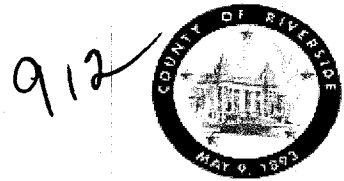


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:
May 17, 2010

SUBJECT: Ratify the Amendment between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health HIV Program for HIV Medical Care, Medical Case Management, Mental Health, Outreach, and Pharmacy Services (Contract 08-438, A-4).

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify the Amendment (08-438, A-4) between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for the period of March 1, 2010 - February 28, 2011 for a total of \$1,019,184.
2. Authorize the Chairperson to sign four (4) originals of said Amendment, Contract 08-438, A-4, on behalf of the County.

BACKGROUND:

Continues on page 2

Susan D. Harrington

Susan Harrington, Director of Public Health

VJB/vjb

FINANCIAL DATA	Current F.Y. Total Cost: 09/10	\$339,728	In Current Year Budget:	YES
	Next F.Y. Total Cost: 10/11	\$679,456	Budget Adjustment:	NO
	Current F.Y. Net County Cost:	\$ 0	For Fiscal Year:	09/10
	Annual Net County Cost:	\$ 0		

SOURCE OF FUNDS: 100% funded by the Ryan White CARE Act through San Bernardino County	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 2/9/10 Item 3.14, 5/19/09 Item 3.15

District:
All

Agenda Number:

3.19

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD
 FORM APPROVED COUNTY COUNSEL
 BY: NEAL R. KIPNIS
 DATE: 5/19/10
 Departmental Concurrence

SUBJECT: Ratify the Amendment between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for HIV Medical Care, Medical Case Management, Mental Health, Outreach, and Pharmacy Services (Contract 08-438, A-4).

BACKGROUND: (Continued)

The Ryan White Comprehensive AIDS Resource Act (RWCA) was enacted in 1990 to provide federal funding for comprehensive health and social services for persons living with the Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS).

As the payer of last resort, the RWCA is invaluable in filling the gaps in health care and social services for people living with HIV/AIDS. Funds from the RWCA are used to provide HIV care services, including medical and dental care, mental health care and treatment and HIV medications enabling people living with HIV/AIDS to live a longer and healthier life. The funds from amendments will be used to continue HIV medical, mental health and pharmacy services at the Riverside Neighborhood Health Clinic, the Perris Family Care Center and the Indio Family Care Center.

FINANCIAL DATA: This agreement has no financial impact on the County of Riverside.

08/09 Original Award 08-438	Amendment 1 08-438, A-1	09/10 Award Amendment 2 08-438, A-2	Amendment 3 08-438, A-3	F10/11 Award Amendment 4 08-438, A-4
\$1,302,458	(\$ 243,229)	\$1,243,127	(\$ 54,624)	\$1,019,184
7/29/08; Item 3.22	2/3/09; Item 3.11	5/19/09; Item 3.15	2/9/2010; Item 3.14	

JUSTIFICATION FOR DELAY: The Riverside County Department of Public Health received this amendment from San Bernardino County on March 17, 2010. This Form 11 and attachments were subsequently submitted through the County's approval process as soon as possible after receipt.



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

<input type="checkbox"/> New	Vendor Code	SC	Dept.	A	Contract Number			
<input checked="" type="checkbox"/> Change	COUNTYO930		PHL		08-438 A-4			
<input type="checkbox"/> Cancel								
County Department			Dept.	Orgn.	Contractor's License No.			
Department of Public Health			PHL	PHL				
County Department Contract Representative			Telephone		Total Contract Amount			
Daniel Perez, MSW			(909) 388-0408		\$3,266,916			
Contract Type								
<input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:								
If not encumbered or revenue contract type, provide reason: <u>N/A</u>								
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount			
95200		6/1/08	2/28/11	\$1,302,458	\$1,019,184			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No	Amount		
AAA	PHL	3715	200	2445		\$1,019,184		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount		
						\$		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount		
						\$		
Project Name			Estimated Payment Total by Fiscal Year					
Part A Medical Care			FY	Amount	I/D	FY	Amount	I/D
And Support Services			09-10	339,728	I			
			10-11	679,456	I			

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name
 County of Riverside, Department of Public Health
 Address
 P.O. Box 7600
 Riverside, CA 92503
 Telephone
 (951)358-5307

hereinafter called Contractor

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT NO. 4

SECTION II. CONTRACTOR SERVICE RESPONSIBILITIES

Paragraph A is amended by replacing it with the following: "Services shall be provided as set forth in Attachment A – Scope of Work, A1 - Scope of Work, A2 - Scope of Work and Attachment I – Program Service Definitions. In addition, Contractor shall develop and deliver program services in accordance with the most current standards of care approved by the Inland Empire HIV Planning Council (IEHPC). Copies of these standards are available on www.IEHPC.org. With regards to Ryan White services, cost effectiveness shall not be defined as simply a lower cost per unit."

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

SECTION V. FISCAL PROVISIONS

Paragraph A is deleted and replaced with the following: "The total contract amount is \$3,266,916 which is available for expenditure in accordance with the service provided, unless changed by the budget/Contract amendment process, and is subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation is reduced. The County will notify the Contractor in writing of its determination. The consideration to be paid to the Contactor as provided herein shall be in full payment for all of the Contractor's services and expenses in the performance hereof, including travel and per diem."

Program Year	Program Year Date	Amount
2008-2009	June 1, 2008 – February 28, 2009	\$1,059,229
2009-2010	March 1, 2009 – February 28, 2010	\$1,188,503
2010-2011	March 1, 2010 – February 28, 2011	\$1,019,184
Total		\$3,266,916

Paragraph B is deleted and replaced with the following: "Payment to the Contractor shall be contingent upon the submission by the Contractor, and approval by the County, of the required reports and invoices. Expenditures for services submitted by the Contractor to the County for reimbursement must be consistent with the approved program budget that is attached hereto and incorporated herein by this reference as Attachment B – Budget, Attachment B1- Budget and Attachment B2 – Budget."

SECTION VIII. TERM is deleted and replaced with the following

"This Contract is effective as of June 1, 2008 and expires February 28, 2011 but may be terminated earlier in accordance with provisions of Section IX of the Contract."

SECTION XI. CONCLUSION

Paragraph A is deleted and replaced with the following: "This Contract, consisting of all original contract pages and Attachments A through J, along with the amendments and additional Attachments K through Q is the full and complete document describing services to be rendered by Contractor to County including all covenants, conditions, and benefits."

