

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



710

FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:
April 18, 2012

SUBJECT: Ratify the Amendments between San Bernardino County, Department of Public Health and the Community Health Agency, Department of Public Health for HIV Medical Care, Medical Case Management, Mental Health, Pharmacy Services and Oral Health Services (Contract 11-103, A-2) and Early Intervention Services, MAI (Contract 11-108, A-2).

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the Amendment (11-103, A-2) between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for an increase of \$28,000 for a new total of \$1,073,520 for the period of March 1, 2012 - February 28, 2013.
- 2) Authorize the Chairperson to sign Five (5) originals of said Agreement, Contract 11-103, A-2 on behalf of the County.

MOTIONS: (Continued on Page 2)

VJB/all/ys

Susan D. Harrington
Susan Harrington, Director of Public Health

FINANCIAL DATA	Current F.Y. Total Cost: 11/12	\$28,000	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	11/12
SOURCE OF FUNDS: 100% funded by the Ryan White CARE and Minority AIDS Initiative Acts 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

County Executive Office Signature

BY: *Debra Courmoyer*
Debra Courmoyer

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Tavaglione and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone and Benoit
Nays: None
Absent: Ashley
Date: May 8, 2012
xc: CHA-Public Health, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: *Carla Ellis*
Deputy

Prev. Agn. Ref.: 2/28/12; Item 3.23
5/03/11; Item 3.4

District: All
Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.4

FISCAL PROCEDURES APPROVED
 PAUL ANGIULO, CPA, AUDITOR-CONTROLLER
 BY: *Samuel Wong* 4/25/12
 SAMUEL WONG
 DATE: *4/25/12*
 CONCURRENT CONCURRENCE
 NEAL R. KIPNIS
 FORM APPROVED COUNTY COUNSEL
 BY: *Samuel Wong* 4/25/12
 DATE: *4/25/12*
 DEPT RECOMM.: Consent Policy
 PER EXEC. OFC.: Consent Policy

STAMP: 15 APR 20 11:53

STAMP: CLERK OF THE BOARD RIVERSIDE COUNTY

SUBJECT: Ratify the Amendment between San Bernardino County, Department of Public Health and the Community Health Agency, Department of Public Health for HIV Medical Care, Medical Case Management, Mental Health, Pharmacy Services and Oral Health Services (Contract 11-103, A-2) and Early Intervention Services, MAI (Contract 11-108, A-2).

MOTIONS: (Continued)

- 3) Ratify the Amendment (11-108, A-2) between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for the period of March 1, 2012 - February 28, 2013.
- 4) Authorize the Chairperson to sign Five (5) originals of said Agreement, Contract 11-108, A-2 on behalf of the County.

BACKGROUND:

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, oral and mental health care and treatment and HIV medications enabling people living with HIV to live a longer and healthier life. Funds from this agreement will be used to continue HIV medical, oral, mental and pharmacy services at the Riverside Neighborhood Health Clinic, the Perris Family Care Center and the Indio Family Care Center for the HIV/AIDS patients currently under care.

FINANCIAL DATA: This agreement has no financial impact on the County of Riverside. The entire amount awarded based on the comprehensive agreements is \$1,140,364. Of that amount, \$380,121 had already been included in the FY 11/12 budget. The remaining \$760,243 will be budgeted and expended as part of the County's FY 12/13 budget process.

11/12 Original Award 11-103	Amendment 1 11-103, A-1	Amendment 2 11-103, A-2	FY 12/13 Total Award 11-103
\$1,047,160	(\$ 1,640)	\$28,000	\$1,073,520
5/3/11; Item 3.4	2/28/12; Item 3.23		
11/12 Original Award 11-108	Amendment 1 11-108, A-1	Amendment 2 11-108, A-2	FY 12/13 Total Award 11-108
\$57,551	\$9,293	\$0	\$66,844
5/3/11; Item 3.4	2/28/12; Item 3.23		



FOR COUNTY USE ONLY

County of San Bernardino

F A S

STANDARD CONTRACT

<input type="checkbox"/> New	Vendor Code	SC	Dept.	PHL	Contract Number	11-103 A-2	
<input checked="" type="checkbox"/> Change	COUNTYO930						
<input type="checkbox"/> Cancel							
County Department			Dept.	Orgn.	Contractor's License No.		
Department of Public Health			PHL	PHL			
County Department Contract Representative				Telephone	Total Contract Amount		
Lisa Ordaz				(909)388-0222	\$ 2,121,040		
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:							
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount		
95200		03/01/2011	02/28/2013	\$ 1,047,160	\$ 1,073,520		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No	Amount	
AAA	PHL	3715	200	2445		\$ 1,073,520	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
						\$	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
						\$	
Project Name			Estimated Payment Total by Fiscal Year				
Ryan White Program			FY	Amount	I/D	FY	Amount
Part A Medical Care and			11/12	\$ 357,840	I		
Support Services			12/13	\$ 715,680	I		

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

Name
County of Riverside, Department of Public Health

Address
P.O. Box 7600

Riverside, CA 92503

Phone Birth Date
(951) 358-5307

Federal ID No. or Social Security No.

hereinafter called Contractor

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 11-103 between the County and Contractor as follows:

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

- A. The total amount of this Contract is \$2,121,040, 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 reduced. The County will notify the Contractor in

Auditor/Controller-Recorder Use Only

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

3.4

MAY 08 2012

writing of its determination. The consideration to be paid to the Contractor as provided herein shall be in full payment for all of the Contractor's services and expenses incurred in the performance hereof, including travel and per diem. The maximum is a total dollar amount; it includes the original contract amount and all subsequent amendments, and is broken down as follows:

Original Contract	\$1,047,160	March 1, 2011 through February 29, 2012
Amendment No. 1	\$ 1,640 decrease	March 1, 2011 through February 29, 2012
Amendment No. 2	\$ 2,000 increase	March 1, 2011 through February 29, 2012
Amendment No. 2	\$1,073,520	March 1, 2012 through February 28, 2013

SECTION VIII. TERM is amended to read as follows:

This Contract is effective as of March 1, 2011 and is extended from its original expiration date of February 29, 2012, to a new amended expiration date of February 28, 2013, 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 renewed at the end of the Program Year for one (1) additional year. The renewal will commence at the dollar value of the most recently approved contract amount. This provision may be exercised by DPH upon written notification to the Contractor and approval from the County Board of Supervisors.

