

ORDINANCE No.

114308

Law Department

Council Bill No. 106998

AN ORDINANCE relating to the Seattle-King County Department of Public Health; accepting financial assistance from the United States Health Resources and Services Administration for the implementation of a Pediatric Aids Project; authorizing the Mayor or his designee to enter into the necessary implementing agreements; establishing one half-time and two full-time positions; and providing payment therefor.

The City of Seattle--Legislative D

REPORT OF COMMITTEE

Honorable President:

Your Committee on

HHS

to which was referred the within Council Bill No. 106998
report that we have considered the same and respectfully recommend t

PASS

Introduced: OCT 17 1988	By: NOLAND
Referred: OCT 17 1988	To: <i>Public Safety</i>
Referred: <i>OCT 24 1988</i>	To: <i>Housing + Human Services</i>
Reported: DEC 27 1988	Second Reading: DEC 27 1988
Third Reading: DEC 27 1988	Signed: DEC 27 1988
Presented to Mayor: DEC 27 1988	Approved: 4 00
Returned to City Clerk: JAN 4 1989	Published:
Vetoed by Mayor:	Veto Published:
Passed over Veto:	Veto Sustained: OK

Committee Chair

Law Department

The City of Seattle--Legislative Department

REPORT OF COMMITTEE

Date Reported
and Adopted

12/16/88

Honorable President:

Your Committee on

HHS

to which was referred the within Council Bill No. 106998

report that we have considered the same and respectfully recommend that the same:

PASS

Committee Chair

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C.B.106998

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ORDINANCE 114308

AN ORDINANCE relating to the Seattle-King County Department of Public Health; accepting financial assistance from the United States Health Resources and Services Administration for the implementation of a Pediatric AIDS Project; authorizing the Mayor or his designee to enter into the necessary implementing agreements; establishing one half-time and two full-time positions; and providing payment therefor.

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. The Mayor or his designee is hereby authorized to enter into an agreement, substantially in the form attached hereto, with the United States Health Resources and Services Administration, and to accept a grant in the minimum amount of Five Hundred and Forty Thousand Dollars (\$540,000) for the implementation of the Pediatric AIDS Project, such funds to be disbursed annually in the amount of at least One Hundred Eighty Thousand (\$180,000) for a three (3) year period. The grant is hereby accepted and funds received pursuant thereto shall be deposited in the King County Public Health Pooling/City Fund, to be administered in accordance with the laws of King County.

Section 2: In further implementation of the project named in Section 1 hereof, the following positions are established in the Seattle-King County Department of Public Health:

<u>TITLE</u>	<u>POSITIONS</u>	<u>EQUIVALENT</u>
Public Health Nurse	1	1.00 FTE
Social Worker	1	1.00 FTE
Health Program Coordinator	1	.50 FTE

Compensation for persons filling such positions shall be at the salary rate established by the Salary Schedule and Compensation Plan from funds appropriated by King County; and the Director of Public Health is authorized to fill the positions according to personnel laws and rules.

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Section 3: Any acts consistent with the authority and prior to the effective date of this ordinance are hereby ratified and confirmed.

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(To be used for all Ordinances except Emergency.)

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Section 4. This ordinance shall take effect and be in force thirty days from and after its passage and approval, if approved by the Mayor; otherwise it shall take effect at the time it shall become a law under the provisions of the city charter.

Passed by the City Council the 27th day of December, 1988
and signed by me in open session in authentication of its passage this 27th day of December, 1988
Maurice B. Rice
President PRO TEM of the City Council.

Approved by me this 4th day of January, 1989
Charles P. Ryan
Mayor.

Filed by me this 4th day of January, 1989

Norward J. Brooks
Attest: City Comptroller and City Clerk.

(SEAL)

Published _____

By *Theresa Dunbar*
Deputy Clerk.

PUBLISH DO NOT PUBLISH
CITY ATTORNEY _____

City of Seattle

Executive Department-Office of Management and Budget

James P. Ritch, Director
Charles Royer, Mayor



August 15, 1988

The Honorable Douglas Jewett
City Attorney
City of Seattle

10,115

Safon
Olney

Dear Mr. Jewett:

The Mayor is proposing to the City Council that the enclosed legislation be adopted.