Add **Attachment A2** – Scope of Work dated February 2010

Add **Attachment B2** – Budget dated February 2010

All other terms and conditions remain in full force and effect.

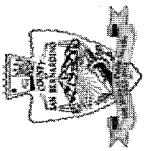
FORM APPROVED COUNTY COUNSEL
BY: Neal R. Kipnis 2/23/10
NEAL R. KIPNIS DATE

COUNTY OF SAN BERNARDINO
By Gary C. Ovitt
Gary C. Ovitt, Chairman, Board of Supervisors
Dated: FEB 23 2010

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD
Laura H. Welch
Clerk of the Board of Supervisors of the County of San Bernardino
By Pammy
Deputy

County of Riverside
(Print or type name of corporation, company, contractor, etc.)
By _____
(Authorized signature - sign in blue ink)
Name: Marion Ashley
(Print or type name of person signing contract)
Title: Chairman, Board of Supervisors
(Print or Type)
Dated: _____
Address: P.O. Box 7600
Riverside, CA 92503

Approved as to Legal Form <u>Kristina Robb</u> Kristina Robb, Deputy County Counsel Date <u>2/2/10</u>	Reviewed by Contract Compliance _____ Date _____	Presented to BOS for Signature <u>Jim Lindley</u> Jim Lindley, Director Date <u>2-11-10</u>
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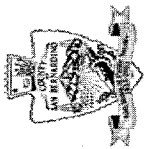


**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

RW PART A: MARCH 1, 2010 – FEBRUARY 28, 2011	
CONTRACT NUMBER:	08-438 A4
CONTRACTOR:	Riverside County Department of Public Health –HIV/AIDS Program
SERVICE CATEGORY:	Medical Case Management Services (including treatment adherence)
SERVICE GOAL:	To ensure a continuum of high quality care which is client focused, client collaborative, and culturally appropriate, cost-effective, efficient and accessible to all eligible persons with HIV/AIDS throughout the TGA as required to support the clients participation in HIV medical care.
SERVICE HEALTH OUTCOME(S):	<ul style="list-style-type: none"> Improved or maintained CD4 Cell count for consumers Improved or maintained CD4 cell count as a % of total lymphocyte cell count Improved or maintained viral load Ability to self-manage healthcare and support services

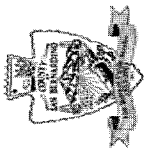
Planned Services to Clients by service area of residence	1		2		3		4		5		6		Total
	Riv W	Riv C	Riv E	SB WV	SB EV	SB D	Total						
Total # Unduplicated CLIENTS to be Served	64	32	11	0	0	0	107						
Caucasian/White	19	10	3	0	0	0	32						
African American/Black	13	6	2	0	0	0	21						
Latino/a	26	13	4	0	0	0	43						
Women	16	8	3	0	0	0	27						
Infants	0	0	0	0	0	0	0						
Children	0	0	0	0	0	0	0						
Youth	6	3	1	0	0	0	10						
Planned Client Utilization by service area of residence :													
(15 Min Units)	1	2	3	4	5	6	Total						
Total # Service UNITS to be delivered	1028	514	171	0	0	0	1713						
Caucasian/White	308	154	51	0	0	0	513						
African American/Black	206	103	34	0	0	0	343						
Latino/a	411	206	68	0	0	0	685						
Women	257	128	43	0	0	0	428						
Infants	0	0	0	0	0	0	0						
Children	0	0	0	0	0	0	0						
Youth	103	52	17	0	0	0	172						



**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

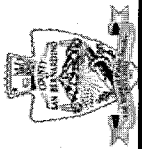
Planned Client Utilization by service area of residence: (Visit Per day)		1	2	3	4	5	6	Total
Total # Of VISITS to be delivered		Riv W	Riv C	Riv E	SB W V	SB E V	SB D	
		385	193	64	0	0	0	642
	Caucasian/White	116	58	19	0	0	0	193
	African American	77	38	13	0	0	0	128
	Latino/a	154	77	26	0	0	0	257
	Women	96	48	16	0	0	0	160
	Infants	0	0	0	0	0	0	0
	Children	0	0	0	0	0	0	0
	Youth	38	19	6	0	0	0	63



**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

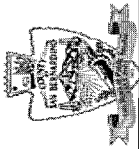
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Initial and ongoing assessment of the client's service needs Implementation Activity 1-1 The HIV/AIDS Branch Chief and Clinic Manager will hire a full-time Medical Case Manager (MCM) to provide Medical Case Management Services to clients at risk of falling out of care (e.g., active substance use, mental health issues, homelessness, and/or lack of support), African American and post-incarcerated clients.</p> <p>Implementation Activity 1-2 The MCM will be trained based on RW Standards of Care and Services for Medical Case Management Services.</p> <p>Implementation Activity 1-3 The MCM will conduct an initial assessment during the client's intake process. The assessment will include gathering information on demographics, disease process, health history, medical, psycho-social, mental health issues, substance use/abuse history, financial management capabilities; income medical and dental health insurance coverage; long term/short-term benefits needed/available, support systems, employment history and eligibility for enrollment in medical case management services.</p> <p>Implementation Activity 1-4 The assessment includes the client's individual needs, inclusive of the assessment of the client's awareness or perceived need of the HIV/AIDS disease spectrum, safer sex activities, HIV/AIDS treatment modalities, medication adherence, wellness options, proper nutrition and self-management techniques.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Assessment form ▪ Documentation in client's chart ▪ Documentation in ARIES
<p>Service Delivery Element #2: Development of a comprehensive, individualized service plan in collaboration with the client. Implementation Activity 2-1 Based on client's intake and assessment, the MCM will determine specific objectives, goals, and actions designed to meet the client's individual needs.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart



**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

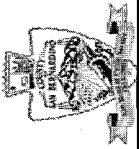
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 2-2 The MCM will develop a comprehensive individualized service plan that will be action-oriented, time specific, appropriate to the level of medical case management service, and involve the active participation and collaboration of the client.</p> <p>Implementation Activity 2-3 A signed comprehensive individualized service plan by both the MCM and the client will be maintained in client's chart.</p> <p>Service Delivery Element #3: Coordination of services required to implement the plan Implementation Activity 3-1</p> <p>Utilizing the comprehensive individualized service plan the MCM will identify, secure, and tailor the resources necessary to accomplish the goals and objectives identified in the plan.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Referral forms ▪ Documentation in client's chart
<p>Implementation Activity 3-2 The MCM will follow-up on referrals and ensure client is receiving ongoing medical care and support services.</p> <p>Service Delivery Element #4: Client monitoring to assess the efficacy of the plan Implementation Activity 4-1</p> <p>The MCM on an ongoing basis will gather sufficient information from all relevant sources about the implementation and appropriateness of the Plan and its resulting activities which will enable the MCM to determine the comprehensive service plan's effectiveness.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart.
<p>Service Delivery Element #5: Periodic re-evaluation and adaptation of the plan as necessary Implementation Activity 5-1</p> <p>The MCM will review the comprehensive individualized service plan on a quarterly basis to determine the Plan's effectiveness in enabling achievement of desired goals and outcomes.</p> <p>Implementation Activity 5-2 Based on information gathered, the MCM may modify or change the comprehensive individualized service plan, in its entirety or in any of its component parts. Both MCM and client will sign revised plan.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart.



**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

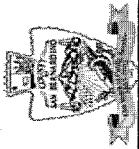
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #6: Client-specific advocacy and/or review of utilization of services</p> <p>Implementation Activity 6-1 The MCM staff will have the major function of an advocate for services for the client with particular emphasis on self-sufficiency in the community and avoidance of premature or unnecessary hospitalization.</p> <p>Implementation Activity 6-2 The MCM staff may participate in the development of the continuum of care and in community efforts to bring attention to the problems associated with the lack of services.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Documentation in client's chart
<p>Service Delivery Element #7: Coordination and follow-up of medical treatments</p> <p>Implementation Activity 7-1 The MCM on an ongoing basis will coordinate health care services and support services for the client. As the client's needs changes, the MCM will access or refer additional or new resources that may be more appropriate for the client at a particular point in the disease process.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart.
<p>Service Delivery Element #8: Provide or refer clients for advice, support, counseling on topics surrounding HIV disease, treatment, medications, treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by the client to effectively participate in his/her medical care</p> <p>Implementation Activity 8-1 The MCM based on intake information and assessment outcome, will provide referrals to support services and other community resources. MCM will also follow-up on referrals and document in client's chart.</p> <p>Implementation Activity 8-2 The MCM will attend monthly State Parole Board Meetings to increase awareness and access to care for post-incarcerated population.</p> <p>Implementation Activity 8-3 The MCM will participate with the Outreach Community Care Van to link newly diagnosed HIV + individuals with care.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Referral forms ▪ Documentation in client's chart.



**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

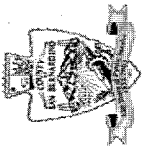
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 8-4 The MCM will provide treatment adherence education and counseling and assist and support the client in establishing self-management goals.</p>			
<p>Service Delivery Element #9: Includes all types of case management including face-to-face, phone contact and any other forms of communication.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Documentation in client's chart.
<p>Implementation Activity 9-1 MCM will contact clients during medical care visits involving face-to-face contact, follow- with phone and/or other forms of communication to maintain ongoing contact with clients.</p>			
<p>Implementation Activity 9-2 All contacts with client will be documented in client's chart and ARIES</p>			
<p>Service Delivery Element #10: Services are provided based on established Cultural and Linguistic Competency Standards.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment ▪ Plan ▪ Client Materials in Spanish
<p>Implementation Activity 10-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p>			
<p>Implementation Activity 10-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p>			
<p>Implementation Activity 10-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p>			
<p>Implementation Activity 10-4 HIV Branch Chief, Clinic Manager, RN Supervisor, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p>			



**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 10-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 10-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p>			
<p>Service Delivery Element #11: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 11-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p> <p>Implementation Activity 11-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Service Delivery Element #12: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</p> <p>Implementation Activity 12-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 12-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet

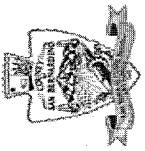


**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

RW PART A: MARCH 1, 2010 – FEBRUARY 28, 2011	
CONTRACT NUMBER:	08-438 A4
CONTRACTOR:	Riverside County Department of Public Health –HIV/AIDS Program
SERVICE CATEGORY:	Mental Health
SERVICE GOAL:	To have services available throughout the TGA to minimize crisis situations and stabilize clients; mental health status, in order to maintain in the care system.
SERVICE HEALTH OUTCOME(S):	<ul style="list-style-type: none"> • Improved or maintained CD4 cell count for consumers • Improved or maintained CD4 cell count as a % of total lymphocyte cell count • Improved or maintained viral load • Decreased level of depression post 12 individual sessions • Decreased level of anxiety post 12 individual sessions • Clinically significant increase in their Global Assessment of Functioning score post 12 individual sessions.

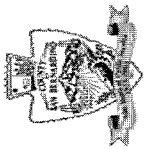
Planned Services to Clients by service area of residence	1		2		3		4		5		6		Total
	Riv W	Riv C	Riv C	Riv W	Riv E	Riv E	SB WW	SB WW	SB EV	SB EV	SB D	SB D	
Total # Unduplicated CLIENTS to be Served	29	14	14	0	5	0	0	0	0	0	0	0	48
Caucasian/White	9	4	4	0	2	0	0	0	0	0	0	0	15
African American/Black	6	3	3	0	1	0	0	0	0	0	0	0	10
Latino/a	12	6	6	0	2	0	0	0	0	0	0	0	20
Women	7	4	4	0	2	0	0	0	0	0	0	0	13
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	3	1	1	0	1	0	0	0	0	0	0	0	5
Planned Client Utilization by service area of residence : (15 Min Units)	1	2	2	4	3	0	4	5	5	6	6	6	Total
Total # Service UNITS to be delivered	461	230	230	0	78	0	0	0	0	0	0	0	769
Caucasian/White	138	69	69	0	23	0	0	0	0	0	0	0	230
African American/Black	92	46	46	0	16	0	0	0	0	0	0	0	154
Latino/a	184	92	92	0	31	0	0	0	0	0	0	0	307
Women	115	58	58	0	20	0	0	0	0	0	0	0	193
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	46	23	23	0	8	0	0	0	0	0	0	0	77