ATTACHMENT A – SCOPE OF WORK: Add Attachment A1.

ATTACHMENT G – BUDGET: Add Attachment G1.

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

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS DATE 2/24/12

ATTEST:

Kecia Harper-Ihem
Kecia Harper-Ihem
Clerk of the Board
Riverside County

COUNTY OF SAN BERNARDINO

Josie Gonzales
Josie Gonzales, Chair, Board of Supervisors

Dated FEB 28 2012

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

Laura H. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino

By Jennifer Chua
Deputy

County of Riverside, Department of Public Health
(Print or type name of corporation, company, contractor, etc.)

By John Tavaglione
(Authorized signature - sign in blue ink)

Name John Tavaglione
(Print or type name of person signing contract)

Title Chairman, Board of Supervisors
(Print or Type)

Dated 5-8-12

Address P.O. Box 7600
Riverside, CA 92503

Approved as to Legal Form
Kristina Robb
Kristina Robb, Deputy County Counsel

Date 2/13/12

Reviewed by Contract Compliance
Lory Klopfer
Lory Klopfer, HS Contracts Unit

Date 2/10/12

Presented to BOS for Signature
Trudy Raymundo
Trudy Raymundo, Assistant Director

Date 2/13/12

SCOPE OF WORK

ATTACHMENT A1

RYAN WHITE PROGRAM PART A: MAR 1, 2012 - FEB 28, 2013	
CONTRACT NUMBER:	Leave Blank
CONTRACTOR:	County of Riverside Department of Public Health, HIV/AIDS Program
SERVICE CATEGORY:	OUTPATIENT/AMBULATORY HEALTH SERVICES
SERVICE GOAL:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: 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, American Academy of HIV Medicine (AAHIVM).
SERVICE HEALTH OUTCOME(S):	Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; and Improved or maintained viral load

Planned Services to Clients by service area of residence:	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Riv W	Riv C	Riv E	S B W W	S B E V	S B D	Current	New	Current	New	Current	New				
Total # Undup Clients to be Served	116	74	15	21	5	0	0	0	0	0	0	0	255	5	2	11
Cauc./White	35	22	5	6	1	0	0	0	0	0	0	0	77	1	1	3
African Amer.	23	15	3	4	1	0	0	0	0	0	0	0	51	1	0	2
Latino/a	46	29	6	8	2	0	0	0	0	0	0	0	102	2	1	5
Women	29	18	4	5	1	0	0	0	0	0	0	0	64	1	1	3
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	12	7	2	2	0	0	0	0	0	0	0	0	26	0	0	1

Planned Client Utilization by service area of residence :	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Riv W	Riv C	Riv E	S B W W	S B E V	S B D	Current	New	Current	New	Current	New				
Total # of Service UNITS to be delivered	1179	750	214	214	60	0	0	0	0	0	0	0	2754	61	31	153
Cauc./White	354	225	64	64	18	0	0	0	0	0	0	0	827	18	9	46
African Amer.	236	150	43	43	12	0	0	0	0	0	0	0	551	12	6	31
Latino/a	472	300	85	86	24	0	0	0	0	0	0	0	1102	24	12	61
Women	295	188	53	54	15	0	0	0	0	0	0	0	689	15	8	38
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	118	75	21	21	6	0	0	0	0	0	0	0	275	6	3	15

Planned Client Visits by service area of residence :	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in. Care
	Riv W		Riv C		Riv E		SB WW		SB E V		SB D					
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # of Client Visits to be delivered	447	112	285	71	81	20	0	0	0	0	0	0	858	20	10	51
Cauc./White	134	34	85	21	24	6	0	0	0	0	0	0	257	6	3	15
African Amer.	89	22	57	14	16	4	0	0	0	0	0	0	172	4	2	10
Latino/a	179	45	114	28	33	8	0	0	0	0	0	0	343	8	4	20
Women	112	28	71	18	20	5	0	0	0	0	0	0	215	5	3	13
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	45	11	28	7	8	1	0	0	0	0	0	0	86	12	1	5

**** Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS health services treatment team will provide the following <i>service delivery elements</i> to PLWHA receiving * HIV Outpatient/Ambulatory Health Services at Riverside Neighborhood Health Center, Perris Family Care Center, Indio Family Care Center, and Blythe Family Health Clinic.</p> <ul style="list-style-type: none"> • Development of Treatment Plan • Diagnostic Testing • Early Intervention and Risk Assessment • Preventive Care and Screening • Practitioner Examination • Medical History Taking • Diagnosis and Treatment of Common Physical and Mental Conditions • Prescribing and Managing Medication Therapy • Education and Counseling on Health Issues • Continuing Care and Management of Chronic Conditions • Referral to and Provision of Specialty Care • Treatment Adherence Counseling/Education • Services are provided based on established Cultural and Linguistic Competency Standards • Integrate and utilize ARIES to incorporate core data elements. 	1, 2, & 3	March 1, 2012 – February 28, 2013	<ul style="list-style-type: none"> • Client Health Assessment • Lab Results • Treatment Plan • Psychosocial Assessments • Treatment Adherence Documentation • Case Conferencing • Documentation • Progress Notes • Cultural Competency Plan • ARIES Reports

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES

SERVICE AREA

TIMELINE

PROCESS OUTCOME

Implementation Activities:

1. The HIV/AIDS Branch Chief, Medical Director, and HIV Clinic Manager are responsible for ensuring Outpatient/Ambulatory Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.
2. Clinic staff will conduct assessments including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. Assessments will consist of:
 - a) Completing a medical history
 - b) Conducting a physical examination including an assessment for oral health care
 - c) Reviewing lab test results
 - d) Assessing the need for medication therapy
 - e) Development of a Treatment Plan.
3. Clinicians will complete a medical history on clients 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.
 - a) Conducting a physical examination
 - b) Reviewing lab test results
 - c) Assessing the need for medication therapy
 - d) Development of a Treatment Plan.
4. An assessment of the clients' current knowledge of HIV and treatment options is conducted by the health education and the treatment team. 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.
5. 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.
6. Health Care Social Worker will interview client and their families to assess the nature of their social and financial problems and the need for social service intervention as it relates to HIV.

