

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



810

FROM: Department of Public Health

SUBMITTAL DATE:
January 21, 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-3).

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify the Amendment (08-438, A-3) between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for a reduction of \$54,624 for a new total of \$1,188,503 for the period of March 1, 2009 - February 28, 2010.
2. Authorize the Chairperson to sign Five (5) originals of said Amendment, Contract 08-438, A-3, 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 \$1,188,503 | In Current Year Budget: YES |
| | Current F.Y. Net County Cost: \$ 0 | Budget Adjustment: NO |
| | Annual Net County Cost: \$ 0 | For Fiscal Year: 09/10 |
| SOURCE OF FUNDS: | 100% funded by the Ryan White CARE Act through San Bernardino County | Positions To Be Deleted Per A-30 <input checked="" type="checkbox"/> |
| | | Requires 4/5 Vote <input type="checkbox"/> |

C.E.O. RECOMMENDATION:

APPROVE

Debra Cournoyer
BY: Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Benoit, seconded by Supervisor Buster and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
 Nays: None
 Absent: None
 Date: February 9, 2010
 xc: CHA/Public Health

Kecia Harper-Ihem
 Clerk of the Board
 By: *K. Harper-Ihem*
 Deputy

Prev. Agn. Ref.: 5/19/09 Item 3.15

ATTACHMENTS FILED

WITH THE CLERK OF THE BOARD

District: Agenda Number:

All

3.14

DEPARTMENTAL CONCURRENCE

FORM APPROVED COUNTY COUNSEL BY: NEIL R. KPN'S

Policy Policy

Consent Consent

Dept'Recomm.:
Per Exec. Ofc.:

FORM 11
Page 2 of 2

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-3).

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.

The funding reduction is a result of a decrease in the final federal award to the San Bernardino County and Riverside County region and will not affect the current level of service provision.

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 | Current Award |
|--|------------------------------------|--|------------------------------------|----------------------|
| \$1,302,458 | (\$ 243,229) | \$1,243,127 | (\$ 54,624) | \$1,188,503 |
| 7/29/08; Item 3.22 | 2/3/09; Item 3.11 | 5/19/09; Item 3.15 | | |

JUSTIFICATION FOR DELAY: The Riverside County Department of Public Health received this amendment from San Bernardino County on December 22, 2009. This Form 11 and attachments were subsequently submitted through the County's approval process as soon as possible after receipt.

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY, CALIFORNIA
AND RECORD OF ACTION**

October 20, 2009

FROM: JIM LINDLEY, Director
Department of Public Health

SUBJECT: AMENDMENTS TO CONTRACTS WITH RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT UNDER PART A

RECOMMENDATION(S)

Approve amendments to contracts under Part A of the Ryan White HIV/AIDS Treatment Modernization Act with the agencies as detailed in the Financial Impact section, increasing the total contracted amount by \$840,624 from \$8,418,763 to \$9,259,387, for the provision of medical care and support services for the period June 1, 2008 through February 28, 2010.

(Affected Districts: All)

(Presenter: Jim Lindley, Director, 387-9146)

BACKGROUND INFORMATION

Approval of this item will allow the Department of Public Health (Department) to amend contracts with agencies, as detailed in the Financial Impact section, to ensure that medical care and support services are provided to approximately 4,000 persons living with HIV/AIDS in San Bernardino and Riverside counties for the contract period June 1, 2008 through February 28, 2010 for Part A under the Ryan White HIV/AIDS Treatment Modernization Act (Ryan White Act).

The Department has been receiving Part A funds, formerly known as Title I, since 1994. Part A funds are awarded by United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), through competitive grant applications. The changes in the contract amounts being presented this day are based on the actual grant award and the priorities and allocations set by the Inland Empire HIV Planning Council (IEHPC). The IEHPC determines priorities and allocates awarded funds to service categories for San Bernardino and Riverside Counties.

The Board approved the submission of the application for Part A funding in the amount of \$9,611,296 on September 16, 2008 (Item No. 49) for the period of March 1, 2009 through February 28, 2010. On April 14, 2009 (Item No. 38), the Board accepted grant funds in the amount of \$2,533,556 under Part A of the Ryan White Act for the period March 1, 2009 through February 28, 2010. On June 2, 2009 (Item No. 67), the Board accepted amended grant funds in

Page 1 of 3

cc: PH-Epperson w/ agrees
Counselor c/o PH w/ agree
Auditor-Accts Pay Mgr w/ agrees
EBIX-BPO c/o Risk Mgmt w/ agrees
PH-Perez;Lindley
County Counsel-Robb
CAO-Raymundo;Valdez
File - w/ agree

jll 11/19/09

ITEM 43

Record of Action of the Board of Supervisors
APPROVED / CONSENT CALENDAR
COUNTY OF SAN BERNARDINO
Board of Supervisors

MOTION MOVE AYE SECOND NAYE AYE

| | | | | | |
|--------|------|-----|--------|------|-----|
| MOTION | MOVE | AYE | SECOND | NAYE | AYE |
| | 1 | 2 | 3 | 4 | 5 |

LAURA H. WELCH CLERK OF THE BOARD
BY *[Signature]*

DATED: October 20, 2009 FEB 9 2010 3.14

**BOARD OF SUPERVISORS
AMENDMENTS TO CONTRACTS WITH RYAN WHITE HIV/AIDS
TREATMENT MODERNIZATION ACT UNDER PART A
OCTOBER 20, 2009
PAGE 2 OF 3**

the amount of \$4,619,637 increasing the original grant award from \$2,533,556 to \$7,153,193 for the period March 1, 2009 through February 28, 2010.

On January 8, 2008 (Item No. 75), the Board approved the release of a Request for Proposals (RFP) to solicit agencies to provide services under Part A and Part B of the Ryan White HIV/AIDS Treatment Modernization Act. The RFP and original contracts were written to include two optional 1 year extensions.

On June 3, 2008 (Item No. 105) the Board of Supervisors (Board) approved contracts with AIDS Healthcare Foundation, Bienestar Human Services, Desert AIDS Project, Foothill AIDS Project, Inland AIDS Project, County of Riverside and Social Action Community Health Systems for the total contracted amount of \$6,574,742, for the period of June 1, 2008 through February 28, 2009 for Part A of the Ryan White Act. Subsequently on August 26, 2008 (Item No. 64), the Board approved amendments with the seven Part A contracted providers, reducing the total contracted amount by \$2,558,683 from \$6,574,742 to \$4,016,059 for the period June 1, 2008 through February 28, 2009 in order to align the original contracted amount to the actual grant award. Finally, on December 9, 2008 (Item No. 100) the Board approved amendments with AIDS Healthcare Foundation and Foothill AIDS Project, increasing their total contracted amounts by \$42,385 from \$396,081 to \$438,466 for the period of June 1, 2008 through February 28, 2009 to ensure that medical case management continued to be provided to persons living with HIV/AIDS.

On February 24, 2009 (Item No. 58), the Board approved amendments under Part A increasing the total contracted amount by \$4,668,604 from \$3,750,159 to \$8,418,763 and extended the contract period June 1, 2008 through February 28, 2010. These amendments incorporated the anticipated grant funding to be awarded for the grant period March 1, 2009 through February 28, 2010.

The Department will also amend a Memorandum of Understanding (MOU) with its own clinic, increasing the amount by \$19,544 from \$1,422,300 to \$1,441,844 for the period June 1, 2008 through February 28, 2010 under Part A.

The contracts presented today represent grant funding for a two year period. The combined contract amounts, the revision to the Department Clinic MOU, and the portion of the grant funds maintained by the Department for grant administration is summarized below:

| | Amount |
|--|---------------------|
| Prior contracts that covered the grant period March 1, 2008-May 31, 2008 | \$777,288 |
| Total of current contracts (June 1, 2008-February 28, 2010) | \$9,259,387 |
| Clinic MOU | \$1,441,844 |
| Grant Administration | \$2,358,903 |
| Total | \$13,837,422 |

**BOARD OF SUPERVISORS
AMENDMENTS TO CONTRACTS WITH RYAN WHITE HIV/AIDS
TREATMENT MODERNIZATION ACT UNDER PART A
OCTOBER 20, 2009
PAGE 3 OF 3**

The total sum of the two grant awards is \$13,837,422 (\$6,684,229 for March 1, 2008 through February 28, 2009 approved on April 8, 2008 (Item No. 50) and \$7,153,193 for March 1, 2009 through February 28, 2010 as referenced above).

