sponsored by the following agencies: the Centers for Disease Control and Prevention; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; the National Institute on Drug Abuse, National Institutes of Health; the Seattle-King County Department of Public Health; the Washington State Department of Health; the Washington State Division of Alcohol and Substance Abuse; and the University of Washington Alcohol and Drug Abuse Institute.

The overall goal of this workshop was to create a forum where researchers; HIV prevention experts; substance abuse prevention and treatment experts; federal, state, and local government representatives; and other interested parties could examine the available information on this population and develop future intervention and research priorities. Approximately 130 participants attended this workshop, which was divided into research presentations and working sessions.

This report focuses on the outcomes of the working sessions where participants were divided into breakout groups to develop recommendations in the areas of epidemiology, HIV prevention interventions, and substance abuse treatment. The report organizes these recommendations into six cross-cutting "Action Items," each of which includes a rationale and suggested implementation steps. It should be noted that these proposed actions represent the advice of the participants during the working sessions; no formal voting or development of consensus among the meeting participants was conducted.

I believe that the workshop helped to bring groups involved in research related to HIV prevention and substance abuse treatment into a closer and more productive collaboration. I hope that you can incorporate these recommendations into your HIV prevention activities. If you need additional copies of this report, they are available through the National Prevention Information Network (NPIN) (formerly CDC National AIDS Clearinghouse) at 1-800-458-5231.

Sincerely yours,

Helene D. Gayle

Helene D. Gayle, M.D., M.P.H.
Director
National Center for HIV, STD, and TB Prevention

Enclosure