REQUESTING DEPARTMENT: Seattle-King County Department of Public Health

SUBJECT: An ordinance relating to the Seattle-King County Department of Public Health; establishing one half-time and two full-time positions, and providing payment therefor.

Pursuant to the City Council's S.O.P. 100-014, the Executive Department is forwarding this request for legislation to your office for review and drafting.

After reviewing this request and any necessary redrafting of the enclosed legislation, return the legislation to OMB. Any specific questions regarding the legislation can be directed to Joan Walters.

Sincerely,

Charles Royer
Mayor

by

Handwritten signature of James P. Ritch.

JAMES P. RITCH
Budget Director

JR/jw/ca

Enclosure

cc: Dr. Bud Nicola, Director, Health

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City of Seattle
Charles Hoyer, Mayor

King County
Tim Hill, Executive

Seattle-King County Department of Public Health

Bud Nicola, M.D., M.H.S.A., Director

AUG 12 1988

August 12, 1988

Mr. Jim Ritch, Director
Office of Management and Budget
City of Seattle

840265

ATTENTION: Joan Walters

RE: Position Ordinance

Dear Mr. Ritch:

The attached ordinance will authorize the Health Department to add three new positions to the staff at the Central District Health Center for the Pediatric AIDS Project. These new positions consist of a full-time public health nurse, a full-time social worker, and a half-time health program coordinator. They will be working together as a collaborative medical/social case management team to provide community-based AIDS care for families with children born to HIV-positive mothers. Funding for these new positions is being provided by a grant received from the Health Resources and Services Administration.

SOP 100-014 is attached as required and copies of the City Form 5 have been sent to the Seattle Department of Personnel for their evaluation of appropriate classifications.

If you have any questions concerning this ordinance, please contact Kathy Carson, our Project Coordinator, at 296-4677.

Sincerely,

Bud Nicola, M.D.
Director of Public Health

BN:JN:nr

Enc.

cc: Jack Thompson
Mark Leaf
Joanne Nicolai
Kathy Carson
Steve Oien

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Bureau of Maternal and Child Health
and Resources Development

Health Resources and
Services Administration
Rockville MD 20857

AUG 2 1988

COPY RECEIVED

SEP 01 1988

R.M. Nicola, M.D.
Director of Public Health
Seattle-King County Department
of Public Health
110 Prefontaine Place South, Suite 600
Seattle, Washington 98104

Douglas N. Jewett
CITY ATTORNEY

Re: Application #BRH P10025-01-0
Title: "Seattle-King County
Pediatric AIDS Demonstration
Project"

Dear Dr. Nicola:

We are pleased to inform you that your application for a Pediatric AIDS Health Care Demonstration Grant has been approved for funding in the amount of \$180,000, including indirect costs, for the budget period 8/1/88 to 7/31/89. The application has been given the project period 8-1-88 to 7-31-91.

Your application was one of 47 reviewed by the Ad Hoc Review Panel convened for that purpose. Of the total reviewed, 24 applications were recommended for approval. Enclosed with this letter is a summary of the Panel comments, which were generally favorable. The strengths may be capitalized upon and the weaknesses used in further programmatic development.

Now that the project has been approved, we ask that you complete formal written agreements with appropriate collaborating institutions and agencies. These agreements should be specific in delineating precise relationships and expectations and should provide a mechanism for ongoing conjoint policy development and implementation. For example, all Pediatric AIDS Projects should embark on advocacy efforts to stimulate state and local adoption of appropriate policy statements regarding HIV infected women and children, which should include freedom of access to needed services.

Agreements should include clarification about referrals and intake. Agencies should be in accord about the role of primary ongoing responsibility to avoid both loss of follow up and also duplication of case management/care plan efforts. Signed copies of agreements should be sent to us within 90 days after start up date.

All professional travel in this first grant period will be limited to a single two day meeting in Washington, D.C., probably early this fall. Each project will send at least

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three people, including the project director. Projects with multiple sites will have additional slots. Your budget should be adjusted to reflect this. This meeting will include a number of matters that are important to clarify with new grantees: administrative and fiscal responsibilities, data collection and evaluation efforts, and developing a national strategy for follow up on the Surgeon General's Workshop on Children with HIV Infection and Their Families. Note that this first year restriction on travel does not apply to patients or to local travel by staff for home visits, etc.