**RYAN WHITE PROGRAM
Scope of Work**

ATTACHMENT A2

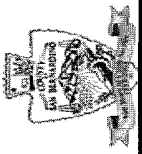
Planned Client Utilization by service area of residence: (Visit Per day)		1	2	3	4	5	6	Total
Total # Of VISITS to be delivered		Riv W	Riv C	Riv E	SB W V	SB E V	SB D	
		171	85	29	0	0	0	285
	Caucasian/White	51	26	9	0	0	0	86
	African American	34	17	6	0	0	0	57
	Latino/a	68	34	12	0	0	0	114
	Women	43	21	7	0	0	0	71
	Infants	0	0	0	0	0	0	0
	Children	0	0	0	0	0	0	0
	Youth	17	8	3	0	0	0	28



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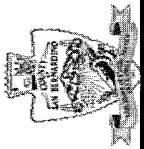
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Initial Individual Mental Health Assessment Implementation Activity 1-1 Clinically driven Mental Health Services will be staffed by a full-time Clinical Therapist licensed or certified by the Board of Behavioral Services (Licensed MFT or a Licensed Clinical Social Worker and part-time Psychiatrist to expand on-site mental health services for clients receiving Outpatient/Ambulatory Medical Care.</p> <p>Implementation Activity 1-2 Clinical therapists will provide services based on RW Standards of Care and Service for Mental Health Services.</p> <p>Implementation Activity 1-3 The clinical therapist will conduct an initial clinical assessment during the intake process. The clinical assessment will involve the gathering of information from the client on the presenting problem, current living environment, mental health and substance abuse history, mental status exam, current mental health needs, support system, history or current abuse and clients goals related to mental health treatment.</p> <p>Implementation Activity 1-4 The clinical therapist will have the client complete all necessary forms that inform the patient regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Documentation in Client's Chart ▪ Documentation in ARIES
<p>Service Delivery Element #2: Development of Care/Treatment Plan Implementation Activity 2-1 Based on the clients' psycho-social assessment, the clinical therapist will develop a Treatment Plan in collaboration with the client.</p> <p>Implementation Activity 2-2 Licensed Clinical Therapists will determine a DSM-IV-TR Diagnosis and develop a treatment plan signed by both therapist and client.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan
<p>Service Delivery Element #3: Individual Counseling Session Implementation Activity 3-1 The clinical therapist will conduct an initial clinical assessment during the intake process. The clinical assessment will involve the gathering of information from the client on the presenting problem, current living environment, mental health and substance abuse history, mental status exam, current mental health needs, support system, history or current abuse and clients goals related to mental health treatment.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart



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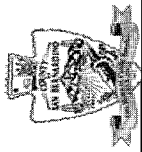
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 3-2 The clinical therapist will have the patient complete all necessary forms that inform the client regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p> <p>Implementation Activity 3-3 Based on clinical assessment, the clinical therapist will determine a DSM-IV-TR Diagnosis and develop a treatment plan signed by both therapist and client, which will include individual and/or group counseling sessions.</p> <p>Implementation Activity 3-4 The clinical therapist will have the client complete all necessary forms that inform the client regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p>			
<p>Service Delivery Element #4: Group Counseling Session</p> <p>Implementation Activity 4-1 The clinical therapist will conduct an initial clinical assessment during the intake process. The clinical assessment will involve the gathering of information from the client on the presenting problem, current living environment, mental health and substance abuse history, mental status exam, current mental health needs, support system, history or current abuse and clients goals related to mental health treatment.</p> <p>Implementation Activity 4-2 The clinical therapist will have the client complete all necessary forms that inform the client regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p> <p>Implementation Activity 4-3 Based on clinical assessment, the clinical therapist will determine a DSM-IV-TR Diagnosis and develop a treatment plan signed by both therapist and client, which will include individual and/or group counseling sessions.</p> <p>Implementation Activity 4-4 The clinical therapist will have the client complete all necessary forms that inform the patient regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart



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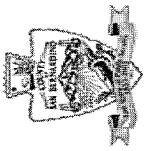
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #5: Case Conferencing Session Implementation Activity 5-1 Clinical team will meet weekly to discuss client's treatment plans and how to further assist the client in reaching their goals and objectives.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Documentation in Client's Chart on case conferencing
<p>Service Delivery Element #6: Psychiatric Assessment/Evaluation Session Implementation Activity 6-1 Clients are referred by the physician or clinical therapist for Psychiatric assessment and evaluation if clients' present with a mental health issue that may require psychiatric evaluation and medication, (e.g., bi-polar, schizophrenia, depression, etc).</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #7: Psychiatric Medications Management Session Implementation Activity 7-1 The psychiatrist will prescribe a medication regimen based on the psychiatric assessment and manage the client's psychiatric diagnosis and in conjunction with the multi-disciplinary team.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #8: Referral to other Mental Health Professionals Implementation Activity 8-1 The mental health counseling process will include referrals from clinical staff which may include, but is not limited to medical providers, psychiatrist, nurses, social workers, nutritionist, medical case manager, health education and health service assistants.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Referrals ▪ Documentation in Client's Chart
<p>Implementation Activity 8-2 A thorough crisis assessment will be completed identifying the level of severity of the crisis and providing interventions such as a 5150 to stabilize the client.</p>			
<p>Service Delivery Element #9: Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 9-1 Clinic Manager, RN Supervisor and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish
<p>Implementation Activity 9-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p>			



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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 9-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 9-4 HIV Branch Chief, Supervisor, RN Supervisor, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 9-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 9-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p>			
<p>Service Delivery Element #10: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 10-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p> <p>Implementation Activity 10-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Service Delivery Element #11: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</p> <p>Implementation Activity 11-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 11-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet

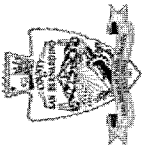


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PLANNED GROUP SERVICE UTILIZATION (FOR ANY ACTIVITIES PROVIDED IN GROUP SETTINGS)								
Group Name/Description	SA of Service Delivery	Targeted Population	Open/ Closed	Expected Attend Per Session	Session Length	Sessions Per Week	Group Duration	Outcome Measures
Group Name #1 *Women's Support Group	1	Women	Closed	Six	2 Hours	One Session every other week.	Ongoing	75% of clients will demonstrate a clinically significant increase in their Global Assessment Functioning as measured by the Axis V.

* All support groups are facilitated by a licensed clinical therapist. A DSM-IV-TR Diagnosis is determined and a treatment plan is developed prior to participation in support groups..