FINANCIAL IMPACT

Approval of this item will result in no additional local cost to the County and will allow the Department to amend contracts with the agencies listed, increasing the amount by \$840,624 from \$8,418,763 to \$9,259,387 for the period June 1, 2008 through February 28, 2010 for Part A. Expenditures of \$840,624 under Part A are expected to be fully reimbursed by HRSA. Appropriation and revenue in the amount of \$840,624 has been included in the Department's Fiscal Year 2009-10 budget.

| Part A Agencies | Contract Number | Original Amount (6/3/08) | Amended 8/26/08 | Amended 12/9/08 | Amended 2/24/09 | Amended 10/20/09 | Total Amount |
|--------------------|-----------------|--------------------------|----------------------|-----------------|--------------------|-----------------------|--------------------|
| AIDS Hlthcare | 08-433 | \$190,311 | A-1 (\$53,821) | A-2 \$31,000 | A-3 \$241,747 | A-4 \$94,355 | \$503,592 |
| Bienestar | 08-434 | \$118,009 | A-1 (\$74,425) | n/a | A-2 \$102,916 | A-3 \$15,176 | \$161,676 |
| Desert AIDS Proj | 08-435 | \$3,397,710 | A-1 (\$1,352,591) | n/a | A-2 \$2,410,615 | A-3 \$495,248 | \$4,950,982 |
| Foothill AIDS Proj | 08-436 | \$544,314 | A-1 (\$284,723) | A-2 \$11,385 | A-3 \$455,301 | A-4 \$293,591 | \$1,019,868 |
| Inland AIDS Proj | 08-437 | \$732,034 | A-1 (\$423,749) | n/a | n/a | n/a | \$308,285 |
| Riverside Co | 08-438 | \$1,302,458 | A-1 (\$243,229) | n/a | A-2 \$1,243,127 | A-3 (\$54,624) | \$2,247,732 |
| Social Action | 08-439 | \$289,906 | A-1 (\$126,145) | n/a | A-2 \$214,898 | A-3 (\$3,122) | \$375,537 |
| Total | | \$6,574,742 | (\$2,558,683) | \$42,385 | \$4,668,604 | \$840,624 | \$9,567,672 |

REVIEW BY OTHERS

This item has been reviewed by County Counsel (Kristina Robb, Deputy County Counsel, 387-5436) on September 22, 2009; County Administrative Office (Trudy Raymundo, Administrative Analyst, 387-3986) on September 17, 2009. This item has been coordinated with the Grants Coordinator (Beatriz Valdez, 387-5301).



FOR COUNTY USE ONLY

| | | | | | | | |
|--|---------------------------|-------------------------------|--|------------------------------|--------------------------------------|--|--------|
| <input type="checkbox"/> New | Vendor Code COUNTYO930 | | | Dept. SC | Dept. PHL | Contract Number A 08-438 A3 | |
| <input checked="" type="checkbox"/> Change | | | | | | | |
| <input type="checkbox"/> Cancel | | | | | | | |
| County Department Department of Public Health | | | Dept. | Orgn. PHL | Contractor's License No. | | |
| County Department Contract Representative Daniel Perez, MSW | | | Telephone (909)388-0408 | | Total Contract Amount \$2,247,732 | | |
| 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: N/A | | | | | | | |
| Commodity Code 95200 | | Contract Start Date 6/1/08 | | Contract End Date 2/28/10 | Original Amount \$1,302,458 | Amendment Amount (\$54,624) | |
| Fund AAA | Dept. PHL | Organization 3715 | Appr. 200 | Obj/Rev Source 2445 | GRC/PROJ/JOB No | Amount (\$54,624) | |
| 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 Part A Medical Care And Support Services | | | Estimated Payment Total by Fiscal Year | | | | |
| | | | FY FY09-10 | Amount 54,624 | I/D D | FY | Amount |
| | | | | | | | I/D |

County of San Bernardino

F A S

STANDARD CONTRACT

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. 3

SECTION I. DEFINITIONS

Add Paragraph M – Program Income – Program income is gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, license fees and royalties on patents and copyrights, and interest on loans made with award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal awarding agency regulations or the terms and conditions of the award, program income does not include the receipt of principal on loans, rebates, credits,

Auditor/Controller-Recorder Use Only

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

discounts, etc., or interest earned on any of them. (OMB Circular A110, Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations)

SECTION II. CONTRACTOR SERVICE RESPONSIBILITIES

Paragraph B is deleted and replaced with the following: All documentation pertaining to the following client eligibility criteria and requirements shall be maintained in one of the following formats;

1. A separate Part A case record documenting only Part A related information,
2. Easily identifiable Part A section in case record,
3. Easily identifiable Part A documentation in case record.

The Contractor shall verify and maintain proof of each client's HIV status, residential, and financial eligibility prior to providing client services under this Contract, and on an annual basis thereafter, in accordance with Attachment C - Financial Eligibility Criteria and the Standards of Care adopted by the IEHPC. The Contractor shall keep a copy of each client's proof of eligibility in the client's case file. "

Paragraph E Section 3 is deleted and replaced with the following: "Ryan White Program funds may not be used to provide items or services for which payment already has been made, or can reasonably be expected to be made, by any third party, including without limitation other federal, state, local programs or private insurance programs, including Medicaid and Medicare. The costs of any items that are otherwise reimbursable by any such third party are not reimbursable under this Contract. The Contractor shall fully exhaust its ability to claim and receive any third party reimbursement for its costs before claiming reimbursement under this Contract. Additionally, contractors must abide by Program Income regulations as required under OMB circular A110, Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations.

Contractor shall develop and maintain a system to track and report program income to the County. Contractor shall have a system to bill and collect from eligible third party payors; identify other potential funding sources for each client and services to be provided; and to refer clients and assist when necessary for third party eligibility determination.

While eligibility for other funding is pending, contractor may utilize Ryan White funds to deliver gap services."

SECTION V. FISCAL PROVISIONS

Paragraph A is deleted and replaced it with the following: "The total contract amount is \$2,247,732 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 |
| Total | | \$2,247,732 |

SECTION VIII. TERM is deleted and replaces with the following

"This Contract is effective as of June 1, 2008 and expires February 28, 2010 but may be terminated earlier in accordance with provisions of Section IX of the Contract and may be renewed in accordance with the following paragraph.

This Contract may be automatically renewed at the end of the 2010 Program Year, for up to one (1) additional year. Each renewal will commence at the dollar value of the most recently approved contract amount. This provision maybe exercised by the Department of Public Health upon written notification to the Contractor and without further approval from the County Board of Supervisors."

SECTION IX. EARLY TERMINATION

Paragraph A is deleted and replaced with the following "The County may terminate the Contract immediately under the applicable provisions of the Contract. In addition, the Contract may be terminated without cause by the County by serving a written notice to the Contractor thirty (30) days in advance of termination. The Public Health Director is authorized to exercise the County's rights with respect to any termination of this Contract."

SECTION X. GENERAL PROVISIONS

Add Paragraph L - "This Contract may be funded in whole or in part with funds provided by the American Recovery and Reinvestment Act of 2009 ("ARRA"), signed into law on February 17, 2009. Section 1605 of ARRA prohibits the use of recovery funds for a project for the construction, alteration, maintenance or repair of a public building or public work (both as defined in 2 CFR 176.140) unless all of the iron, steel and manufactured goods (as defined in 2 CFR 176.140) used in the project are produced in the United States. A waiver is available under three limited circumstances: (i) Iron, steel or relevant manufactured goods are not produced in the United States in sufficient and reasonable quantities and of a satisfactory quality; (ii) Inclusion of iron, steel or manufactured goods produced in the United States will increase the cost of the overall project by more than 25 percent; or (iii) Applying the domestic preference would be inconsistent with the public interest. This is referred to as the "Buy American" requirement. Request for a waiver must be made to the County for an appropriate determination.