In general, existing resources should be used for hospital care, out patient visits, medication and related items. Salary support for physicians should be provided through that mechanism. Developmental assessment can also be done using various sources of payment which should be known to your State Title V Agencies. Project funds can then be used for care costs that are not usually reimbursable - ambulatory nursing, social, case management, or health education services. Any change from this approach requires justification and advance approval by us. Extreme care should be taken that project funds are not used to supplant existing sources of support for personnel or other budgeted items.

With respect to copyrightable material that might be developed as a part of the grant activity, please note the following grants policy statement:

Publications (i.e., pamphlets, journal articles, reports, books, teaching guides) or audiovisuals (i.e., posters, slides, videotapes, film) or other materials that result from activities of this project should show program attribution. The following wording is recommended, "supported in part by project #BRH P10025-01-0 from the Bureau of Maternal and Child and Resources Development Health program (Section 301, Public Health Service Act), Health Resources and Services Administration, Department of Health and Human Services."

Questions relating to the fiscal, business or administrative management of this grant should be directed to:

Ms. Glenna Wilcom
Grants Management Branch
Bureau of Maternal and Child Health and
Resources Development
Parklawn Building, Room 9-21
5600 Fishers Lane
Rockville, Maryland 20857
301 443-6745

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Page 3 - Dr. Nicola

Questions relating to the programmatic, scientific or technical aspects of the project should be directed to:

John J. Hutchings, M.D.
Associate Director
Division of Services for Children with
Special Health Needs
Parklawn Building, Room 6-05
5600 Fishers Lane
Rockville, Maryland 20857
301 443-2170

We are pleased to be able to support your program and look forward to working with you in its further development and implementation. We are especially pleased at the opportunity to provide some assistance to a group of projects using creative approaches in the struggle to provide care for HIV infected mothers and children.

Sincerely yours,

Merle McPherson, M.D.
Acting Director
Division of Services for Children
with Special Health Needs

Enclosure

cc: Kathy Carson
Mark Leaf

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Panel Summary
Pediatric AIDS Health Care
Demonstration Grant

Application #BRH P10025-01-0
Seattle-King County Department of Public Health
110 Prefontaine Place So., Suite 500
Seattle, Washington 98104
"Seattle-King County Pediatric AIDS Demonstration
Project"

Strengths

1. The proposal builds on existing services including a strong outreach program and clinic network.
2. Risk groups are well identified.
3. There is strong evidence of community support and collaboration.

Recommendations

1. The outcome evaluation should be more fully developed.

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1. DATE ISSUED July 28, 1988 2. FEDERAL CATALOG NO. 3.153

3. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4. GRANT NO. BRH P10025-01-0 5. ADMINISTRATIVE CODES BRH-12

6. PROJECT PERIOD From 8 1 88 Through 7 31 91

7. BUDGET PERIOD From 8 1 88 Through 7 31 89

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
BUREAU OF MATERNAL AND CHILD HEALTH AND RESOURCES DEVELOPMENT
Rockville, Maryland 20857
NOTICE OF GRANT AWARD

Pediatric AIDS Health Care Demonstration Projects
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Section 301 (42USC241)
P.L. 100-202

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 53 spaces)
Seattle-King County Pediatric AIDS Demonstration Project

9. GRANTEE Seattle-King County Department of Public Health

a. Name Seattle-King County Department of Public Health

b. Organization Unit:

c. Street 110 Prefontaine Pl. So., Suite 500

d. City Seattle e. State WA f. Zip Code 98104

10. DIRECTOR OF PROJECT, PROGRAM OR CENTER, DIRECTOR, COORDINATOR OR PRINCIPAL INVESTIGATOR:

NAME Carson Kathy

Last First Initial

ADDRESS: Same as #9

11. APPROVED BUDGET (Excludes PHS Direct Assistance)

Grand Funds Only
 Total project costs including grant funds and all other financial participation