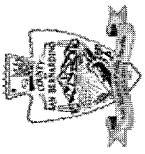


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Planned Client Utilization by service area of residence:
(Visit Per day)

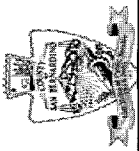
Total # Of VISITS to be delivered	1		2		3		4		5		6		Total
	Riv W	Riv C	Riv E	SB W V	SB E V	SB D	SBD						
Caucasian/White	131	65	22	0	0	0	0	0	0	0	0	218	
African American	39	20	7	0	0	0	0	0	0	0	0	66	
Latino/a	13	7	2	0	0	0	0	0	0	0	0	22	
Women	79	39	13	0	0	0	0	0	0	0	0	131	
Infants	26	13	4	0	0	0	0	0	0	0	0	43	
Children	0	0	0	0	0	0	0	0	0	0	0	0	
Youth	13	7	2	0	0	0	0	0	0	0	0	22	



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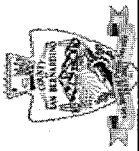
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><u>Service Delivery Element #1:</u> Outreach Encounter Implementation Activity 1-1 Outreach workers will be trained based on the RW Standards of Care and Service for Outreach Services.</p> <p>Implementation Activity 1-2 Training will be provided to Outreach Workers on RW determination eligibility requirements and ARIES.</p> <p>Implementation Activity 1-3 Outreach Workers will coordinate activities among identified PLWH/A that are out-of-care and to provide HIV/AIDS disease education, education about the medical and support service system, referrals and linkages into testing and system of care</p> <p>Implementation Activity 1-4 Outreach workers will work with prevention education at County of Riverside to identify target outreach locations and identify individuals not in care from targeted communities of color with an emphasis on African Americans.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Outreach schedules and logs ▪ Outreach Forms ▪ ARIES and Outreach Tracking Log
<p><u>Service Delivery Element #2:</u> Coordination with Local HIV Prevention Programs Implementation Activity 2-1 Outreach workers will work with and coordinate with local HIV prevention programs to identify target outreach locations and identify individuals not in care.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ ARIES and Outreach Tracking Log
<p><u>Service Delivery Element #3:</u> Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 3-1 Clinic Manager, RN Supervisor and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p> <p>Implementation Activity 3-2</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish



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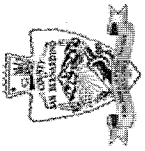
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 3-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 3-4 HIV Branch Chief, Clinic Manager, RN Supervisor, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 3-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 3-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p>			
<p>Service Delivery Element #4: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 4-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Implementation Activity 4-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. <p>Service Delivery Element #5: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</p> <p>Implementation Activity 5-1 Clinical staff will provide all clients seeking services with information packets that</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet



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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>will include PCRS information and where to access this service.</p> <p>Implementation Activity 5-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>			

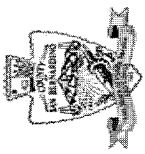


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CONTRACT NUMBER:		RW PART A: MARCH 1, 2010 – FEBRUARY 28, 2011	
CONTRACTOR:		08-438 A4	
SERVICE CATEGORY:		Riverside County Department of Public Health –HIV/AIDS Program	
SERVICE GOAL:		AIDS Pharmacy Assistance (Local)	
SERVICE HEALTH OUTCOME(S):		To maintain or improve health outcomes of persons living with HIV/AIDS by making available needed HIV/AIDS medications.	
		<ul style="list-style-type: none"> • Improved or maintained CD4 cell count for consumers • Improved or maintained CD4 cell count as a % of total lymphocyte cell count • Improved or maintained viral load 	

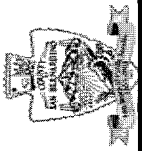
Planned Services to Clients by service area of residence	1	2	3	4	5	6	Total
	Riv W	Riv C	Riv E	SB WV	SB EV	SB D	
Total # Unduplicated CLIENTS to be Served	91	45	15	0	0	0	151
Caucasian/White	28	14	5	0	0	0	47
African American/Black	19	8	2	0	0	0	29
Latino/a	30	17	6	0	0	0	53
Women	22	11	4	0	0	0	37
Infants	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0
Youth	9	5	1	0	0	0	15
Planned Client Utilization by service area of residence : (Up to a 30 day supply regardless of \$ amount)	1	2	3	4	5	6	Total
Total # Service UNITS to be delivered	1620	1037	364	0	0	0	3021
Caucasian/White	486	243	81	0	0	0	810
African American/Black	324	163	54	0	0	0	541
Latino/a	648	324	108	0	0	0	1080
Women	405	203	68	0	0	0	676
Infants	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0
Youth	163	81	28	0	0	0	272



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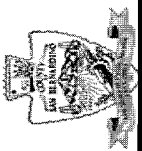
Planned Client Utilization by service area of residence: (Utilization per day)		1	2	3	4	5	6	Total
Total # Of VISITS to be delivered		Riv W	Riv C	Riv E	SB W V	SB EV	SB D	
		545	273	90	0	0	0	908
	Caucasian/White	164	81	28	0	0	0	273
	African American	109	55	18	0	0	0	182
	Latino/a	218	109	36	0	0	0	363
	Women	136	69	23	0	0	0	228
	Infants	0	0	0	0	0	0	0
	Children	0	0	0	0	0	0	0
	Youth	55	28	9	0	0	0	92



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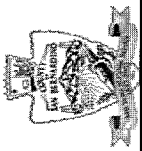
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Antiretroviral medication (HIV/AIDS) Implementation Activity 1-1 If client is uninsured, client will be screened by an Insurance Billing Clerk from the Riverside HIV Care Program along with a social worker, to link them to insurance programs, with the goal of obtaining a long-term insurance plan so that the Ryan White Pharmaceutical Assistance Program does not become the permanent fix, but a program of last resort to assist clients in obtaining assistance with medications.</p> <p>Implementation Activity 1-2 After screening, if client is identified in need of pharmaceutical assistance, the RN or LVN will check with the Insurance Billing Clerk to confirm that the client qualifies for Ryan White funds.</p> <p>Implementation Activity 1-3 Once verified that the client has no other means to pay for their HIV medications, the RN and/or LVN obtains verbal consent from the Clinic Supervisor or RN Supervisor to provide medications paid for with Ryan White funds.</p> <p>Implementation Activity 1-4 The RN or LVN will insert one copy of the medication order into the patients chart indicating in the progress note that clients' medications were paid for by Ryan White. The RN documents in the <i>Ryan White Log</i> the patient who received Ryan White Pharmaceutical Assistance, the name of the medication, the cost and the date it was ordered.</p> <p>Implementation Activity 1-5 Client will then be provided with physician's prescription of one 30 day or less supply of antiretroviral medication</p> <p>Service Delivery Element #2: Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 2-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Medication Logs ▪ Client's Chart - Progress Notes
<p>Service Delivery Element #2: Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 2-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish



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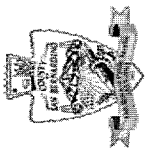
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>community served.</p> <p>Implementation Activity 2-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 2-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 2-4 HIV Branch Chief, Supervisor, Lead Nurse, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 2-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 2-6 All client-related materials and post signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Service Delivery Element #3: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 3-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p> <p>Implementation Activity 3-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input. ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 			



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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #4: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS) Implementation Activity 4-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 4-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none">▪ PCRS Brochure▪ Acknowledgement Sheet

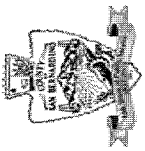


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CONTRACT NUMBER:		RW PART A: MARCH 1, 2010 – FEBRUARY 28, 2011	
CONTRACTOR:		08-438 A4	
SERVICE CATEGORY:		Riverside County Department of Public Health –HIV/AIDS Program	
SERVICE GOAL:		Outpatient/Ambulatory Medical Care	
To Maintain or improve the health status of persons living with HIV/AIDS in the TGA. Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institute of Health, American Academy of HIV Medicine (AAHIVM).			
SERVICE HEALTH OUTCOME(S):		<ul style="list-style-type: none"> Improved or maintained CD4 cell count for consumers Improved or maintained CD4 cell count as a % of total lymphocyte cell count Improved or maintained viral load 	

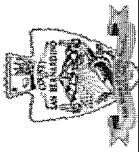
Planned Services to Clients by service area of residence	1		2		3		4		5		6		Total
	Riv W	Riv C	Riv C	Riv E	SB WW	Riv E	SB WW	SB EV	SB D	SB EV	SB D		
Total # Unduplicated CLIENTS to be Served	262	131	43	13	0	0	0	0	0	0	0	0	436
Caucasian/White	77	39	13	0	0	0	0	0	0	0	0	0	129
African American/Black	52	26	9	0	0	0	0	0	0	0	0	0	87
Latino/a	43	52	17	0	0	0	0	0	0	0	0	0	112
Women	66	33	11	0	0	0	0	0	0	0	0	0	110
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	26	13	4	0	0	0	0	0	0	0	0	0	43
Planned Client Utilization by service area of residence :													
(15 Min Units)	1	2	3	4	5	6	Total						
Total # Service UNITS to be delivered	5238	2619	873	0	0	0	8730						
Caucasian/White	1571	786	262	0	0	0	2619						
African American/Black	1048	524	175	0	0	0	1747						
Latino/a	2095	1048	349	0	0	0	3492						
Women	1310	655	218	0	0	0	2183						
Infants	0	0	0	0	0	0	0						
Children	0	0	0	0	0	0	0						
Youth	524	262	87	0	0	0	873						



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Planned Client Utilization by service area of residence: (Visit Per day)		1	2	3	4	5	6	Total
		Riv W	Riv C	Riv E	SB W V	SB E V	SB D	
Total # Of VISITS to be delivered		1569	785	262	0	0	0	2616
	Caucasian/White	471	236	79	0	0	0	786
	African American	314	157	52	0	0	0	523
	Latino/a	628	314	105	0	0	0	1047
	Women	392	196	66	0	0	0	654
	Infants	0	0	0	0	0	0	0
	Children	0	0	0	0	0	0	0
	Youth	157	79	26	0	0	0	262



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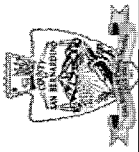
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Development of Treatment Plan Implementation Activity 1-1 <u>Based on RW Standard of Care continue current intake process including:</u></p> <ul style="list-style-type: none"> a) Nursing assessment including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. b) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray <p>Implementation Activity 1-2 <u>Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including:</u></p> <ul style="list-style-type: none"> a) Completing a medical history b) Conducting a physical examination c) Reviewing lab test results d) Assessing the need for medication therapy e) Development of a Treatment Plan. <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #2: Diagnostic Testing Implementation Activity 2-1 <u>Based on RW Standard of Care continue current intake process including:</u></p> <ul style="list-style-type: none"> a) Nursing assessment including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. b) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray <p>Implementation Activity 2-2 <u>Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including:</u></p> <ul style="list-style-type: none"> Completing a medical history Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan. 	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart



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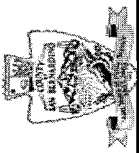
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #3: Early Intervention and Risk Assessment</p> <p>Implementation Activity 3-1 An assessment of the clients of the current knowledge of HIV and treatment options is conducted by the health education and the clinical team.</p> <p>Implementation Activity 3-2 Health education and counseling is provided to the client in choosing an appropriate health education plan that will include education regarding the reduction of transmission of HIV and to reduce their transmission risk behaviors.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #4: Preventive Care and Screening</p> <p>Implementation Activity 4-1 Based on RW Standard of Care continue current intake process including: a) Nursing assessment including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. b) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray</p> <p>Implementation Activity 4-2 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including: Completing a medical history Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Risk Assessment ▪ Education Plan ▪ Documentation in Client's Chart
<p>Implementation Activity 4-2 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including: Completing a medical history Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart



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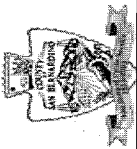
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><u>Service Delivery Element #5: Practitioner Examination</u></p> <p>Implementation Activity 5-1 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including: Completing a medical history Conducting a physical examination which includes another component of a client's periodic health care assessment through a comprehensive gender appropriate physical examinations and laboratory evaluations. Medical Monitoring is required and follow-up will be provided with a comprehensive physical assessment every six months. Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p><u>Service Delivery Element #6: Medical History Taking</u></p> <p>Implementation Activity 6-1 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including: Completing a medical history which will include but are not limited to: family medical history, psycho-social history, current medications, and environmental assessment. Diabetes, cardiovascular diseases, renal disease, GI abnormalities, pancreatitis, liver disease, or hepatitis. Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2010– February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart



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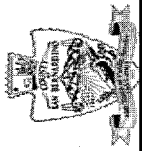
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #7: Diagnosis and Treatment of Common Physical and Mental Conditions</p> <p>Implementation Activity 7-1 Based on medical history, physical examination and lab-test results, clinician will develop a treatment plan with diagnosis and treatment for common physical conditions such as opportunistic infections related to HIV which may include but are not limited to: candidacies, cervical cancer, herpes simplex, Kaposi's Sarcoma, tuberculosis.</p> <p>Implementation Activity 7-2 Based on psycho-social assessment, the Social Worker (therapist) will develop a treatment plan of common mental conditions such as depression, anxiety, etc.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #8: Prescribing and Managing Medication Therapy</p> <p>Implementation Activity 8-1 Based on client's individual treatment and therapy needs, clinician will prescribe accordingly an HIV regimen that will be managed by the physician and multi-disciplinary medical team.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart



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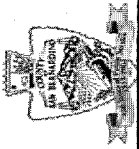
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 8-2 Medical services include prescribing and monitoring prophylactic and anti-retroviral therapies when appropriate as well as minor outpatient preventive and therapeutic medical services related to HIV infection.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>			
<p>Service Delivery Element #9: Education and Counseling on Health Issues Implementation Activity 9-1 An assessment of each client's transmission risk behavior is conducted by the Health Educator or Medical Case Manager and based on the identified risk behaviors, education about the transmission risk associated with the behaviors and appropriate behavior change support including referrals, specialized interventions are provided. One-on-one education and counseling will be provided to client based on assessment.</p> <p>Implementation Activity 9-2 Nutritionist will conduct a nutrition assessment of clients every six months at a minimum to determine if client has possible wasting, digestive reaction to medications, or other complications and provide clients with a nutrition plan addressing these health issues.</p> <p>Implementation Activity 9-3 Quarterly community forums will be provided to clients on specific health topics related to treatment.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Risk Assessment ▪ Education Plan ▪ Nutrition Assessment ▪ Nutrition Plan ▪ Documentation in Client's Chart ▪ Schedule on Community Forums
<p>Service Delivery Element #10: Continuing Care and Management of Chronic Conditions Implementation Activity 10-1 Medical care follow-up visits are scheduled for clients a minimum of six months by clinic staff.</p> <p>Implementation Activity 10-2 Clinician will provide treatment and management of chronic conditions as needed based on client's comprehensive health assessment.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart



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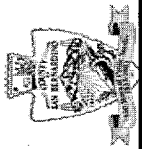
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #11: Referral to and Provision of Specialty Care Implementation Activity 11-1 Based on client's health assessment, clinician will refer clients to specialty care such as Oncology, Dermatology, and Gastrointestinal Specialist.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Referrals ▪ Documentation in Client's Chart
<p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM)</i></p> <p>Service Delivery Element #12: Treatment Adherence Counseling/Education Implementation Activity 12-1 Health Educator or Medical Case Manager will conduct a formal assessment of client's knowledge base on HIV and treatment.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Counseling/Education Provided ▪ Documentation in Client's Chart
<p>Implementation Activity 12-2 Health Educator or Medical Case Manager will provide counseling and education on the client's specific treatment regimen and support activities to continue treatment adherence.</p> <p>Implementation Activity 12-3 Quarterly community forums are provided to clients on specific health topics related to treatment. Other health education topics covered will also include but will not be limited to stress-reduction, nutrition/diet, exercise, and spirituality.</p>			
<p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #13: Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 13-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p>	1, 2, & 3	March 1, 2010 – February 28, 2011	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish



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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 13-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 13-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 13-4 HIV Branch Chief, Supervisor, Lead Nurse, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 13-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 13-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p> <p>Service Delivery Element #14: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 14-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p> <p>Implementation Activity 14-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ ARIES Reports



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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #15: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS) Implementation Activity 15-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 15-2 Clinical staff will have client sign an acknowledgement that PCRS was offered.</p>	<p>1, 2, & 3</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet
<p>Service Delivery Element #16: Evaluation of the Administrative Mechanism (EAM)</p> <p>Implementation Activity 16-1: Work with the Planning Council in developing and administering the evaluation process.</p>	<p>Not Applicable</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> • Identify a 3rd (neutral) party to conduct the EAM. • Ensure a report is drafted and submitted to the Grantee regarding recommendations and timelines.
<p>Service Delivery Element 17: Epi Support</p> <p>Implementation Activity 17-1: Work with the PC to establish Data Sets to be used for PSRA process.</p>	<p>Not Applicable</p>	<p>March 1, 2010 – February 28, 2011</p>	<ul style="list-style-type: none"> • Ensure gathering of PC-identified Data Sets. • Analyze and synthesize various Data Sets to provide the PC the necessary data to conduct PSRA process. • Present findings to the PC to inform PSRA process. • Coordinate all aspects of PSRA Data Summit/Meetings. • Ensure that Grantee receives PSRA outcomes

Ryan White Program Part A
 Provider: County of Riverside
 Service Category: AIDS Pharmaceutical Assistance
 Riverside/San Bernardino, California TGA
 March 1, 2010 - February 28, 2011

Budget Category	Budget Amount
Personnel	
No personnel cost associated with this program	\$0
Fringe Benefits (% of Total Personnel Costs)	\$0
TOTAL PERSONNEL	\$0
Other	
Other: Pharmaceuticals. Will provide 151 HIV/AIDS patients (average 12 per month) with 3120 units of service at an average cost of \$905.70 per client at three health care centers.	\$136,761
TOTAL OTHER	\$136,761
SUBTOTAL (Personnel and Other)	\$136,761
Administration limited to 10% of Total Service Budget (Personnel and Other)	\$15,196
TOTAL BUDGET (Subtotal and Administration)	\$151,957

Ryan White Program Part A
 Provider: County of Riverside
 Service Category: Outreach
 Riverside/San Bernardino, California TGA
 March 1, 2010- February 28, 2011

Budget Category	Budget Amount
Personnel	
Senior Communicable Disease Specialist: (Manessah Nwaigwe) (\$53,893 x 0.22368 FTE) Provides support for HIV infected patients to ensure entry into the HIV medical care system and provide ongoing support to patients to ensure retention into care.	\$12,055
Fringe Benefits (46% of Total Personnel Costs)	\$5,545
TOTAL PERSONNEL	\$17,600
Other	
Travel: Funds needed to cover the cost of travel to three HIV clinics and to patients homes for follow-up	\$1,892
Supplies:	\$0
Rent:	\$0
Utilities:	\$0
Telephone:	\$0
Repair/Maintenance:	\$0
Insurance:	\$0
Training(s)/Workshops:	\$0
Dues/Subscriptions:	\$0
Educational Training & Reference Materials:	\$0
Printing/Reproduction:	\$0
Postage:	\$0
Recruiting:	\$0
Contractual:	\$0
TOTAL OTHER	\$1,892
SUBTOTAL (Personnel and Other)	\$19,492
Administration limited to 10% of Total Service Budget (Personnel and Other)	\$2,166
TOTAL BUDGET (Subtotal and Administration)	\$21,658