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES

SERVICE AREA **TIMELINE** **PROCESS OUTCOME**

7. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.
8. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.
9. 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."

**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).*

SCOPE OF WORK

ATTACHMENT A1

RYAN WHITE PROGRAM PART A: MAR 1, 2012 - FEB 28, 2013																	
CONTRACT NUMBER: Leave Blank																	
CONTRACTOR: County of Riverside Department of Public Health, HIV/AIDS Program																	
SERVICE CATEGORY: ORAL HEALTH CARE																	
SERVICE GOAL: Improve or maintain the oral health of HIV+ clients throughout the TGA to sustain proper nutrition.																	
SERVICE HEALTH OUTCOME(S): Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load; and Improved or maintained oral health.																	
Planned Services to Clients by service area	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care	
	Riv W	Riv C	Riv E	Riv W	Riv E	Riv W	Riv E	Riv W	Riv E	Riv W	Riv E	Riv W					Riv E
Total # Undup Clients to be Served	0	28	0	18	0	5	0	0	0	0	0	0	0	0	5	3	13
Cauc./White	0	8	0	5	0	2	0	0	0	0	0	0	0	0	2	1	4
African Amer.	0	6	0	4	0	1	0	0	0	0	0	0	0	0	1	1	3
Latino/a	0	11	0	7	0	2	0	0	0	0	0	0	0	0	2	1	5
Women	0	7	0	4	0	1	0	0	0	0	0	0	0	0	1	1	3
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	0	3	0	2	0	1	0	0	0	0	0	0	0	0	0	0	1
Planned Client Utilization by service area of residence :																	
Total # of Service UNITS to be delivered	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care	
	Riv W	Riv C	Riv E	Riv W	Riv E	Riv W	Riv E	Riv W	Riv E	Riv W	Riv E	Riv W					Riv E
Service UNITS to be delivered	0	303	0	193	0	55	0	0	0	0	0	0	0	0	55	28	138
Cauc./White	0	91	0	58	0	17	0	0	0	0	0	0	0	0	17	8	41
African Amer.	0	61	0	39	0	11	0	0	0	0	0	0	0	0	11	6	28
Latino/a	0	121	0	77	0	22	0	0	0	0	0	0	0	0	22	11	55
Women	0	76	0	48	0	14	0	0	0	0	0	0	0	0	14	7	34
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	0	30	0	19	0	6	0	0	0	0	0	0	0	0	6	3	14

Planned Client Visits by service area of residence :	1 Riv W		2 Riv C		3 Riv E		4 SB WW		5 SB EV		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
	0	61	0	39	0	11	0	0	0	0	0	0				
Total # of Client Visits to be delivered	0	61	0	39	0	11	0	0	0	0	0	0	110	11	6	28
Cauc./White	0	18	0	12	0	3	0	0	0	0	0	0	33	3	2	8
African Amer.	0	12	0	8	0	2	0	0	0	0	0	0	22	2	1	6
Latino/a	0	24	0	15	0	4	0	0	0	0	0	0	44	4	2	11
Women	0	15	0	10	0	3	0	0	0	0	0	0	28	3	1	7
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	0	6	0	4	0	1	0	0	0	0	0	0	11	1	1	3

**** Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES		SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS oral health practitioner will provide the following <i>service delivery elements</i> to PLWHA receiving Oral Health Care at the Rubidoux Family Care Center.</p> <ul style="list-style-type: none"> • Comprehensive Oral Exam • Development of Treatment Plan in Collaboration with Client • Treatment Visit(s) • Development of Oral Hygiene Plan in Collaboration with Client • Ongoing Treatment Visits • Ongoing Preventive Visits • Follow-up prophylactic visit within 6 months of initial visit. • Emergency Care Visit if necessary • Services are provided based on established Cultural and Linguistic Competency Standards • Integrate and utilize ARIES to incorporate core data elements. <p>Implementation Activities:</p> <ol style="list-style-type: none"> 1. The HIV/AIDS Branch Chief and HIV Clinic Manager are responsible for ensuring Oral Health Care Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. 		1	March 1, 2012 – February 28, 2013	<ul style="list-style-type: none"> • Complete oral examination documented within 60 days of initial visit • Treatment plan in chart based on their oral examination and documentation that the plan was discussed with the client • Documentation of prophylactic visit within 6 months of initial visit • Documentation clients received necessary follow up appointment after preventive care visit • Cultural Competency Plan • ARIES Reports

2. Upon first referral or contact by client, will schedule dental appointment with oral health provider and treat dental problem within 24 hours of initial client contact. Needed dental follow-up visits will be scheduled according to dental treatment plan as prescribed by dentist.
3. PLWHA accessing Oral Health Care will receive a comprehensive initial assessment that will include:
 - a complete medical and
 - a social history and a comprehensive oral exam.
4. The oral health practitioner will develop a comprehensive treatment plan that will include preventive care and maintenance, signed by client and provider.
5. The oral health practitioner will develop an oral hygiene plan in collaboration with client.
6. Follow-up prophylactic visits will be scheduled within six months of initial visit and PLWHA will be encouraged to follow-up with their oral health treatment plan.
7. Treatment and oral hygiene plans will be communicated with medical case managers for inclusion to care plans.
8. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.
9. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.
10. 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."

SCOPE OF WORK

ATTACHMENT A1

RYAN WHITE PROGRAM PART A: MAR 1, 2012 - FEB 28, 2013																
CONTRACT NUMBER: Leave Blank																
CONTRACTOR: County of Riverside Department of Public Health, HIV/AIDS Program																
SERVICE CATEGORY: AIDS PHARMACEUTICAL 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): Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; and 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 SB D		Aware/ Not in Care			
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # Undup Clients to be Served	5	8	4	5	1	2	0	0	0	0	0	0	25	2	1	4
Cauc./White	2	2	1	2	0	0	0	0	0	0	0	0	7	0	0	1
African Amer.	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Latino/a	2	3	1	2	0	1	0	0	0	0	0	0	9	1	0	2
Women	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	1
Planned Client Utilization by service area of residence :	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB EV		6 SB D		Aware/ Not in Care			
Total # of Service UNITS to be delivered	5	8	4	5	1	2	0	0	0	0	0	0		25	2	1
Cauc./White	2	2	1	2	0	0	0	0	0	0	0	0	7	0	0	1
African Amer.	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Latino/a	2	3	1	2	0	1	0	0	0	0	0	0	9	1	0	2
Women	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	0

Planned Client Visits by service area of residence :	1 Riv W		2 Riv C		3 Riv E		4 SB WW		5 SB EV		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
	5	8	4	5	1	2	0	0	0	0	0	0				
Total # of Client Visits to be delivered	5	8	4	5	1	2	0	0	0	0	0	0	25	2	1	4
Cauc./White	2	2	1	2	0	0	0	0	0	0	0	0	7	0	0	1
African American	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Latino/a	2	3	1	2	0	1	0	0	0	0	0	0	9	1	0	2
Women	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	0

**** Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

Please Note: As per the RW Standard of Care; Clients are only provided with one UOS per year and one Client Visit per year.