a. Personal Services	\$ 64,581
b. Fringe Benefits	15,434
c. Consultants	2,881
d. Travel	
e. Equipment	
f. Supplies	500
g. Contractual	70,136
h. Patient Care	
i. Construction (A & R)	
j. Training Costs	
k. Other	2,718
l. TOTAL DIRECT COSTS	\$ 156,250
m. Indirect Costs (Rate <u>15.7%</u> of S&W/YADC)	\$ 23,750
n. TOTAL APPROVED BUDGET	\$ 180,000

o. Federal Share \$ 180,000

p. Non-Federal Share \$

12. AWARD COMPUTATION FOR GRANT

a. Amount of PHS Financial Assistance (from 11.o)	\$ 180,000
b. Less Unobligated Balance From Prior Budget Periods	\$
c. Less Cumulative Prior Award(s) This Budget Period	\$
d. AMOUNT OF THIS ACTION	\$ 180,000

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
a. 02	\$198,000	e.	
b. 03	\$217,800	f.	
c.		g.	
d.		h.	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

a. Personal Services	\$
b. Travel	
c. Vaccine	
d. Other	
e. TOTAL DIRECT ASSISTANCE	\$

15. PROGRAM INCOME SUBJECT TO 45 CFR 74.45 SHALL BE:

a. Used to further the objectives of the legislation under which the grant was made.

b. Deducted from total project costs for the purpose of determining the net costs on which the Federal share of costs shall be based.

c. Other - See Special Conditions

d. NA

16. THIS GRANT IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above.

b. The grant program regulation cited above.

c. This award notice including terms and conditions, if any, noted below under Remarks.

d. PHS Grants Administration Manual Chapters in effect as of the beginning date of the budget period.

e. PHS Grants Policy Statement in effect as of the beginning date of the budget period.

f. 45 CFR Part 74.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms & Conditions Attached - Yes No)

Appropriation: 7580350

AGENCY OFFICIAL (Signature, Name and Title)
Waddell Avery, Grants Management Officer, BMCHRD

17. PHS LIST NO. AIDS-PHS-1 OBJ. CLASS. 41.45 18. CRS - EIN 1916001327A5 19. ORGANIZATION DESCRIPTORS:

PY-CAN I-88	DOCUMENT NO.	SECONDARY ADM. CODE	AMT. ACTION P.H.S. 2887	AMT. ACTION B.M. 2887
20. a. 8-3770696	b. BRH P10025A	c.	d. \$180,000	e.
21. a.	b.	c.	d.	e.
22. a.	b.	c.	d.	e.

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GRANT PAYMENT INFORMATION

- Payments under this award will be made available through the HHS Departmental Federal Assistance Financing System (DFAFS). DFAFS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to:

Chief, Payment Management System
DASP:DASF:OS:DEBS
P. O. Box 6021
Rockville, Maryland 20852
Telephone Number: (301) 443- 1350

- This award is funded under the HHS Single Letter of Credit Number 75-08.
- Payments under this award will be made available through a letter of credit administered by the HRSA Office of Financial Services. Inquiries regarding payments should be directed to:

Accounting and Finance Section - HRSA
Parklawn Building - Room 16-46
5600 Fishers Lane
Rockville, Maryland 20857
Telephone Number: (301) 443-2480

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NOTICE OF GRANT AWARD (Continuation Sheet)

PAGE	DATE ISSUED (Mo., day, yr.)
2 OF 2	July 28, 1988
GRANT NO.	
BRH P010025-01-0	

ITEM NO.

11. Total approved budget includes the following revisions as detailed by Ms. Kathy Carson on July 20, 1988:

11a. Personal Services decreased by	\$142,665
11b. Fringe Benefits decreased by	33,367
11d. Travel increased by	1,881
11f. Supplies decreased by	1,500
11k. Other decreased by	6,685

11m. Indirect costs have been computed at the rate of 15.2% total direct costs.