Section 1606 of ARRA requires that laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to ARRA shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act (40 U.S.C. 31). This is referred to as the "wage rate" requirement.

The above described provisions constitute notice under ARRA of the Buy American and wage rate requirements. Contractor must contact the County contact if it has any questions regarding the applicability or implementation of the ARRA Buy American and wage rate requirements. Contractor will also be required to provide detailed information regarding compliance with the Buy American requirements, expenditure of funds and wages paid to employees so that the County may fulfill any reporting requirements it has under ARRA. The information may be required as frequently as monthly or quarterly. Contractor agrees to fully cooperate in providing information or documents as requested by the County pursuant to this provision. Failure to do so will be deemed a default and may result in the withholding of payments and termination of this Contract.

Contractor may also be required to register in the Central Contractor Registration (CCR) database at <http://www.ccr.gov> and may be required to have its subcontractors also register in the same database. Contractor must contact the County with any questions regarding registration requirements."

Add Paragraph M – "In addition to the requirements described in "Use of ARRA Funds and Requirements," proper accounting and reporting of ARRA expenditures in single audits is required. Contractor agrees to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures

of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by the Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Nonprofit Organizations." This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512 (c).

In addition, Contractor agrees to separately identify to each subcontractor and document at the time of subcontract and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds.

Contractor may be required to provide detailed information regarding expenditures so that the County may fulfill any reporting requirements under ARRA described in this section. The information may be required as frequently as monthly or quarterly. Contractor agrees to fully cooperate in providing information or documents as requested by the County pursuant to this provision. Failure to do so will be deemed a default and may result in the withholding of payments and termination of this 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."

Remove and Replace Attachment A1 – Scope of Work dated August 2009

Remove and Replace Attachment B1 – Budget dated August 2009

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

COUNTY OF SAN BERNARDINO

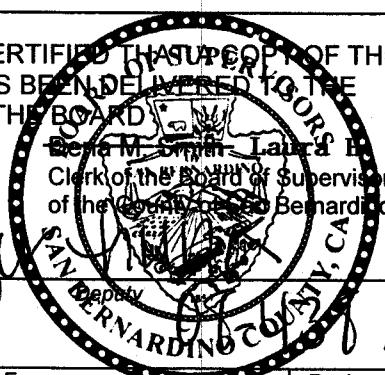
Gary C. Ovitt, Chairman, Board of Supervisors

Dated: OCT 20 2009

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Berta M. Smith, Laura H. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino

By *Minnifield*



Approved as to Legal Form

Kristina Robb, Deputy County Counsel

Date 10/5/09

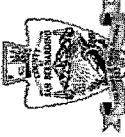
Reviewed by Contract Compliance

Date

Presented to BOS for Signature

Jim Lindley, Director

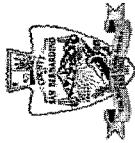
Date 10/9/09



RYAN WHITE PROGRAM
Scope of Work

| | |
|-----------------------------------|---|
| CONTRACT NUMBER: | 08-438 A3 |
| 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 |

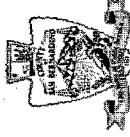
| Planned Services to Clients by service area of residence | 1 Riv W | 2 Riv C | 3 Riv E | 4 SB WV | 5 SB EV | 6 SB D | Total |
|---|-------------|-------------|------------|------------|------------|-----------|-------------|
| Total # Unduplicated CLIENTS to be Served | 161 | 80 | 27 | 0 | 0 | 0 | 268 |
| Caucasian/White | 48 | 24 | 8 | 0 | 0 | 0 | 80 |
| African American/Black | 32 | 16 | 5 | 0 | 0 | 0 | 53 |
| Latino/a | 64 | 32 | 11 | 0 | 0 | 0 | 107 |
| Women | 40 | 20 | 7 | 0 | 0 | 0 | 67 |
| Infants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 16 | 8 | 3 | 0 | 0 | 0 | 27 |
| Planned Client Utilization by service area of residence : (15 Min Units) | 1 | 2 | 3 | 4 | 5 | 6 | |
| Total # Service UNITS to be delivered | 2570 | 1285 | 428 | 0 | 0 | 0 | 4283 |
| Caucasian/White | 771 | 386 | 128 | 0 | 0 | 0 | 1285 |
| African American/Black | 514 | 257 | 86 | 0 | 0 | 0 | 857 |
| Latino/a | 1028 | 514 | 171 | 0 | 0 | 0 | 1713 |
| Women | 643 | 321 | 107 | 0 | 0 | 0 | 1071 |
| Infants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 257 | 129 | 43 | 0 | 0 | 0 | 429 |



RYAN WHITE PROGRAM
Scope of Work

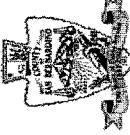
Planned Client Utilization by service area of residence:
(Visit Per day)

| Total # Of VISITS to be delivered | Riv W | Riv C | Riv E | SB W V | SB E V | SB D | Total |
|-----------------------------------|-------|-------|-------|--------|--------|------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| Caucasian/White | 289 | 145 | 48 | 0 | 0 | 0 | 482 |
| African American | 192 | 96 | 32 | 0 | 0 | 0 | 320 |
| Latino/a | 385 | 193 | 64 | 0 | 0 | 0 | 642 |
| Women | 241 | 121 | 40 | 0 | 0 | 0 | 402 |
| Infants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 96 | 48 | 16 | 0 | 0 | 0 | 160 |



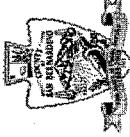
RYAN WHITE PROGRAM
Scope of Work

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|-----------------------------------|--|
| 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.. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none">■ Assessment form■ Documentation in client's chart■ Documentation in ARIES |
| Implementation Activity 1-2 The MCM will be trained based on RW Standards of Care and Services for Medical Case Management Services. | | | |
| 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. | | | |
| 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, safe/safer sex activities, HIV/AIDS treatment modalities, medication adherence, wellness options, proper nutrition and self-management techniques. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none">■ Comprehensive Individualized Service Plan■ Documentation in client's chart |
| 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. | | | |



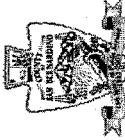
RYAN WHITE PROGRAM
Scope of Work

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|-----------------------------------|---|
| 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. | | | |
| Implementation Activity 2-3 A signed comprehensive individualized service plan by both the MCM and the client will be maintained in client's chart. | | | |
| Service Delivery Element #3: Coordination of services required to implement the plan Implementation Activity 3-1 | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Referral forms ▪ Documentation in client's chart |
| 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. | | | |
| Implementation Activity 3-2 The MCM will follow-up on referrals and ensure client is receiving ongoing medical care and support services. | | | |
| Service Delivery Element #4: Client monitoring to assess the efficacy of the plan Implementation Activity 4-1 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart. |
| Service Delivery Element #5: Periodic re-evaluation and adaptation of the plan as necessary Implementation Activity 5-1 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart. |
| 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. | | | |



RYAN WHITE PROGRAM
Scope of Work

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--|--------------|-----------------------------------|---|
| Service Delivery Element #6: Client-specific advocacy and/or review of utilization of services | | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Documentation in client's chart |
| Implementation Activity 6-1 The MCM 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. | | | | |
| Implementation Activity 6-2 The MCM 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. | | | | |
| Service Delivery Element #7: Coordination and follow-up of medical treatments | | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart. |
| 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. | | | | |
| Service Delivery Element #8: Provide or refer clients for advice, support, counseling on topics surrounding HIV disease, treatments, 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 | | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Comprehensive Individualized Service Plan ▪ Referral forms ▪ Documentation in client's chart. |
| Implementation Activity 8-1 The MCM based on intake information and assessment outcomes, will provide referrals to support services and other community resources. MCM will also follow-up on referrals and document in client's chart. | | | | |
| Implementation Activity 8-2 The MCM will attend monthly State Parole Board Meetings to increase awareness and access to care for post-incarcerated population. | | | | |
| Implementation Activity 8-3 The MCM will participate with the Outreach Community Care Van to link newly diagnosed HIV+ individuals with care. | | | | |