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS health services treatment team will provide the following service delivery elements to PLWHA receiving AIDS Pharmaceutical Assistance at Riverside Neighborhood Health Center, Perris Family Care Center, Indio Family Care Center, and Blythe Family Health Clinic.</p> <ul style="list-style-type: none"> • Antiretroviral medication (HIV/AIDS) • Services are provided based on established Cultural and Linguistic Competency Standards • Integrate and utilize ARIES to incorporate core data elements. <p>Implementation Activities:</p> <ol style="list-style-type: none"> 1. The HIV Clinic Manager and R.N. Supervisor are responsible for ensuring AIDS Pharmaceutical Assistance Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. 2. Clients will be screened by an Insurance Billing Clerk from the Riverside HIV Care Program to link with insurance programs (MISP/ADAP), with the goal of obtaining a long-term insurance plan. 	1, 2, & 3	March 1, 2012 – February 28, 2013	<ul style="list-style-type: none"> • Medication Logs • Documentation in Client's Chart - Progress Notes • Cultural Competency Plan • ARIES Reports

	<ol style="list-style-type: none"> 3. After screening, if client is identified in need of pharmaceutical assistance, the RN or LVN will check with the Billing Clerk to confirm that the client is eligible for RW services. 4. 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. 5. 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. 6. 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. 7. Client will be provided with physician's prescription of one 30 day or less supply of antiretroviral medication 8. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served. 9. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services. 10. 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."
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SCOPE OF WORK

ATTACHMENT A1

RYAN WHITE PROGRAM PART A: MAR 1, 2012 - FEB 28, 2013																
CONTRACT NUMBER: Leave Blank																
CONTRACTOR: County of Riverside Department of Public Health, HIV/AIDS Program																
SERVICE CATEGORY: MENTAL HEALTH SERVICES																
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): Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; and Improved or maintained viral load; decreased level of depression post 12 individual sessions; decreased level of anxiety post 12 individual sessions; and clinically significant increase in their Global Assessment of Functioning score post 12 individual sessions.																
Planned Services to Clients by SA of residence:	1		2		3		4		5		6					
	Riv W	Riv C	Riv C	Riv E	Riv E	S B W W	S B E V	S B D	S B E V	S B D	Total	Aware/ Not in Care				
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # Undup Clients to be Served	18	8	12	5	3	2	0	0	0	0	0	0	48	2	1	4
Cauc./White	5	2	3	2	1	0	0	0	0	0	0	0	13	0	0	1
African Amer.	4	2	2	1	1	0	0	0	0	0	0	0	10	0	0	1
Latino/a	7	3	5	2	1	1	0	0	0	0	0	0	19	1	0	2
Women	5	2	3	1	1	0	0	0	0	0	0	0	12	0	0	1
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	2	1	1	1	0	0	0	0	0	0	0	0	5	0	0	0
Planned Client UOS by SA of residence:	1		2		3		4		5		6					
	Riv W	Riv C	Riv C	Riv E	Riv E	S B W W	S B E V	S B D	S B E V	S B D	Total	Aware/ Not in Care				
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # of UOS to be delivered	268	89	171	57	49	16	0	0	0	0	0	0	650	16	8	41
Cauc./White	81	27	51	17	15	5	0	0	0	0	0	0	196	5	2	12
African Amer.	54	18	34	11	10	3	0	0	0	0	0	0	130	3	2	8
Latino/a	107	36	68	23	20	6	0	0	0	0	0	0	260	6	3	16
Women	67	22	43	14	12	4	0	0	0	0	0	0	162	4	2	10
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	27	9	17	6	5	2	0	0	0	0	0	0	66	2	1	4

Planned Client Visits by service area of residence :	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
	135	45	85	28	24	8	0	0	0	0	0	0				
Total # of Client Visits to be delivered	41	13	26	9	7	2	0	0	0	0	0	0	98	2	1	6
Cauc./White	27	9	17	6	5	2	0	0	0	0	0	0	65	2	1	4
African Amer.	54	18	34	11	10	3	0	0	0	0	0	0	130	3	2	8
Latino/a	34	11	21	7	6	2	0	0	0	0	0	0	81	2	1	5
Women	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	14	4	9	3	2	1	0	0	0	0	0	0	33	1	0	2

**** Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS Mental Health staff will provide the following <i>service delivery elements</i> to PLWHA receiving Mental Health Services at Riverside Neighborhood Center, Perris Family Care Center, and Indio Family Care Center.</p> <ul style="list-style-type: none"> • Initial Individual Mental Health Assessment • Development of Care/Treatment Plan • Individual Counseling Session • Group Counseling Session • Case Conferencing Session • Psychiatric Assessment/Evaluation Session • Psychiatric Medications Management Session • Referral to other Mental Health Professionals • Services are provided based on established Cultural and Linguistic Competency Standards • Integrate and utilize ARIES to incorporate core data elements. <p>Implementation Activities:</p> <ol style="list-style-type: none"> 1. The HIV Clinic Manager is responsible for ensuring Mental Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. 	1, 2, & 3	March 1, 2012 – February 28, 2013	<ul style="list-style-type: none"> • Psychosocial Assessment Form with DSM IV Diagnosis • Goals & Treatment Plan • Progress Notes • Case conferencing documentation • Referral Logs • Outcome Measurement Form • Cultural Competency Plan • ARIES Reports

2. 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 Health Services.
3. The clinical therapist will conduct an initial psychosocial assessment during the intake process. The 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.
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.
5. Based on clinical assessment, the clinical therapist will determine a DSM-IV-TR Diagnosis and develop a goals and treatment plan signed by both therapist and client, which will include individual and/or group counseling sessions.
6. Clinical team will meet weekly to discuss client's treatment plans and how to further assist the client in reaching their goals and objectives during case conferencing.
7. 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). 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.
8. 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.
9. 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.
10. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.

11. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.

12. 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."

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	Outcome Measures	
Group Name #1 Women's Support Group	1	Women	Closed	Six-Eight	2 Hours	One Session every month	Ongoing	75% of clients will demonstrate a clinically significant increase in their Global Assessment Functioning as measured by the Axis V.	

SCOPE OF WORK

ATTACHMENT A1

RYAN WHITE PROGRAM PART A: MAR 1, 2012 - FEB 28, 2013																
CONTRACT NUMBER: Leave Blank																
CONTRACTOR: County of Riverside Department of Public Health, HIV/AIDS Program																
SERVICE CATEGORY: MEDICAL CASE MANAGEMENT SERVICES																
SERVICE GOAL: The goal of providing medical case management services is 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 client's participation in HIV medical care. MCM services are to be located and delivered in Ryan White Program funded Outpatient/Ambulatory Medical Care clinics.																
SERVICE HEALTH OUTCOME(S): Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load; and ability to self-manage healthcare and support services.																
Planned Services to Clients by SA of residence:	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Riv W Current	New	Riv C Current	New	Riv E Current	New	SB WW Current	New	SB E V Current	New	SB D Current	New				
Total # Undup Clients to be Served	64	21	40	13	12	4	0	0	0	0	0	0	154	4	2	10
Cauc./White	19	6	12	4	3	1	0	0	0	0	0	0	45	1	1	3
African Amer.	13	4	8	3	2	1	0	0	0	0	0	0	31	1	0	2
Latino/a	26	8	16	5	5	2	0	0	0	0	0	0	62	2	1	4
Women	16	5	10	3	3	1	0	0	0	0	0	0	38	1	0	2
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	6	2	4	1	1	0	0	0	0	0	0	0	14	0	0	1
Planned Client Utilization by SA of residence :	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Riv W Current	New	Riv C Current	New	Riv E Current	New	SB WW Current	New	SB E V Current	New	SB D Current	New				
Total # of Service UNITS to be delivered	1004	336	638	214	183	60	0	0	0	0	0	0	2435	61	31	153
Cauc./White	301	101	192	64	55	18	0	0	0	0	0	0	731	18	9	46
African Amer.	201	67	128	43	37	12	0	0	0	0	0	0	488	12	6	31
Latino/a	402	134	256	85	73	24	0	0	0	0	0	0	974	24	12	61
Women	251	84	160	53	46	15	0	0	0	0	0	0	609	15	8	38
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	100	34	64	21	18	6	0	0	0	0	0	0	243	6	3	15

Planned Client Visits by service area of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WW		5 SB EV		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
	502	168	319	107	91	30	0	0	0	0	0	0				
Total # of Client Visits delivered	502	168	319	107	91	30	0	0	0	0	0	0	1217	31	15	76
Cauc./White	150	51	96	32	27	9	0	0	0	0	0	0	366	9	5	23
African Amer.	100	34	64	21	18	6	0	0	0	0	0	0	243	6	3	15
Latino/a	201	67	128	43	36	12	0	0	0	0	0	0	487	12	6	31
Women	125	42	80	27	23	8	0	0	0	0	0	0	304	8	4	19
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	50	17	32	11	9	3	0	0	0	0	0	0	122	3	2	8

**** Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS Medical Case Management Staff will provide the following service delivery elements to PLWHA receiving Medical Case Management Services at Riverside Neighborhood Center, Perris Family Care Center, Indio Family Care Center, and Blythe Family Health Clinic.</p> <ul style="list-style-type: none"> • Initial and ongoing assessment of the client's service needs • Development of a comprehensive care plan in collaboration with the client • Coordination of services required to implement the plan • Client monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan as necessary • Client-specific advocacy and/or review of utilization of services • Coordination and follow-up of medical treatments • 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 • Includes all types of case management including face-to-face, phone contact and any other forms of communication. • Services are provided based on established Cultural and Linguistic Competency Standards. • Integrate and utilize ARIES to incorporate core data elements. 	1, 2, & 3	March 1, 2012 – February 28, 2013	<ul style="list-style-type: none"> • Medical Case Management Needs Assessment Tool • Comprehensive Care Plan • Case Conferencing • Documentation • Referral Logs • Progress Notes • Cultural Competency Plan • ARIES Reports

Implementation Activities:

1. The HIV Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities.
2. Medical Case Managers will provide Medical Case Management Services to clients that meet the following criteria:
 - Need one or more of the following services: home health, home and community-based services, mental health, substance abuse, housing assistance, and/or
 - Clients that exhibit the following: CDC <500 and any viral load, including "undetectable," CD4 <350 and any reportable viral load or viral load >100,000 and any CD4 Count.
3. Medical Case Managers will conduct an initial needs assessment to identify which HIV clients meet the criteria to receive medical case management services. Re-assessments will be conducted at a minimum of every four months by the MCM staff to determine service needs.
4. The MCM staff will develop a comprehensive care plan in collaboration with client, primary care physician/provider and other health care/support staff to maximize client's care and facilitate cost-effective outcomes. The plan will include the following elements: problem/presenting issue(s), service need, goals, action plan, responsibility and timeframes.
5. The MCM staff will discuss and document treatment adherence issues the HIV client is experiencing and work with treatment team staff to provide additional education and counseling for client.
6. The MCM staff will work with the HIV client to become more self-managers in their care.
7. MCM staff will share the care plan with the treatment team during case conferencing.
8. The MCM staff will maintain ongoing coordination with internal programs and external agencies to which clients are referred for medical and support services.
9. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.
10. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.