FOR YOUR INFORMATION, THE HHS INSPECTOR GENERAL MAINTAINS A TOLL FREE TELEPHONE NUMBER, 800-368-5779, FOR RECEIVING INFORMATION CONCERNING FRAUD, WASTE OR ABUSE UNDER GRANTS AND COOPERATIVE AGREEMENTS. SUCH REPORTS ARE KEPT CONFIDENTIAL, AND CALLERS MAY DECLINE TO GIVE THEIR NAMES IF THEY CHOOSE TO REMAIN ANONYMOUS.

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Section 1 -- Title of Program or Proposal
Pediatric AIDS Project

Section 2 -- Statement of Objectives

Planning committee meetings for this grant application identified several gaps in community resources for pediatric AIDS prevention and case management. These gaps concern the needs of Seattle's highest risk groups - street youth, IVDA youth and women, female sexual partners of IVDA men, infants born to HIV-positive women, and minority persons at risk. Several efforts initiated by local service providers to address these high risk groups have revealed specific service delivery gaps. We have therefore designed the project's goals and objectives to: 1) respond to these gaps in service described by the agencies and program staff who are most familiar with the needs of these highest risk persons in King County; and 2) continue or extend promising efforts that have either been initiated under other funding or that require increased resources.

GOAL I: To provide education and medical outreach to the high-risk homeless, incarcerated, and "street youth" population.

Rationale: The numbers and high risk substance abuse and sexual behaviors of Seattle's street youth make them a group with an urgent need for AIDS prevention education. Their behaviors and their lack of contact with schools or regular medical care make it difficult for traditional education and counseling programs to reach them. Most of these youth do not seek medical services unless a crisis occurs. Seattle Youth and Community Services (SYCS) has been providing outreach to this group since 1979, and has recently begun to operate a county-wide outreach van providing drug and alcohol prevention and counseling services to places where youth congregate. SYCS staff are eager to extend this service with a Medical Outreach Worker to provide AIDS screening and counseling through this mobile unit. SYCS will also provide outreach to incarcerated youth, and propose to continue the work Dr. Robert Bidwell has begun under the High Risk Adolescent grant to the UW School of Medicine from the Centers for Disease Control, in which a curriculum was developed and piloted for use with incarcerated high risk youth.

In order to extend the benefits of outreach to as large a population as possible, SYCS will utilize a "train the trainer" model for AIDS education, adapted from the HRSA-funded AIDS Educational Training Center's health care provider training project at the University of Washington. This training will be provided to staff of community youth service agencies who work with high-risk and minority youth, and to juvenile detention facility staff.

The following objectives under Goal I will be carried out by SYCS staff under contract with this project. SYCS will administer the personnel involved in these education and outreach activities. The 1.0 FTE Medical Outreach Worker will be a medical social worker who will provide all direct services to youth including outreach contacts, counseling, group and individual education, and health screening. The 1.0 FTE Health Educator will develop youth education materials and a service provider training guide; will assist in adapting the curriculum for incarcerated youth for use in each center and youth service

bureau; will cooperate with the AIDS Training Project staff to train youth service bureau and detention center personnel, and provide ongoing consultation to these agencies as they implement the curriculum in their facilities.

Project Objectives:

1. To provide outreach three afternoons/evenings weekly to four targeted sites where street youth gather.
2. To provide outreach twice weekly immediately after school in targeted school neighborhoods.
3. To provide weekly outreach to youth in South and East King County.
4. To make 1000 individual contacts in a 12-month period with such young people.
5. To create two information sheets, designed by youth and written specifically for the targeted populations.
6. To produce and disseminate 5,000 such information sheets to youth on the streets.
7. To utilize audiovisual materials for AIDS education at each site as appropriate.
8. To develop information materials for providers of youth services on AIDS curriculum and policy.
9. To provide training and consultation for 15 youth service and detention staff on HIV, curriculum, and organization policies.
10. To provide ongoing monthly consultation and assistance for trained youth service and detention staff on implementation of their AIDS education programs.

GOAL II: To provide medical and social case management for women and children who are high risk, are HIV-positive or have AIDS.