RYAN WHITE PROGRAM
Scope of Work

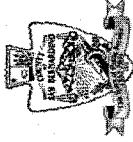
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|-----------------------------------|--|
| Implementation Activity 8-4 The MCM will provide treatment adherence education and counseling and assist and support the client in establishing self-management goals. | | | |
| Service Delivery Element #9: Includes all types of case management including face-to-face, phone contact and any other forms of communication. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none">▪ Documentation in client's chart. |
| Implementation Activity 9-1 MCM will contact clients during medical care visits involving face-to-face contact, follow-up with phone and/or other forms of communication to maintain ongoing contact with clients. | | | |
| Implementation Activity 9-2 All contacts with client will be documented in client's chart and ARIES | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none">▪ Training Agenda▪ Sign-in Sheets▪ Assessment▪ Plan▪ Client Materials in Spanish |
| Service Delivery Element #10: Services are provided based on established Cultural and Linguistic Competency Standards. | | | |
| 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. | | | |
| 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. | | | |
| Implementation Activity 10-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies. | | | |
| 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. | | | |



RYAN WHITE PROGRAM
Scope of Work

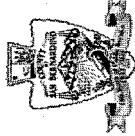
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|--|
| Implementation Activity 10-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff. | | | |
| Implementation Activity 10-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community). | | | |
| Service Delivery Element #11: Integrate and utilize ARIES to incorporate core data elements. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ ARIES Reports |
| 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." | | | |
| Implementation Activity 11-2 ARIES Technical Lead (TL) will: <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. | | | |
| Service Delivery Element #12: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS) | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ PCRS Brochure ▪ Acknowledgement Sheet |
| 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. | | | |
| Implementation Activity 12-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered. | | | |

RYAN WHITE PROGRAM
Scope of Work



| | | RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010 | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CONTRACT NUMBER: | 08-438 A3 | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | |

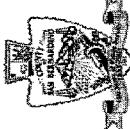
| Planned Services to Clients by service area of residence | 1 | 2 | 3 | 4 | 5 | 6 | Total |
|---|------------|------------|-----------|----------|----------|----------|------------|
| | Riv W | Riv C | Riv E | SB WV | SB EV | SB D | |
| Total # Unduplicated CLIENTS to be Served | | | | | | | |
| Caucasian/White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



RYAN WHITE PROGRAM
Scope of Work

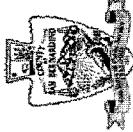
Planned Client Utilization by service area of residence:
(Visit Per day)

| Total # Of VISITS to be delivered | 1 Riv W | 2 Riv C | 3 Riv E | 4 SB W V | 5 SB E V | 6 SB D | Total |
|-----------------------------------|------------|------------|------------|-------------|-------------|-----------|-------|
| Caucasian/White | 171 | 85 | 29 | 0 | 0 | 0 | 285 |
| African American | 51 | 26 | 9 | 0 | 0 | 0 | 86 |
| Latino/a | 34 | 17 | 6 | 0 | 0 | 0 | 57 |
| Women | 68 | 34 | 12 | 0 | 0 | 0 | 114 |
| Infants | 43 | 21 | 7 | 0 | 0 | 0 | 71 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 17 | 8 | 3 | 0 | 0 | 0 | 28 |



RYAN WHITE PROGRAM
Scope of Work

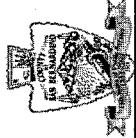
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|-----------|-----------------------------------|----------|--|
| Service Delivery Element #1: Initial Individual Mental Health Assessment | | | | |
| Implementation Activity 1-1 Clinically driven 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | | <ul style="list-style-type: none">■ Client Assessment■ Documentation in Client's Chart■ Documentation in ARIES |
| Implementation Activity 1-2 Clinical therapists will provide services based on RW Standards of Care and Service for Mental Health Services. | | | | |
| 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. | | | | |
| 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. | | | | |
| Service Delivery Element #2: Development of Care/Treatment Plan | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | | <ul style="list-style-type: none">■ Client Assessment■ 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. | | | | |
| 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. | | | | |
| Service Delivery Element #3: Individual Counseling Session | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | | <ul style="list-style-type: none">■ Client Assessment■ Treatment Plan■ Documentation in Client's Chart |
| 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. | | | | |



RYAN WHITE PROGRAM Scope of Work

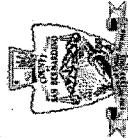
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|-----------------------------------|--|
| Implementation Activity 3-2 The clinical therapist will have the patient complete all necessary forms that inform the client regarding the mental health services they are to receive, confidentiality, and their commitment to treatment. | | | |
| 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. | | | |
| 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. | | | |
| Service Delivery Element #4: Group Counseling Session | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none">▪ Client Assessment▪ Treatment Plan▪ Documentation in Client's Chart |
| 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. | | | |
| 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. | | | |
| 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. | | | |
| 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. | | | |

RYAN WHITE PROGRAM
Scope of Work

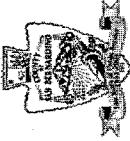


| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|---|
| Service Delivery Element #5: Case Conferencing Session Implementation Activity 5-1 Clinical team will meet weekly to discuss client's treatment plans and how to further assist the client in reaching their goals and objectives. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Documentation in Client's Chart on case conferencing |
| 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.). | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart |
| 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart |
| 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Referrals ▪ Documentation in Client's Chart |
| 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. | | | |
| 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish |
| 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. | | | |

RYAN WHITE PROGRAM
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| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|--|
| Implementation Activity 9-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies. | | | |
| 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. | | | |
| Implementation Activity 9-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff. | | | |
| Implementation Activity 9-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community). | | | |
| Service Delivery Element #10: Integrate and utilize ARIES to incorporate core data elements. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ■ ARIES Reports |
| 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." | | | |
| Implementation Activity 10-2 ARIES Technical Lead (TL) will: <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. | | | |
| Service Delivery Element #11: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS) | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ■ PCRS Brochure ■ Acknowledgement Sheet |
| 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. | | | |
| Implementation Activity 11-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered. | | | |



RYAN WHITE PROGRAM
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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 Avg. Attend Per Session | Session Length | Sessions Per Week | Group Duration |
| 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. |

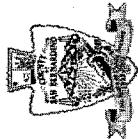
* All support groups are facilitated by a licensed clinical therapist. A DSM-IV-TR Diagnosis is determined and a treatment plan is developed prior to participation in support groups..



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| RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010 | |
|--|---|
| CONTRACT NUMBER: | 08-438 A3 |
| CONTRACTOR: | Riverside County Department of Public Health -HIV/AIDS Program |
| SERVICE CATEGORY: | Outreach Services |
| SERVICE GOAL: | To ensure persons living with HIV/AIDS or members of high-risk communities in the TGA are linked to HIV testing and medical services, including follow-up and support to ensure maintenance 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 • Entry and maintenance in HIV medical care system |

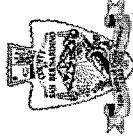
| Total # Unduplicated CLIENTS to be Served | 1 | 2 | 3 | 4 | 5 | 6 | Total |
|---|-------|-------|-------|-------|-------|------|--------------|
| | Riv W | Riv C | Riv E | SB WV | SB EV | SB D | |
| Caucasian/White | 43 | 21 | 8 | 0 | 0 | 0 | 72 |
| African American/Black | 13 | 6 | 2 | 0 | 0 | 0 | 21 |
| Latino/a | 9 | 4 | 2 | 0 | 0 | 0 | 15 |
| Women | 17 | 9 | 3 | 0 | 0 | 0 | 29 |
| Infants | 11 | 6 | 2 | 0 | 0 | 0 | 19 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 4 | 2 | 1 | 0 | 0 | 0 | 7 |
| Planned Client Utilization by service area of residence : (15 Min Units) | 1 | 2 | 3 | 4 | 5 | 6 | |
| Total # Service UNITS to be delivered | 131 | 65 | 22 | 0 | 0 | 0 | 218 |
| Caucasian/White | 39 | 20 | 7 | 0 | 0 | 0 | 66 |
| African American/Black | 26 | 13 | 4 | 0 | 0 | 0 | 43 |
| Latino/a | 52 | 26 | 9 | 0 | 0 | 0 | 87 |
| Women | 33 | 16 | 6 | 0 | 0 | 0 | 55 |
| Infants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 13 | 7 | 1 | 0 | 0 | 0 | 21 |