11. 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 CARE Act Part A
Provider: County of Riverside - DOPH, HIV/AIDS Program
Service Category: Outpatient/Ambulatory Health Services
Riverside/San Bernardino, California TGA
March 01, 2012- February 28, 2013

Budget Category	Budget Amount
Personnel	
Program Chief II: (V. Jauregui Burns)(109,907 x .20 FTE) Provides program management oversight for the Ryan White Program Part A contract and budget.	\$5,000
Physician IV: (D. Pierce, M. Peterson, A. Dew, R. Zane, S. Yoshino, D. Persichino)(\$165,000 x .95 FTE) Provides medical support, medical care, psychiatry and treatment adherence/management for four health care centers.	\$156,750
Health Care Social Services Supervisor: (D. Huntsman)(\$84,000 x .85 FTE) Provides direct supervision to clinical staff, and social services for HIV clients at four health care centers.	\$71,400
Health Services Assistant: (G. Ramirez)(\$38,000 x .95 FTE) Provides patient work up, front office support and assists nursing staff at four health care centers.	\$36,100
Registered Nurse IV: (D. Hexum)(\$75,000 x .95 FTE) Provides supervision of nursing staff. Provides nursing support and case management at four health care centers.	\$71,250
Licensed Vocational Nurse II (2): (K. Huggins, A. Swoboda)(\$46,000 x 1 FTE (.95 FTE for Huggins, .05 FTE for Swoboda)) Provides nursing support for three health care centers.	\$46,000
Office Assistant III: (B. Nolan)(28,800 x .7 FTE) Provide front office support at four health care centers. Performs ARIES data entry.	\$19,600
Fringe Benefits	
43% of Total Personnel Costs	\$174,623
TOTAL PERSONNEL	\$580,723
Other	
Travel: Travel (including mileage, training/workshop registration, lodging, meals, etc.) to required meetings/trainings and to provide HIV health services at four health care centers (Mileage calculated at .555/mile).	\$14,000
Office Supplies: Office supplies/equipment to support daily activities at four health care centers. This includes paper, pens, ink, etc.	\$2,500
Medical Supplies: Medical supplies/equipment to support daily activities at four health care centers. This includes syringes, blood tubes, plastic gloves, etc.	\$9,000
Epi and EAM	\$15,000
Printing/Reproduction: Printing of clinic documents, client intake forms, and records.	\$90
Postage: Postage to mail reminder letters & resource information to clients receiving Outpatient/Ambulatory Health svcs.	\$90
Laboratory: Laboratory services to support medical care of HIV clients at three health care centers.	\$122,450
TOTAL OTHER	\$163,130
SUBTOTAL (Personnel and Other)	\$743,853
Administration (limited to 10% of Total Service Budget = Personnel and Other)	\$74,381
TOTAL BUDGET (Subtotal and Administration)	\$818,234

Ryan White CARE Act Part A
Provider: County of Riverside - DOPH, HIV/AIDS Program
Service Category: Oral Health Services
Riverside/San Bernardino, California TGA
March 01, 2012- February 28, 2013

Budget Category	Budget Amount
Personnel	
Program Chief II: (V. Jauregui Burns)(109,907 x .05 FTE) Provides program management oversight for the Ryan White Program Part A and MAI contracts and budgets.	In Kind
Dentist: (Huynh, Loan T)(\$56/hr x 30 min apt x 84 Clients) Provides oral health care to HIV clients at the Rubidoux Family Care Center..	\$2,500
Dental Assistant: (Vacant)(\$13.50/hr x 30 min apt x 84 Clients) Provides dental assistant services to HIV clients at the Rubidoux Family Care Center.	\$600
Dental Assistant: (Vacant)(\$13.50/hr x 30 min apt x 84 Clients) Provides dental assistant services to HIV clients at the Rubidoux Family Care Center.	\$600
Office Assistant III: (B. Nolan) (\$27,500 x .30) Appointment setting, provides front office support for dental services at the Rubidoux Family Care Center and performs Aries data entry.	\$8,600
Fringe Benefits	
43% of Total Personnel Costs	\$5,289
TOTAL PERSONNEL	\$17,589
Other	
Travel: Travel (including mileage, training/workshop registration, lodging, meals, etc.) to oral health meetings/education seminars as related to Ryan White services. (Mileage calculated at .555/mile).	\$300
Office Supplies: Office supplies and equipment to support daily oral health activities.	\$2,500
Medical Supplies: Dental supplies to provide oral health care for HIV clients.	\$25,066
TOTAL OTHER	\$27,866
SUBTOTAL (Personnel and Other)	\$45,455
Administration (limited to 10% of Total Service Budget = Personnel and Other)	\$4,545
TOTAL BUDGET (Subtotal and Administration)	\$50,000

Ryan White CARE Act Part A
Provider: County of Riverside - DOPH, HIV/AIDS Program
Service Category: AIDS Pharmaceutical Assistance (Local)
Riverside/San Bernardino, California TGA
March 01, 2012- February 28, 2013

Budget Category	Budget Amount
Personnel	
Program Chief II: (V. Jauregui Burns)(109,907 x .05 FTE) Provides program management oversight for the Ryan White Program Part A and MAI contracts and budgets.	In Kind
Pharmacist: (Vacant)(\$97,358 x .15 FTE) Provides pharmacy services/treatment adherence for HIV clients at four health care centers.	In Kind
Pharmacy Technician: (Vacant)(\$29,494 x .20 FTE) Provides direct pharmacy services for four health care centers.	In Kind
Fringe Benefits	
43% of Total Personnel Costs	\$0
TOTAL PERSONNEL	\$0
Other	
Medical Supplies: Provide pharmaceuticals to HIV clients receiving medical care at four health care centers.	\$9,441
TOTAL OTHER	\$9,441
SUBTOTAL (Personnel and Other)	\$9,441
Administration (limited to 10% of Total Service Budget = Personnel and Other)	\$944
TOTAL BUDGET (Subtotal and Administration)	\$10,385

Ryan White CARE Act Part A
Provider: County of Riverside - DOPH, HIV/AIDS Program
Service Category: Mental Health
Riverside/San Bernardino, California TGA
March 01, 2012- February 28, 2013