Rationale: Two final and general concerns emerging from our Planning Committee meetings were the extreme difficulty of tracking high-risk IVDA women, and the intensive support needs of these women and their families. Women IVDA's typically present only when they are incarcerated, are in drug treatment, or are pregnant and at or near term. The Public Health Nursing staff who most often manage these cases do not have the resources to aggressively track these women, make home visits, and provide ongoing counseling for AIDS prevention. The situation is often more extreme when a child is born to an HIV-positive mother. The case management needs of these families are more complex than those of adult male AIDS patients. In order to care for the infant, the mother will usually require intensive support in the form of economic assistance, transportation, respite care, housing, counseling, and medical services. It is estimated that 50-75% of these infants will require foster care, and a similar high level of support will be needed by these caregivers.

Boland, in the Surgeon General's Report on Women and Children With AIDS (1987), has outlined the collaborative medical/social case management model needed to provide community-based AIDS care for the child and family and our public health nurse/social worker teams will assume those responsibilities. The case management team approach will benefit staff serving this highly stressful and often discouraging population by: providing ready access to consultation/support; providing back-up for each team member when a crisis occurs; distributing personal responsibility for each high-needs family.

If and when these women and/or infants become ill with AIDS, transition or co-case management procedures will be developed with the staff providing these services to adult AIDS patients through the Northwest AIDS Foundation,

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Harborview Medical Center, and Group Health Cooperative. The relationships that will already have been established by the project team will assist these often distrustful families to utilize the special supports available in the community for those ill with AIDS.

The individuals on the case management team will be SKCDPH employees at the Central Public Health Center. In addition to their case management responsibilities, the team will also take referrals from drug treatment programs, community clinics, and other appropriate referral sites.

Objectives:

1. Accept referrals from respective home clinics and district Public Health Nurses, and triage them for case management services.
2. Accept referrals of incarcerated women.
3. Accept referrals from University, Children's, and other hospitals.
4. Conduct comprehensive family assessments.
5. Develop formal individualized case management service plans to support the family in the least restrictive community setting.
6. Implement and coordinate the service plan with medical team and community providers.
7. Conduct ongoing case coordination and service plan reviews through monthly contacts with clients and/or service providers.
8. Provide consultation and outreach to other programs in their respective catchment areas.
9. Provide case management support to foster caregivers of HIV-positive infants and children in catchment area.
10. Develop transition/co-case management procedures for Class P-2 patients with Group Health, Harborview and NW AIDS Foundation case management staff.

Goal III: To encourage coordination and collaboration among the private and public agencies and professionals concerned with AIDS prevention and care for women, children, and youth.

Rationale: As the Surgeon General's Report (1987) makes clear, to provide community-based, family-centered care for children with special health care needs, coordination among service providers is imperative. Our Planning Committee meetings reinforced the need for ongoing communication among agencies. We will utilize a community network that has recently formed as a base for this ongoing coordination. The Pediatric AIDS Community Network was organized in early 1988 by staff of Children's Hospital in response to the complexities of caring for HIV-positive women and children. The Network's monthly meetings bring together the major providers of care for these families. We will utilize the Network to make the community aware of the project and inform providers of community resources. We expect the Network meetings will assist members in making appropriate referrals, cooperating on case management strategies, and identifying and resolving patient care issues.

The Project Advisory Committee will complement Network efforts and add their perspectives as administrators of major AIDS service organizations and health care providers. Together these two groups will provide local service providers with the information to support comprehensive and efficient care for target groups, and to recommend community policies and procedures for AIDS prevention and treatment.

Objectives:

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1. Encourage participation of pediatric/youth AIDS providers in the Pediatric AIDS Community Network.
2. Update knowledge of local adult/pediatric AIDS services through information shared by Project Advisory Committee members.
3. Utilize information provided by Pediatric AIDS Community Network and Project Advisory Committee as early warning system on local needs.

Section 3 -- Fiscal Requirements

\$180,000 has been granted by the Health Resources and Services Administration for the period of August 1, 1988 through July 31, 1989. The grant has been approved at this level for three years. The funding request was for a higher level of service and \$399,870 the first year, \$421,711 the second, and \$448,157 the third. It is anticipated that a higher level of service will be funded in the subsequent years of the grant.

Additional funding will be sought to enable the Department to provide the services necessary to prevent pediatric AIDS. It is anticipated because of the federal and state emphasis on AIDS prevention that this will not impact General Fund.