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

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



RYAN WHITE PROGRAM
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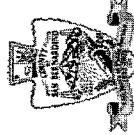
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|-----------|-----------------------------------|----------|--|
| Service Delivery Element #1: Outreach Encounter Implementation Activity 1-1 Outreach workers will be trained based on the RW Standards of Care and Service for Outreach Services. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | | <ul style="list-style-type: none">▪ Outreach schedules and logs▪ Outreach Forms▪ ARIES and Outreach Tracking Log |
| Implementation Activity 1-2 Training will be provided to Outreach Workers on RW determination eligibility requirements and ARIES. | | | | |
| Implementation Activity 1-3 Outreach Workers will coordinate activities among identified PLWHA 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 | | | | |
| 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | | <ul style="list-style-type: none">▪ ARIES and Outreach Tracking Log |
| Service Delivery Element #2: 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | | <ul style="list-style-type: none">▪ ARIES and Outreach Tracking Log |
| Service Delivery Element #3: 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | | <ul style="list-style-type: none">▪ Training Agenda▪ Sign-in Sheets▪ Assessment Plan▪ Client Materials in Spanish |

Implementation Activity 3-2

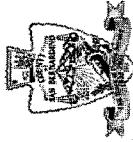
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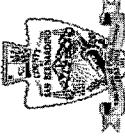


| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|--|
| HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area. | | | |
| Implementation Activity 3-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies. | | | |
| 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. | | | |
| Implementation Activity 3-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff. | | | |
| Implementation Activity 3-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community). | | | |
| Service Delivery Element #4: Integrate and utilize ARIES to incorporate core data elements. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ■ ARIES Reports |
| 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." | | | |
| Implementation Activity 4-2 ARIES Technical Lead ("TL") will: | | | |
| <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. | | | |
| Service Delivery Element #5: <u>Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</u> | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ■ PCRS Brochure ■ Acknowledgement Sheet |
| Implementation Activity 5-1 Clinical staff will provide all clients seeking services with information packets that | | | |



**RYAN WHITE PROGRAM
Scope of Work**

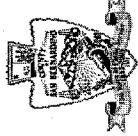
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|----------|-----------------|
| will include PCRS information and where to access this service. | | | |
| Implementation Activity 5-2 Clinical staff will have client sign an acknowledgement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



RYAN WHITE PROGRAM
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|-----------------------------------|---|
| CONTRACT NUMBER: | 08-438 A3 |
| CONTRACTOR: | Riverside County Department of Public Health -HIV/AIDS Program |
| SERVICE CATEGORY: | AIDS Pharmacy Assistance (Local) |
| SERVICE GOAL: | To maintain or improve health outcomes of persons living with HIV/AIDS by making available needed HIV/AIDS medications. |
| 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 |

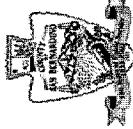
| Planned Services to Clients by service area of residence | 1 | 2 | 3 | 4 | 5 | 6 | Total |
|--|-------------|------------|------------|----------|----------|----------|-------------|
| | Riv W | Riv C | Riv E | SB WV | SB EV | SB D | |
| Total # Unduplicated CLIENTS to be Served | | | | | | | |
| Caucasian/White | 73 | 36 | 12 | 0 | 0 | 0 | 121 |
| African American/Black | 22 | 11 | 4 | 0 | 0 | 0 | 37 |
| Latino/a | 15 | 7 | 2 | 0 | 0 | 0 | 24 |
| Women | 29 | 14 | 5 | 0 | 0 | 0 | 48 |
| Infants | 18 | 9 | 3 | 0 | 0 | 0 | 30 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Planned Client Utilization by service area of residence : (Up to a 30 day supply regardless of \$ amount)) | | | | | | | |
| Total # Service UNITS to be delivered | 1296 | 648 | 216 | 0 | 0 | 0 | 2160 |
| Caucasian/White | 389 | 194 | 65 | 0 | 0 | 0 | 648 |
| African American/Black | 259 | 130 | 43 | 0 | 0 | 0 | 432 |
| Latino/a | 518 | 259 | 86 | 0 | 0 | 0 | 863 |
| Women | 324 | 162 | 54 | 0 | 0 | 0 | 540 |
| Infants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 130 | 65 | 22 | 0 | 0 | 0 | 217 |



RYAN WHITE PROGRAM
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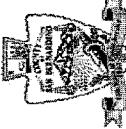
Planned Client Utilization by service area of residence:
(Utilization per day)

| Total # Of VISITS to be delivered | 1 Riv W | 2 Riv C | 3 Riv E | 4 SBW V | 5 SBE V | 6 SBD | Total |
|-----------------------------------|------------|------------|------------|------------|------------|----------|-------|
| Caucasian/White | 436 | 218 | 72 | 0 | 0 | 0 | 726 |
| African American | 131 | 65 | 22 | 0 | 0 | 0 | 218 |
| Latino/a | 87 | 44 | 14 | 0 | 0 | 0 | 145 |
| Women | 174 | 87 | 29 | 0 | 0 | 0 | 290 |
| Infants | 109 | 55 | 18 | 0 | 0 | 0 | 182 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 44 | 22 | 7 | 0 | 0 | 0 | 73 |



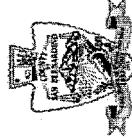
**RYAN WHITE PROGRAM
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| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|-----------------------------------|--|
| Service Delivery Element #1: Antiretroviral medication (HIV/AIDS) 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Medication Logs ▪ Client's Chart - Progress Notes |
| 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. | | | |
| 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. | | | |
| 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. | | | |
| Implementation Activity 1-5 Client will then be provided with physician's prescription of one 30 day or less supply of antiretroviral medication | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment ▪ Plan ▪ Client Materials in Spanish |
| 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 community served. | | | |



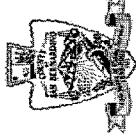
RYAN WHITE PROGRAM
Scope of Work

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--|-----------------------------------|-----------------|
| 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. | | | |
| Implementation Activity 2-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies. | | | |
| 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. | | | |
| Implementation Activity 2-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff. | | | |
| Implementation Activity 2-6 All client-related materials and post signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community). | | | |
| Service Delivery Element #3: Integrate and utilize ARIES to incorporate core data elements. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ ARIES Reports |
| 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.” | | | |
| Implementation Activity 3-2 ARIES Technical Lead (TL) will: | | | |
| | ▪ 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. | | |



RYAN WHITE PROGRAM
Scope of Work

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|--|
| 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <input type="checkbox"/> PCRS Brochure <input type="checkbox"/> Acknowledgement Sheet |
| Implementation Activity 4-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered. | | | |

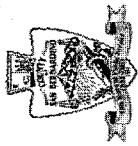


RYAN WHITE PROGRAM
Scope of Work

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|-----------------------------------|---|--|--|--|--|--|--|--|
| CONTRACT NUMBER: | 08-438 A3 | RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010 | | | | | | |
| CONTRACTOR: | Riverside County Department of Public Health –HIV/AIDS Program | | | | | | | |
| SERVICE CATEGORY: | Outpatient/Ambulatory Medical Care | | | | | | | |
| SERVICE GOAL: | 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 | | | | | | | |