Budget Category	Budget Amount
Personnel	
Health Care Social Services Supervisor: (D. Huntsman)(\$84,000 x .15 FTE) Provides direct supervision to clinical staff, and social services for HIV clients at four health care centers.	\$13,000
Licensed Clinical Therapist II: (V. Kao)(\$68,000 x .50 FTE) Provides individual and group psychotherapy, implementing an individual treatment plan, assessment and crisis intervention at three health care centers.	\$34,500
Fringe/Benefits	
43% of Total Personnel Costs	\$20,425
TOTAL PERSONNEL	\$67,925
Other	
Travel: Travel (including mileage, training/workshop registration, lodging, meals, etc.) to required meetings/trainings and to provide MH services to HIV clients at three health care centers. (Mileage calculated at .555/mile).	\$1,000
Supplies: Office supplies/equipment to support daily MH activities at three health care centers.	\$654
TOTAL OTHER	\$1,654
SUBTOTAL (Personnel and Other)	\$69,579
Administration (limited to 10% of Total Service Budget = Personnel and Other)	\$6,958
TOTAL BUDGET (Subtotal and Administration)	\$76,537

ATTACHMENT G1

Ryan White CARE Act Part A
 Provider: County of Riverside - DOPH, HIV/AIDS Program
 Service Category: Medical Case Management (MCM)
 Riverside/San Bernardino, California TGA
 March 01, 2012- February 28, 2013

Budget Category	Budget Amount
Personnel	
Health Care Social Worker: (D. DeBayona)(\$50,000 x 1 FTE) Provides medical case management at three health care centers.	\$50,000
LVN II: (A. Swoboda)(\$32,000 x .9 FTE) Primary nurse providing direct nursing services and Medical Case Management to HIV clients.	\$27,400
 fringe Benefits	
42% of Total Personnel Costs	\$32,508
TOTAL PERSONNEL	\$109,908
Other	
Travel: Travel (including mileage, training/workshop registration, lodging, meals, etc.) to required meetings/trainings and to provide MCM services to HIV clients at four health care centers. (Mileage calculated at .555/mile).	\$800
TOTAL OTHER	\$800
SUBTOTAL (Personnel and Other)	\$110,708
Administration (limited to 10% of Total Service Budget = Personnel and Other)	\$7,656
TOTAL BUDGET (Subtotal and Administration)	\$118,364



FOR COUNTY USE ONLY

County of San Bernardino

F A S

STANDARD CONTRACT

<input type="checkbox"/> New	Vendor Code	SC	Dept.	A	Contract Number	11-108 A-2		
<input checked="" type="checkbox"/> Change	COUNTYO930		PHL					
<input type="checkbox"/> Cancel								
County Department			Dept.	Orgn.	Contractor's License No.			
Department of Public Health			PHL	PHL				
County Department Contract Representative			Telephone		Total Contract Amount			
Lisa Ordaz			(909) 388-0222		\$ 133,688			
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:								
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount			
95200		03/01/2011	02/28/2013	\$57,551	\$ 66,844			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount		
AAA	PHL	3765	200	2445		\$ 66,844		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount		
						\$		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount		
						\$		
Project Name			Estimated Payment Total by Fiscal Year					
Ryan White Program			FY	Amount	I/D	FY	Amount	I/D
Minority Aids Initiative			11/12	\$22,281				
(MAI)			12/13	\$44,563				

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

Name

County of Riverside, Department of Public Health

hereinafter called

Contractor

Address

P.O. Box 7600

Riverside, CA 92503

Phone

(951) 358-5307

Birth Date

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 11-108 between the County and Contractor as follows:

Auditor/Controller-Recorder Use Only

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

3.4 MAY 08 2012

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

- A. The total amount of this Contract is \$133,688, 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 reduced. The County will notify the Contractor in writing of its determination. The consideration to be paid to the Contractor as provided herein shall be in full payment for all of the Contractor's services and expenses incurred in the performance hereof, including travel and per diem. The maximum is a total dollar amount; it includes the original contract amount and all subsequent amendments, and is broken down as follows:

Original Contract	\$ 57,551	March 1, 2011 through February 29, 2012
Amendment No. 1	\$ 9,293 increase	March 1, 2011 through February 29, 2012
Amendment No. 2	\$ 66,844	March 1, 2012 through February 28, 2013

SECTION VIII. TERM is amended to read as follows:

This Contract is effective as of March 1, 2011 and is extended from its original expiration date of February 29, 2012, to a new amended expiration date of February 28, 2013, 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 renewed at the end of the Program Year for one (1) additional year. The renewal will commence at the dollar value of the most recently approved contract amount. This provision may be exercised by DPH upon written notification to the Contractor and approval from the County Board of Supervisors.

ATTACHMENT A – SCOPE OF WORK: Add Attachment A1.

ATTACHMENT G – BUDGET: Add Attachment G1.

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

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS DATE 4/21/12

ATTEST:

Kecia Harper-Ihem
Kecia Harper-Ihem
Clerk of the Board
Riverside County

COUNTY OF SAN BERNARDINO

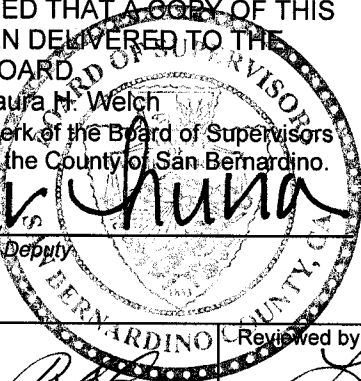
Josie Gonzales
Josie Gonzales, Chair, Board of Supervisors

Dated FEB 28 2012

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

Laura M. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino.

By Janni for Anna
Deputy



County of Riverside

(Print or type name of corporation, company, contractor, etc.)