Section 4 -- Personnel Requirements

The following table shows the personnel to be added during the first year of the grant. All except the Administration Specialist I are new positions; an existing .5 FTE Administrative Specialist I will be increased to a .75 FTE level. The permanence of the positions beyond the three year grant period is dependent on securing additional funding.

	ANNUAL NO.		TOTAL
	SALARY MOS.	TIME	AMOUNT
	RATE	BUDG.	REQUIRED
HEALTH PROGRAM COORDINATOR	31134	11	50% 14270
PUBLIC HEALTH NURSE (CENTRAL)	28158	10	100% 23465
SOCIAL WORKER (CENTRAL)	27198	10	100% 22665
ADMIN. SPECIALIST I (CENTRAL)	20070	10	25% 4181
FRINGE BENEFITS			15434
CATEGORY TOTAL			80017

Section 5 -- Facilities and Equipment Requirements

Personnel will be housed in existing facilities and no equipment purchases are planned.

Section 6 -- Evaluation Criteria and Reporting

We will evaluate both the process and procedures of the project as well as project outcomes. Process evaluation will consist of monthly review of project activities and staff responsibilities by the Health Program Coordinator, in

consultation with personnel administrators of the Seattle Youth and Community Services program (Goal I activities) and Health Center supervisors (Goal II activities).

Outcome Evaluation

The purpose of this evaluation approach will be to determine the extent to which the project increases education, outreach, and follow-up for high-risk youth and case management of women and children with HIV infection, AIDS, or at risk for infection. We will assess our progress towards these goals by documenting the following measurable/observable results for each objective. The project's Advisory Committee will be responsible for quarterly review of project activities.

Goal I: Education and outreach for high risk youth

Objective

1. Provide outreach 3x/week to 4 Seattle sites
2. Provide outreach 2x/week to schools
3. Provide outreach 1x/week to county location
4. Contact 1000 youth/year
5. Create two information sheets
6. Produce/disseminate 5000 information sheets/year
7. Utilize audio-visual materials as appropriate
8. Develop training materials
9. Provide training/consultation to 15 youth agency providers
10. Consult/assist youth service providers monthly

Documentation

Records of weekly outreach visits to each site, # youth contacted
Records of schools served, # students contacted
Records on schools/sites served, # contacted
Records of individual contacts made
Copies of sheets reviewed by youth/experts prior to release
Data on audiences/locations reached

Records of media used/youth feedback

Copies of materials/user feedback
Records of youth agency staff trained, pre/post-test training results, # youth benefiting/agency
Records of consultation provided, data on information needs

Goal II: Case management for high risk and HIV-positive women and children

Objective

1. Accept referrals and triage for case management
2. Accept referrals University, Children's and other hospitals
3. Comprehensively assess family needs
4. Develop case management service plans to support family in community
5. Implement/coordinate plan with medical team, community providers
6. Ongoing case management reviews
7. Consult/outreach to other

Documentation

referrals by source, demographics on patients served
referrals by source, demographics on patients given case management
#/type of assessments conducted, needs matched to services provided
case management plans developed, # home, clinic, phone and case coordination visits made
Records of other providers/agencies involved in plans, family outcomes

Records of monthly reviews

Records of programs provided with

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|--|---|
| <p>8. Case manage for foster caregivers</p> <p>9. Transition/co-case management procedures for Class P-2 pts</p> | <p>consultation/outreach</p> <p># foster caregivers served, # home visits provided, and services needed/provided</p> <p>Description of procedures developed</p> |
|--|---|

Goal III: Coordination of services

Objective

1. Coordinate with Pediatric AIDS Community Network
2. Disseminate Project Advisory Committee information
3. Utilize Network and Advisory Committee recommendations

Documentation

- Attendance at monthly meetings
- Minutes of quarterly meetings to project staff and agency heads
- # local needs identified, policies originating from Network and Committee cooperation

Section 7 -- Alternatives

Drug abuse and risk for HIV infection are rapidly increasing among pregnant women in Seattle and King County. The costs this will bring upon the community and society are enormous. Activities aimed at prevention and reduction of risk will not only benefit the individuals involved but the community as a whole. The City and the nation must respond to these rising threats in order to avoid disastrous costs in the future. Federal funding will allow the City to establish intensive services to this population to begin to control these costs.