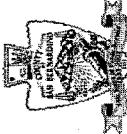
| Planned Services to Clients by service area of residence | 1 Riv W | 2 Riv C | 3 Riv E | 4 SB WV | 5 SB EV | 6 SBD | Total | Total # Unduplicated CLIENTS to be Served |
|---|------------|------------|------------|------------|------------|----------|-------|---|
| | | | | | | | | |
| Caucasian/White | 77 | 39 | 13 | 0 | 0 | 0 | 0 | 129 |
| African American/Black | 52 | 26 | 9 | 0 | 0 | 0 | 0 | 87 |
| Latino/a | 43 | 52 | 17 | 0 | 0 | 0 | 0 | 131 |
| Women | 66 | 33 | 11 | 0 | 0 | 0 | 0 | 110 |
| Infants | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 26 | 13 | 4 | 0 | 0 | 0 | 0 | 43 |
| Planned Client Utilization by service area of residence : (15 Min Units) | 1 Riv W | 2 Riv C | 3 Riv E | 4 SB WV | 5 SB EV | 6 SBD | 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 | |

RYAN WHITE PROGRAM
Scope of Work



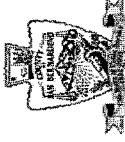
Planned Client Utilization by service area of residence:
 (Visit Per day)

| Total # Of VISITS to be delivered | 1 RIV W | 2 RIV C | 3 RIV E | 4 SBW V | 5 SBEV | 6 SBD | Total |
|-----------------------------------|-------------|------------|------------|------------|-----------|----------|-------------|
| Caucasian/White | 1569 | 785 | 262 | 0 | 0 | 0 | 2616 |
| African American | 471 | 236 | 79 | 0 | 0 | 0 | 786 |
| Latino/a | 314 | 157 | 52 | 0 | 0 | 0 | 523 |
| Women | 628 | 314 | 105 | 0 | 0 | 0 | 1047 |
| Infants | 392 | 196 | 66 | 0 | 0 | 0 | 654 |
| Children | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Youth | 157 | 79 | 26 | 0 | 0 | 0 | 262 |



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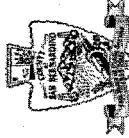
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|-----------------------------------|---|
| Service Delivery Element #1: Development of Treatment Plan Implementation Activity 1-1 Based on RW Standard of Care continue current intake process including: a) Nursing assessment including evaluation health history and presenting problems. b) Those on HIV medications are evaluated for treatment adherence. c) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan Documentation in Client's Chart |
| Implementation Activity 1-2 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including: 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. | | | ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan Documentation in Client's Chart |
| <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> | | | |
| Service Delivery Element #2: Diagnostic Testing Implementation Activity 2-1 Based on RW Standard of Care continue current intake process including: a) Nursing assessment including evaluation health history and presenting problems. b) Those on HIV medications are evaluated for treatment adherence. c) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan Documentation in Client's Chart |
| Implementation Activity 2-2 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. | | | |
| <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,</i> | | | |



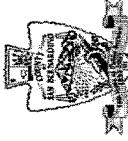
RYAN WHITE PROGRAM
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| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|--|
| <i>and American Academy of HIV Medicine (AAHIVM).</i> Service Delivery Element #3: Early Intervention and Risk Assessment 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | Risk Assessment ▪ Education Plan ▪ Documentation in Client's Chart |
| 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. *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). | | | |
| Service Delivery Element #4: Preventive Care and Screening 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 | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart |
| 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. *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). | | | |
| Service Delivery Element #5: Practitioner Examination Implementation Activity 5-1 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including: | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | Client Health Assessment ▪ Lab Results ▪ Treatment Plan |

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| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|----------------------|--|--|
| <p>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.</p> <p>Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> | | | <ul style="list-style-type: none"> ▪ 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 #6: Medical History Taking</p> <p>Implementation Activity 6-1 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including:</p> <p>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.</p> <p>Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> | <p>1, 2, & 3</p> | <p>March 1, 2009 – February 28, 2010</p> | <ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ 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 #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: candidiasis, cervical cancer, herpes simplex, Kaposi's Sarcoma, tuberculosis.</p> | <p>1, 2, & 3</p> | <p>March 1, 2009 – February 28, 2010</p> | <ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart |



RYAN WHITE PROGRAM
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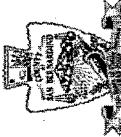
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|--|
| Implementation Activity 7-2 Based on psycho-social assessment, the Social Worker (therapist) will develop a treatment plan of common mental conditions such as depression, anxiety, etc. <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> | | | |
| Service Delivery Element #8: Prescribing and Managing Medication Therapy 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 multidisciplinary medical team. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart |
| 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. <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> | | | |
| 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 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. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Risk Assessment ▪ Education Plan ▪ Nutrition Assessment ▪ Nutrition Plan ▪ Documentation in Client's Chart ▪ Schedule on Community Forums |
| 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. | | | |
| Implementation Activity 9-3 Quarterly community forums will be provided to clients on specific health topics related to treatment. | | | |
| | | | <i>*Medical care for the treatment of HIV infection includes the provision of care that is</i> |



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| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|---|
| <p>consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</p> <p>Service Delivery Element #10: Continuing Care and Management of Chronic Conditions</p> <p>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> <p>*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).</p> | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart |
| <p>Service Delivery Element #11: Referral to and Provision of Specialty Care</p> <p>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> <p>*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)</p> | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Referrals ▪ Documentation in Client's Chart |
| <p>Service Delivery Element #12: Treatment Adherence Counseling/Education</p> <p>Implementation Activity 12-1 Health Educator or Medical Case Manager will conduct a formal assessment of client's knowledge base on HIV and treatment adherence.</p> <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>*Medical care for the treatment of HIV infection includes the provision of care that is</p> | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Counseling/Education Provided ▪ Documentation in Client's Chart |

RYAN WHITE PROGRAM
Scope of Work

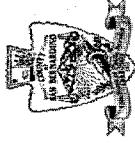


| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|---|--------------|-----------------------------------|--|
| <i>consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV/Medicine (AAHIVM).</i> | | | |
| Service Delivery Element #13: Services are provided based on established Cultural and Linguistic Competency Standards | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment ▪ Plan ▪ Client Materials in Spanish |
| 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. | | | |
| 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. | | | |
| Implementation Activity 13-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies. | | | |
| 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. | | | |
| Implementation Activity 13-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff. | | | |
| Implementation Activity 13-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community). | | | |
| Service Delivery Element #14: Integrate and utilize ARIES to incorporate core data elements. | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none"> ▪ ARIES Reports |
| 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." | | | |



RYAN WHITE PROGRAM
Scope of Work

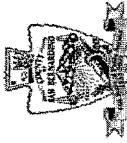
| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES | SERVICE AREA | TIMELINE | PROCESS OUTCOME |
|--|--------------|-----------------------------------|---|
| <p>Implementation Activity 14-2</p> <p>ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none">■ provide and facilitate technical 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 #15: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</p> <p>Implementation Activity 15-1</p> <p>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</p> <p>Clinical staff will have client sign an acknowledgement that PCRS was offered.</p> | 1, 2, & 3 | March 1, 2009 – February 28, 2010 | <ul style="list-style-type: none">■ PCRS Brochure■ Acknowledgement Sheet |