By John Tavaglione
(Authorized signature - sign in blue ink)

Name John Tavaglione
(Print or type name of person signing contract)

Title Chairman, Board of Supervisors
(Print or Type)

Dated 5-8-12

Address P.O. Box 7600
Riverside, CA 92503

Approved as to Legal Form
Kristina Robb
Kristina Robb, Deputy County Counsel
Date 2/13/12

Reviewed by Contract Compliance
Lory Klopfer
Lory Klopfer, HS Contracts Unit
Date 2/9/12

Presented to BOS for Signature
Trudy Raymond
Trudy Raymond, Assistant Director
Date 2/13/12

SCOPE OF WORK

ATTACHMENT A1

RYAN WHITE PROGRAM PART A: MAR 1, 2012 - FEB 28, 2013															
CONTRACT NUMBER: Leave Blank															
CONTRACTOR: County of Riverside Department of Public Health, HIV/AIDS Program															
SERVICE CATEGORY: MAI EARLY INTERVENTION SERVICES															
SERVICE GOAL: To ensure the unaware, newly diagnosed and unmet need populations, and persons living with HIV/AIDS from members of communities of color 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): Improved or maintained CD4 cell count for consumers; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; and Improved or maintained viral load; and entry and maintenance in HIV Medical Care system.															
Planned Services to Clients by service area of residence:	1	2	3	4	5	6	Total			Newly Diagnosed	HIV Unaware	Aware/ Not in Care			
	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	Current	New	Current	New	Current	New	Diagnosed	Unaware	Aware/ Not in Care
Total # Undup Clients to be Served	0	55	0	35	10	0	0	0	0	0	0	0	100	5	25
Cauc./White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
African Amer.	0	11	0	7	2	0	0	0	0	0	0	0	20	1	5
Latino/a	0	22	0	14	4	0	0	0	0	0	0	0	40	2	10
Women	0	14	0	9	3	0	0	0	0	0	0	0	26	1	6
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	0	6	0	4	1	0	0	0	0	0	0	0	11	1	3
Planned Client Utilization by service area of residence :	1	2	3	4	5	6	Total			Newly Diagnosed	HIV Unaware	Aware/ Not in Care			
Total # of Service UNITS to be delivered	0	440	0	280	80	0	0	0	0	0	0	0	800	40	200
Cauc./White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
African Amer.	0	88	0	56	16	0	0	0	0	0	0	0	160	8	40
Latino/a	0	176	0	112	32	0	0	0	0	0	0	0	320	16	80
Women	0	110	0	70	20	0	0	0	0	0	0	0	200	10	50
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	0	44	0	28	8	0	0	0	0	0	0	0	80	4	20

SCOPE OF WORK

ATTACHMENT A1

Planned Client Visits by service area of residence :	1 Riv W		2 Riv C		3 Riv E		4 SB WW		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
	0	220	0	140	0	40	0	0	0	0	0	0				
Client Visits to be delivered	0	220	0	140	0	40	0	0	0	0	0	0	400	40	20	100
Cauc./White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
African Amer.	0	44	0	28	0	8	0	0	0	0	0	0	80	8	4	20
Latino/a	0	88	0	56	0	16	0	0	0	0	0	0	160	16	8	40
Women	0	55	0	35	0	10	0	0	0	0	0	0	100	10	5	25
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	0	22	0	14	0	4	0	0	0	0	0	0	40	4	2	10

**** Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS MAI Early Intervention Services Staff will provide the following service delivery elements to PLWHA receiving MAI EIS at Riverside Neighborhood Center, Perris Family Care Center, and at the Indio Family Care Center.</p> <ul style="list-style-type: none"> • Outreach activities to bring unaware and unmet need communities of color to HIV services • Linking unaware communities to HIV Counseling & Testing Services • Referrals to systems of care (RW & non-RW) • Linking unmet need communities of color to treatment and care • Services are provided based on established Cultural and Linguistic Competency Standards. • Integrate and utilize ARIES to incorporate core data elements. <p>Implementation Activities:</p> <ol style="list-style-type: none"> 1. The HIV Clinic Manager and Senior CDS are responsible for ensuring MAI EIS are delivered according to the IEHPC Standards of Care and Scope of Work activities. 	1, 2, & 3	March 1, 2012 – February 28, 2013	<ul style="list-style-type: none"> • Outreach schedules and logs • Outreach Encounter Log • Tracking Log • Case Conferencing Documentation • Referral Logs • Progress Notes • Cultural Competency Plan • ARIES Reports

<p>PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES</p>	<p>SERVICE AREA</p>	<p>TIMELINE</p>	<p>PROCESS OUTCOME</p>
<p>2. MAI EIS staff will work with community agencies, faith-based agencies and local churches and other non-traditional venues to provide outreach activities targeted to communities of color with an emphasis on African American and Latino communities to bring unaware population from communities of color into HIV Testing and Counseling Services at DOPH-HIV/AIDS.</p> <p>3. MAI EIS staff will work with HIV Testing & Counseling Services to bring newly diagnosed individuals from communities of color into HIV treatment and care at DOPH-HIV/AIDS.</p> <p>4. MAI EIS staff will work with treatment team staff to identify PLWH/A that have fallen out-of-care and unmet need population to provide the necessary support to bring back into care and maintain into treatment and care.</p> <p>5. Senior CDS will coordinate with local HIV prevention /outreach programs to identify target outreach locations and identify individuals not in care and avoid duplication of outreach activities.</p> <p>6. MAI EIS staff will maintain documentation on all outreach encounters/activities including demographics, client contacts, referrals, and follow-up in a separate record/chart for each client.</p> <p>7. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.</p> <p>8. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>9. Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>			

Ryan White CARE Act MAI
Provider: County of Riverside – DOPH, HIV/AIDS Program
Service Category: Early Intervention Services (EIS) – MAI
Riverside/San Bernardino, California TGA
March 01, 2012 – February 28, 2013

Budget Category	Budget Amount
Personnel	
Program Director: (C. Lieber) (\$83,000 x .175 FTE) Provides program management oversight for the Ryan White MAI contract and budget.	\$14,500
Sr. Communicable Disease Specialist: (Sabreen White) (\$50,000 x .50 FTE) Provides MAI Outreach Services to the unaware and unmet need population and link HIV + clients into care at service areas 1,2, and 3.	\$25,000
Fringe Benefits	
43% of Total Personnel Costs	\$16,985
TOTAL PERSONNEL	\$56,485
Other	
Travel: Travel (including mileage, training/workshop registration, lodging, meals, etc.) to required meetings/trainings associated with MAI outreach services and performing outreach activities in service areas 1,2, and 3 to unaware and unmet population of color. (Mileage calculated at .555/mile).	\$2,700
Supplies: Office supplies and equipment to support daily outreach activities in service areas 1, 2, and 3.	\$1,000
TOTAL OTHER	\$3,700
SUBTOTAL (Personnel and Other)	\$60,185
Administration (limited to 10% of Total Service Budget = Personnel and Other)	\$6,659
TOTAL BUDGET (Subtotal and Administration)	\$66,844