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TIME AND DATE STAMP

SPONSORSHIP

THE ATTACHED DOCUMENT IS SPONSORED FOR FILING WITH THE CITY COUNCIL BY THE MEMBER(S) OF THE CITY COUNCIL WHOSE SIGNATURE(S) ARE SHOWN BELOW:

Jane Bland

FOR CITY COUNCIL PRESIDENT USE ONLY

COMMITTEE(S) REFERRED TO:

PRESIDENT'S SIGNATURE

City of Seattle

ORDINANCE 110384

AN ORDINANCE relating to the Seattle-King County Department of Public Health; accepting financial assistance from the United States Health Resources and Services Administration for the implementation of a Pediatric AIDS Project; authorizing the Mayor or his designee to enter into the necessary implementing agreements; establishing one half-time and two full-time positions; and providing payment therefor.

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. The Mayor or his designee is hereby authorized to enter into an agreement, substantially in the form attached hereto, with the United States Health Resources and Services Administration, and to accept a grant in the minimum amount of Five Hundred and Forty Thousand Dollars (\$540,000) for the implementation of the Pediatric AIDS Project, such funds to be disbursed annually in the amount of at least One Hundred Eighty Thousand (\$180,000) for a three (3) year period. The grant is hereby accepted and funds received pursuant thereto shall be deposited in the King County Public Health Pooling/City Fund, to be administered in accordance with the laws of King County.

Section 2: In further implementation of the project named in Section 1 hereof, the following positions are established in the Seattle-King County Department of Public Health:

TITLE	POSITIONS	EQUIVALENT
Public Health Nurse	1	1.00 FTE
Social Worker	1	1.00 FTE
Health Program Coordinator	1	.50 FTE

Compensation for persons filling such positions shall be at the salary rate established by the Salary Schedule and Compensation Plan from funds appropriated by King County; and the Director of Public Health is authorized to fill the positions according to personnel laws and rules.

Section 3: Any acts consistent with the authority and prior to the effective date of this ordinance are hereby ratified and confirmed.

Section 4. This ordinance shall take effect and be in force thirty days from and after its passage and approval, if approved by the Mayor; otherwise it shall take effect at the time it shall become a law under the provisions of the city charter.

Passed by the City Council the 27th day of December, 1988, and signed by me in open session in authentication of its passage this 17th day of December, 1988.

NORMAN B. RICE

President, Pro Tem of the City Council.

Approved by me this 4th day of January, 1989.

CHARLES ROYER

Mayor

Filed by me this 4th day of January, 1989.

Attest: NORWARD J. BROOKS,

City Comptroller and City Clerk.

(Seal) By THERESA DUNBAR,

Deputy Clerk

Publication ordered by NORWARD J. BROOKS, Comptroller and City Clerk.

Date of official publication in Daily Journal of Commerce, Seattle, January 28, 1989. (1117)

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STATE OF WASHINGTON - KING COUNTY

11171
City Clerk

No.

Affidavit of Publication

The undersigned, on oath states that he is an authorized representative of The Daily Journal of Commerce, a daily newspaper, which newspaper is a legal newspaper of general circulation and it is now and has been for more than six months prior to the date of publication hereinafter referred to, published in the English language continuously as a daily newspaper in Seattle, King County, Washington, and it is now and during all of said time was printed in an office maintained at the aforesaid place of publication of this newspaper. The Daily Journal of Commerce was on the 12th day of June, 1941, approved as a legal newspaper by the Superior Court of King County.

The notice in the exact form annexed, was published in regular issues of The Daily Journal of Commerce, which was regularly distributed to its subscribers during the below stated period. The annexed notice, a

Ordinance No. 114308

was published on
01/26/89

The amount of the fee charged for the foregoing publication is the sum of \$ _____, which amount has been paid in full.

H. Spicings

Subscribed and sworn to before me on

1/26/89

Yvonne Summers

Notary Public for the State of Washington,
residing in Seattle

Affidavit of Publication

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