Ryan White Program Part A
 Provider: County of Riverside
 Service Category: Mental Health Services
 Riverside/San Bernardino, California TGA
 March 1, 2010 - February 28, 2011

Budget Category	Budget Amount
Personnel	
Lic. Clinical Therapist II: (Vilayphone, Kao) (\$66,040 x .25 FTE) perform therapeutic assignments related to the field of mental or behavioral health services and psychiatric social work, including the design and implementation of personalized treatment plans, individual and group psychotherapy, evaluations and investigations, and professional counseling.	\$16,510
Fringe Benefits (44% of Total Personnel Costs)	\$7,264
TOTAL PERSONNEL	\$23,774
Other	
Travel: Funds needed to cover the cost of travel to provide Menal Health services at three clinics	\$1,500
Supplies: Needed to cover the cost of office supplies	\$791
Rent: Needed to cover the cost of rent	\$1,500
Utilities:	\$0
Telephone:	\$0
Repair/Maintenance:	\$0
Insurance:	\$0
Training(s)/Workshops:	\$0
Dues/Subscriptions:	\$0
Educational Training & Reference Materials:	\$0
Printing/Reproduction:	\$0
Postage:	\$0
Recruiting:	\$0
Contractual:	\$0
TOTAL OTHER	\$3,791
SUBTOTAL (Personnel and Other)	\$27,565
Administration limited to 10% of Total Service Budget (Personnel and Other)	\$3,063
TOTAL BUDGET (Subtotal and Administration)	\$30,628

Ryan White Program Part A
 Provider: County of Riverside
 Service Category: Outpatient Ambulatory Medical Care
 Riverside/San Bernardino, California TGA
 March 1, 2010 - February 28, 2011

Budget Category	Budget Amount
Personnel	
Health Care Social Services Supervisor: (D. Huntsman) (\$75,858 x 0.77072 FTE) Provides direct supervision to clinical staff for three health care centers.	\$58,465
Registered Nurse IV: (D. Hexum) (\$68,390 x 0.90 FTE) Provides nursing support, medical care, and case management for three health care centers.	\$61,551
Physician IV: (Nguyen) (\$154,357 x .80 FTE) Provides medical support, medical care and management for three health care centers.	\$123,485
Health Services Assistant: (G. Ramirez) (\$33,925 x 1.0 FTE) Provides patient work up, front office and assist nursing staff for three health care centers.	\$33,925
License Vocational Nurse II: (Huggins) (\$43,846 x 1.0 FTE) Provides nursing support for three health care centers.	\$43,846
Health Care Social Worker: (Severe) (\$50,731 x 0.45365 FTE) Provides patient services and case management for three health care centers.	\$23,014
Office Assistant III: (V. Arreola) (\$32,988 x 1.0 FTE) Provides clerical support to clinic staff for three health care centers.	\$32,989
Public Health Program Chief: (V. Jauregui Burns) (108,760 X 0.19507 FTE) Provides overall management for the HIV Care Clinic	\$21,216
Fringe Benefits (40.7105% of Total Personnel Costs)	\$162,228
TOTAL PERSONNEL	\$560,719
Other	
Travel: Travel to required meetings, associated with providing medical care at three health care centers, Indio, Perris and Riverside facilities.	\$10,000
Supplies: Office supplies and equipment to support daily activities of three health care centers.	\$15,000
Rent: Allocated cost for three health care centers	\$0
Utilities:	\$0
Telephone Telephone equipment and service to support patient care at three health care centers.	\$5,000
Insurance: Cost of liability insurance for staff	\$2,000
Trainings & Workshops: Physician staff training as required by Ryan White Program to the University of San Francisco annually.	\$5,597
Educational Training & Reference Materials: Materials to support the education and client awareness of HIV.	\$10,000
Postage:	\$0
Recruiting:	\$0
Contractual: Evaluation of the Administrative Mechanism (EAM) Activities	\$2,500
Epi Support: Epi support for the Priority Setting and Resource Allocation Summit (PSRA)	\$25,000
Laboratory Services: Services to support medical care of HIV clients at three health care centers.	\$46,462
TOTAL OTHER	\$121,559
SUBTOTAL (Personnel and Other)	\$682,278
Administration limited to 10% of Total Service Budget	\$75,809
TOTAL BUDGET (Subtotal and Administration)	\$758,087

Ryan White Program Part A
 Provider: County of Riverside
 Service Category: Medical Case Management
 Riverside/San Bernardino, California TGA
 March 1, 2010 - February 28, 2011

Budget Category	Budget Amount
Personnel	
Health Care Social Worker: (D. Debayona, Brown, Severe) (\$53,580 x .40 FTE) Provides patient services and case management for three health care centers.	\$21,432
Health Care Social Services Supervisor: (D. Huntsman) (\$75,858 x .13319 FTE) Provides direct supervision to clinical staff.	\$10,104
Fringe Benefits (44% of Total Personnel Costs)	\$13,875
TOTAL PERSONNEL	\$45,411
Other	
Travel: Travel to support staff in attending training, conferences, and providing medical case management services at three health care centers.	\$1,175
Supplies: Office supplies and equipment to facilitate provision of new medical case management services to PLWH/A at three medical health centers	\$1,829
Rent: Allocated cost service space	\$2,000
Utilities:	\$0
Telephone: lease of equipment and monthly service charge to support patient care needs.	\$754
Repair/Maintenance:	\$0
Insurance: Cost of liability insurance for staff	\$0
Training(s)/Workshops: Training and conferences attended by HIV medical case management staff to support the provision of services and as required by the Ryan White program	\$0
Dues/Subscriptions:	\$0
Educational Training & Reference Materials: Materials to support the provision of HIV medical case management services	\$0
Printing/Reproduction:	\$0
Postage:	\$0
Recruiting:	\$0
TOTAL OTHER	\$5,758
SUBTOTAL (Personnel and Other)	\$51,169
Administration limited to 10% of Total Service Budget (Personnel and Other)	\$5,685
TOTAL BUDGET (Subtotal and Administration)	\$56,854