RYAN WHITE PROGRAM Scope of Work

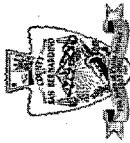
| RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010 | | | |
|--|---|--|--|
| CONTRACT NUMBER: | 08-438 A3 | | |
| CONTRACTOR: | Riverside County Department of Public Health -HIV/AIDS Program | | |
| SERVICE CATEGORY: | Planning Council Support | | |
| SERVICE GOAL: | T Provide guidance, administrative and professional support to the Inland Empire HIV Planning Council (PC) in order to assist the PC in complying with their CARE Act mandates. | | |

| Item # | PC Activities that will require Support Services | Timeline | PC Support Staff Activities/Deliverables |
|--------|--|-----------------------------------|--|
| 1 | Needs Assessment: Conduct or update an assessment of HIV/AIDS service needs in Riverside/San Bernardino TGA. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Identify areas of focus.2. Collaborate with Part A funded agencies and the Grantee in conducting a needs assessment.3. Prepare reports and share findings to the Planning Council in a timely manner.4. Review and update the community's needs assessment and comprehensive care plan annually. |
| 2 | Comprehensive Plan: Develop a comprehensive plan for the establishment of a health care and support services system that: <ol style="list-style-type: none">1. addresses the full spectrum of HIV disease;2. assures 100% access and 0% disparity; and3. reduces local morbidity and mortality rates relating to HIV infection and is client-centered. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Manage the process and work plans.2. Analyze systems of care.<ol style="list-style-type: none">a. Generate results of analysis.3. Collaborate with the Planning Council in developing strategies and writing a plan to provide services.4. Review and update the comprehensive care plan quarterly. |
| 3 | Service Priorities/Resource Allocation (PSRA): Establish service priorities for service allocations. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Work with the PC to establish Data Sets to be used for PSRA process.2. Ensure gathering of PC-identified Data Sets.3. Analyze and synthesize various Data Sets to provide the PC the necessary data to conduct PSRA process.4. Present findings to the PC to inform PSRA process.5. Coordinate all aspects of PSRA Data Summit/Meetings.6. Ensure that Grantee receives PSRA outcomes. |
| 4 | Reallocation: Ensure the timely reallocation of funds to ensure continued service delivery and services to emerging data-based needs. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Ensure that reports are available to Planning Council as needed. |



RYAN WHITE PROGRAM Scope of Work

| | | | |
|---|--|-----------------------------------|--|
| 5 | Evaluation of the Administrative Mechanism: 1. for the rapid allocation of Title I funds and 2. assuring awards are consistent with Planning Council established allocations. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Work with the Planning Council in developing and administering the evaluation process.2. Identify a 3rd (neutral) party to conduct the EAM.3. Ensure a report is drafted and submitted to the Grantee regarding recommendations and timelines. |
| 6 | Statewide Coordinated Statement of Need: Participate in its development under the direction of the State of California Department of Health Services, Office of AIDS. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Ensure PC has access to the necessary resources to participate in the process.2. Collaborate with the Grantee in gathering input. |



RYAN WHITE PROGRAM Scope of Work

| Item # | PC Activities that will require Support Services | Timeline | PC Support Staff Activities/Deliverables |
|--------|---|-----------------------------------|---|
| 7 | Guidance to PC: As experts on HRSA, State, and County policies that relate to Council processes and work products, provide guidance to the Council to ensure achievement of PC mandates. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Develop expertise on applicable policies & source documents affecting PC business2. Attend all PC meetings.3. Provide the PC guidance on relevant policies including PC ByLaws, PC Policies and Procedures, and Brown Act requirements to ensure that PC processes remain in compliance with applicable requirements. |
| 8 | Annual Work Timeline: Prior to the beginning of each grant year (i.e., January and February) meet with all the TGA stakeholders in the Ryan White Part A process. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Provide guidance and leadership in the Council's development and implementation of a timeline for all required Council work products that is consistent with published deadlines.2. Inform and advise the Council on multi-year and/or recurring processes such as needs assessment and comprehensive planning in order that the Council is appropriately informed of its deadlines and expected work products. |
| 9 | PC Member Training: Ensure that new and continuing Planning Council members receive adequate training to assist them in carrying out their mandates. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Develop and implement and orientation and comprehensive training for new PC members minimally including the following components:<ol style="list-style-type: none">a. PC ByLawsb. PC Policies and proceduresc. PC Mandates/CARE Act Overviewd. County Processes that affect PC's work2. Develop and implement annual training plan for Planning Council members that provides comprehensive training and leadership development for Council members including the following components:<ol style="list-style-type: none">3. Develop an annual retreat for PC members.4. Evaluate training and submit findings to PC and Grantee |
| 10 | Travel & Reimbursement: Ensure necessary travel arrangements are made and ensure that PC have access to timely reimbursement for PC business-related expenses. | March 1, 2009 – February 28, 2010 | <ol style="list-style-type: none">1. Secure travel arrangements for Planning Council members.<ol style="list-style-type: none">a. Arranging air travel and hotel accommodations after approval of Executive Committee; work with Riv. Co DOH-Fiscal Services to secure payments prior to travel.b. Informing travelers of secured arrangements within required time frames.2. Process out-of-pocket expense reimbursements for members. |



**RYAN WHITE PROGRAM
Scope of Work**

| Item # | PC Activities that will require Support Services | Timeline | PC Support Staff Activities/Deliverables |
|--------|--|-----------------------------------|---|
| 11 | Planning Council Website & publication of most recent versions of documents: | March 1, 2009 – February 28, 2010 | 1. Maintain the Planning Council website. |
| 12 | Information to be Provided by the Planning Council to the Administrative Agency: Ensure the timely provision of requested documentation to the RW Program Office (Grantee). | March 1, 2009 – February 28, 2010 | <p>Information to be provided:</p> <ol style="list-style-type: none">1. On a monthly basis, a dated list of PC members and their terms of office, with primary affiliations as appropriate.2. Notification of the PC's monthly meetings, retreats, orientation and training sessions, and other PC events, at the same time notification goes to PC members.3. The meeting notice, agenda, and information package for each PC meeting, to be provided at the same time they are provided to PC members.4. The annual list of service priorities and allocations, along with the process to establish them and directives to the Administrative Agency or edits to existing directives on how best to meet these priorities – the same information that is submitted to HRSA/HAB as part of the annual Part A application. This information will be provided within two weeks after the PC has approved the priorities, allocations, and directives.5. Copies of final planning documents prepared by the PC, such as needs assessment reports and the Comprehensive Plan, within two weeks after their completion.6. Information or documents needed by the Administrative Agent to complete the sections of the annual application related to the PC and its functions.7. For new PC members, within 2 weeks of their PC recommendation for appointment to the San Bernardino County Board of Supervisors, submit the following to the RW Program Office (Grantee)<ol style="list-style-type: none">a. a completed application and resume,b. completed board transmittal form,c. primary affiliations as appropriate,d. and identified Conflicts of Interest |

County of Riverside- DOPH, HIV/AIDS Program
OUTPATIENT AMBULATORY MEDICAL CARE
Riverside/San Bernardino, California TGA
March 1, 2009 - February 28, 2010
BUDGET

| Budget Category | Budgeted Amount |
|---|------------------|
| Personnel | |
| HEALTH CARE SOCIAL SERVICES SUPERVISOR: (DANIELLE HUNTSMAN) (0.75 FTE X \$75,858 Annual Salary) Provides direct supervision to clinical staff for three health care centers. | \$56,893 |
| REGISTERED NURSE IV: (D. Hexum) (0.90 FTE X \$68,390 Annual Salary) Provides nursing support, medical care, and case management for three health care centers. | \$61,551 |
| PHYSICIAN IV: (Nguyen,) (.80 FTE X \$154,357 Annual Salary) Provides medical support, medical care and management for three health care centers. | \$123,485 |
| HEALTH SERVICES ASSISTANT: (G. Ramirez,) (1.0 FTE X \$33,925 Annual Salary) Provides patient work up, front office and assist nursing staff for three health care centers. | \$33,925 |
| LICENSE VOCATIONAL NURSE II: (Huggins) (1.0 FTE X \$43,846 Annual Salary) Provides nursing support for three health care centers. | \$43,846 |
| HEALTH CARE SOCIAL WORKER: (Vacant) (1.0 FTE X \$50,731 Annual Salary) Provides patient services and case management for three health care centers. | \$50,731 |
| OFFICE ASSISTANT III: (V. Arreola)(1.0 FTE X \$32,988 Annual Salary) Provides clerical support to clinic staff for three health care centers. | \$32,989 |
| Fringe Benefits (46% of Total Personnel Costs) | \$185,573 |
| TOTAL PERSONNEL | \$588,993 |
| 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. | \$10,000 |
| Rent: Allocated cost for three health care centers | \$9,560 |
| Utilities: | |
| 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 |
| Training(s)/Workshops: Physician staff training as required by Ryan White Program to the University of San Francisco annually. | \$5,591 |
| Educational Training & Reference Materials: Materials to support the education and client awareness of HIV. | \$5,000 |
| Printing/Reproduction: | |
| Postage: | |
| Recruiting: | |
| Laboratory Services: Services to support medical care of HIV clients at three health care centers. | \$85,423 |
| TOTAL OTHER | \$132,574 |
| SUBTOTAL (Personnel and Other) | \$721,567 |
| Administration (limited to 10% of total service budget) | \$72,397 |
| TOTAL BUDGET (Subtotal and Administration) | \$793,964 |

County of Riverside- DOPH, HIV/AIDS Program
 MEDICAL CASE MANAGEMENT
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

| Budget Category | Budgeted Amount |
|---|---|
| Personnel | |
| HEALTH CARE SOCIAL WORKER: (Darlene Debayona, vacant) (1.45 FTE X \$53,581 Annual Salary) Provides patient services and case management for three health care centers. | \$77,692 |
| HEALTH CARE SOCIAL SERVICES SUPERVISOR: (Danielle Huntsman) (.10 FTE X \$75,858 Annual Salary) Provides direct supervision to clinical staff. | \$7,586 |
| | |
| | |
| | |
| Fringe Benefits (46% of Total Personnel Costs) | \$39,228 |
| | TOTAL PERSONNEL |
| | \$124,506 |
| Other | |
| Travel: Travel to support staff in attending training, conferences, and providing medical case management services at three health care centers. (1,818 miles X 0.55) | \$1,000 |
| Supplies: Ofice supplies and equipment to facilitate provision of new medical case management services to PLWH/A at three medical health centers | \$1,500 |
| Rent: Allocated cost service space | \$1,000 |
| Utilities: | |
| Telephone: lease of equipment and monthly service charge to support patient care needs. | \$2,000 |
| Repair/Maintenance: | |
| Insurance: Cost of liability insurance for staff | \$1,000 |
| 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 | \$1,619 |
| Dues/Subscriptions: | |
| Educational Training & Reference Materials: Materials to support the provision of HIV medical case management services | \$0 |
| Printing/Reproduction: | |
| Postage: | |
| Recruiting: | |
| Contractual | |
| | TOTAL OTHER |
| | \$8,119 |
| | SUBTOTAL (Personnel and Other) |
| | \$132,625 |
| Administration (limited to 10% of total service budget) | \$14,736 |
| | |
| | TOTAL BUDGET (Subtotal and Administration) |
| | \$147,361 |

County of Riverside- DOPH, HIV/AIDS Program
 MENTAL HEALTH SERVICES
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

| Budget Category | Budgeted Amount |
|---|--|
| Personnel | |
| LIC. CLINICAL THERAPIST II: (VILAYPHONE KAO) (0.45FTE X \$ 66,040 Annual Salary) 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. | \$29,718 |
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| Fringe Benefits (44.8% of Total Personnel Costs) | \$13,313 |
| | |
| TOTAL PERSONNEL | \$43,031 |
| Other | |
| <u>Travel:</u> | |
| <u>Supplies:</u> | |
| <u>Rent:</u> | |
| <u>Utilities:</u> | |
| <u>Telephone:</u> | |
| <u>Repair/Maintenance:</u> | |
| <u>Insurance:</u> | |
| <u>Training(s)/Workshops:</u> | |
| <u>Dues/Subscriptions:</u> | |
| <u>Educational Training & Reference Materials:</u> | |
| <u>Printing/Reproduction:</u> | |
| <u>Postage:</u> | |
| <u>Recruiting:</u> | |
| <u>Contractual</u> | |
| | TOTAL OTHER \$0 |
| | SUBTOTAL (Personnel and Other) \$43,031 |
| Administration (limited to 10% of total service budget) | \$4,781 |
| | |
| TOTAL BUDGET (Subtotal and Administration) | \$47,812 |

County of Riverside- DOPH, HIV/AIDS Program
OUTREACH
Riverside/San Bernardino, California TGA
March 1, 2009 - February 28, 2010
BUDGET

| Budget Category | Budgeted Amount |
|--|--|
| Personnel | |
| SENIOR COMMUNICABLE DISEASE SPECIALIST: (MANESSAH NWAIGWE) (.25 FTE X \$53,893 Annual Salary) 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. Responsible for coordinating Ryan White funded Outreach Services for communities of color. | \$13,473 |
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| Fringe Benefits (46% of Total Personnel Costs) | \$6,197 |
| | |
| TOTAL PERSONNEL | \$19,670 |
| Other | |
| <u>Travel:</u> | |
| <u>Supplies:</u> | |
| <u>Rent:</u> | |
| <u>Utilities:</u> | |
| <u>Telephone:</u> | |
| <u>Repair/Maintenance:</u> | |
| <u>Insurance:</u> | |
| <u>Training(s)/Workshops:</u> | |
| <u>Dues/Subscriptions:</u> | |
| <u>Educational Training & Reference Materials:</u> | |
| <u>Printing/Reproduction:</u> | |
| <u>Postage:</u> | |
| <u>Recruiting:</u> | |
| <u>Contractual:</u> | |
| | TOTAL OTHER \$0 |
| | SUBTOTAL (Personnel and Other) \$19,670 |
| Administration (limited to 10% of total service budget) | \$1,592 |
| | TOTAL BUDGET (Subtotal and Administration) \$21,262 |

County of Riverside- DOPH, HIV/AIDS Program
 Planning Council
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

| Budget Category | Budgeted Amount |
|--|-----------------|
| <u>Personnel</u> | |
| PROGRAM DIRECTOR: (C. Lieber) (0.11438 FTE X \$78,686 Annual Salary) Provides direct supervision to support staff. Acts as primary liaison to Planning Council in the coordination of their legislatively mandated functions. Defines immediate and long-range goals; establishes and revises program policies and procedures according to program guidelines. | \$9,000 |
| Epi Staff (Name): (0.10 FTE X \$80,000) | \$8,000 |
| Administrative Services Assistant: (N.Brown) (0.5 FTE X \$41,600 Annual Salary) The primary responsibility is to perform a variety of administrative duties including taking and transcribing dictation for Planning Council meetings. Under direction of PC chairs/co-chairs, develops meeting agendas; takes meeting minutes; prepares and mails materials for meetings; sets up for meetings. Is responsive to the Planning Council needs as they relate to their legislatively mandated functions. | \$20,800 |
| Fringe benefits@20.69% | \$7,820 |
| TOTAL PERSONNEL | \$45,620 |
| <u>Other</u> | |
| Maintenance - Copiers: This represents the annual lease and maintenance cost of copy machine. | \$500 |
| Supplies: Office supplies to support daily IEHPC functions to facilitate provision of new medical case management services to PLWH/A at three medical health centers. | \$3,000 |
| Rent: Allocated cost service space. | \$1,000 |
| Utilities: | |
| Telephone: Lease of equipment and monthly service charge to support IEHPC needs. | \$1,000 |
| Repair/Maintenance: | |
| Travel: Travel to support IEHPC activities | \$1,000 |
| Training(s)/Workshops: | |
| Food: This represents the cost associated with the food consumed during various IEHPC meetings by consumers | \$500 |
| Consultant: This represents special projects on as needed basis to carry out scopes of work related to Planning Council's legislatively mandated functions. | \$0 |
| Translator: This represents the cost of translation for monolingual PC Members. | \$2,000 |
| PSRA: Costs for room rental, set-up, AV support and food. | \$3,000 |
| Postage: Cost of mailing out meeting packets. | \$1,000 |
| Total Other | \$13,000 |
| SUBTOTAL (Personnel and Other) | \$58,620 |
| Administration (limited to 10% of total service budget) | \$4,562 |
| TOTAL BUDGET (Subtotal and Administration) | \$63,182 |

**County of Riverside- DOPH, HIV/AIDS Program
AIDS PHARMACEUTICAL ASSISTANCE
Riverside/San Bernardino, California TGA
March 1, 2009 - February 28, 2010
BUDGET**