

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

529



**FROM:** Department of Public Health

**SUBMITTAL DATE:**  
May 5, 2014

**SUBJECT:** Ratify the Amendments between County of San Bernardino Department of Public Health and the County of Riverside Department of Public Health for the reduction of funding to the Ryan White Program Part A Medical Care and Support (contract #11-103 A5) and for Minority Aids Initiative (contract #11-108 A5). Districts – All. [(\$221,520) 100% funded by County of San Bernardino]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify the Fifth Amendment to the Agreement #11-103 between County of San Bernardino Department of Public Health and County of Riverside Department of Public Health for Ryan White Program Part A Medical Care and Support to reduce funding by \$211,182;
2. Ratify the Fifth Amendment to the Agreement #11-108 between County of San Bernardino Department of Public Health and County of Riverside Department of Public Health for Ryan White Program Minority Aids Initiative (MAI) to reduce funding by \$10,338;

**RECOMMENDED MOTION:** (continued page 2)

*Susan D. Harrington*  
Susan D. Harrington, Director  
Department of Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
<b>COST</b>	\$ (221,520)	\$ 0	\$ (221,520)	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b> 100% funded by County of San Bernardino Department of Public Health				<b>Budget Adjustment:</b> Yes	
				<b>For Fiscal Year:</b> 13/14	

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Jennifer L. Sargent*  
Jennifer L. Sargent

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Tavaglione, Stone and Benoit  
Nays: None  
Absent: Ashley  
Date: May 20, 2014  
xc: Public Health, Auditor

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

Prev. Agn. Ref.: 6/4/13 Item 3.42 | District: All | Agenda Number:

**3-31**

FISCAL PROCEDURES APPROVED  
PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
BY: *Susana Garcia-Bocanegra* 5/7/14  
Susana Garcia-Bocanegra

FORM APPROVED COUNTY COM. EL.  
DATE  
BY: *Neal R. Kipnis*  
NEAL R. KIPNIS

A-30  Positions Added  
4/5 Vote  Change Order

**SUBJECT:** Ratify the Amendments between County of San Bernardino Department of Public Health and the County of Riverside Department of Public Health for the reduction of funding to the Ryan White Program Part A Medical Care and Support (contract #11-103 A5) and for Minority Aids Initiative (contract #11-108 A5). Districts – All. [(\$221,520) 100% funded by County of San Bernardino]

**DATE:** May 5, 2014

**PAGE:** Page 2 of 2

**RECOMMENDED MOTION:** (continued)

3. Approve and Direct the Auditor-Controller to adjust the budget as specified on Schedule A attached;
4. Direct the Chairman of the Board to sign four (4) originals of each Amendment on behalf of the County of Riverside.

**BACKGROUND:**

**Summary**

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).

These Amendments reduce the overall awards. The funding decrease is a result of a decrease in the Federal award to San Bernardino County as the grant administrator, and will not affect the current level of service provision. The Riverside County Department of Public Health received this contract from the County of San Bernardino, Department of Public Health on March 11, 2014. This Form 11 and attachments were subsequently submitted through the County's approval process as soon as possible after receipt.

**Impact on Citizens and Businesses**

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.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

<u>Agreement #</u>	<u>Original Amount - A4</u>	<u>Reduced Amount</u>	<u>Total Contract Amount</u>
#11-103 A5	\$3,028,086	(\$211,182)	\$2,816,904
#11-108 A5	\$207,684	(\$10,338)	\$197,346

**SCHEDULE A**  
**Department of Public Health**  
**Budget Adjustment**  
**Fiscal Year 2013/2014**

**DECREASE IN APPROPRIATIONS:**

10000-4200100000-510040	Regular Salaries	\$ 123,222
10000-4200100000-518100	Budgeted Benefits	\$ 51,750
10000-4200100000-524500	Administrative Support Direct	\$ 18,188
10000-4200100000-525100	Medical Lab Services	\$ 27,920
10000-4200100000-529040	Private Mileage Reimbursement	\$ <u>450</u>
	<b>TOTAL DECREASE IN APPROPRIATION</b>	<b>\$ <u>221,520</u></b>

**DECREASE IN ESTIMATED REVENUE:**

10000-4200100000-762040	Federal Health Grants	\$ <u>221,520</u>
	<b>TOTAL DECREASE IN REVENUE</b>	<b>\$ <u>221,520</u></b>



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

<input type="checkbox"/> New	FAS Vendor Code	SC	Dept. PHL	A	Contract Number
<input checked="" type="checkbox"/> Change	COUNTY0930D				11-103 A-5
<input type="checkbox"/> Cancel					
ePro Vendor Number N/A				ePro Contract Number N/A	
County Department Department of Public Health			Dept. PHL	Orgn. PHL	Contractor's License No.
County Department Contract Representative Lisa Ordaz			Telephone (909)388 -0222		Total Contract Amount \$2,816,904
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 95200		Contract Start Date 03/01/2011	Contract End Date 02/28/2014	Original Amount \$1,047,160	Amendment Amount (\$211,182)
Fund AAA	Dept. PHL	Organization 3715	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No Amount (\$211,182)
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 Ryan White Program Part A Medical Care and Support			Estimated Payment Total by Fiscal Year		
			FY 13/14	Amount \$211,182	I/D D

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

Telephone

(951) 358-5307

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 5

It is hereby agreed to amend Contract No. 11-103 as follows:

**SECTION V. FISCAL PROVISIONS**

Paragraph A is amended to read as follows:

- A. The total amount of this Contract is \$2,816,904 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/Treasurer Tax Collector Use Only

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

MAY 20 2014 3-31

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, 2012 through February 28, 2013
Amendment No. 2	\$1,073,520	March 1, 2012 through February 28, 2013
Amendment No. 3	\$ 48,445 decrease	March 1, 2013 through February 28, 2014
Amendment No. 4	\$ 955,491	March 1, 2013 through February 28, 2014
Amendment No. 5	\$ 211,182 decrease	March 1, 2013 through February 28, 2014

**ATTACHMENT A1 – SCOPE OF WORK:** Replace with Attachment A1 dated January 2014.

**ATTACHMENT G– BUDGET:** Replace with Attachment G1 dated January 2014.

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

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIPNIS DATE 5/17/14

ATTEST:  
KECIA HARPER-HEM, Clerk  
By: [Signature]  
DEPUTY

COUNTY OF SAN BERNARDINO

► Janice Rutherford  
Janice Rutherford, Chair, Board of Supervisors  
Dated: JAN 28 2014

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

By [Signature]  
Laura H. Welch  
Clerk of the Board of Supervisors  
of the County of San Bernardino  
SAN BERNARDINO COUNTY  
Deputy

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

By ► Jeff Stone  
(Authorized signature - sign in blue ink)  
Name Jeff Stone  
~~John J. Benoit~~  
(Print or type name of person signing contract)

Title Chairman, Board of Supervisors  
(Print or Type)

Dated: May 20, 2014

Address P.O. Box 7600  
Riverside, CA 92503

Approved as to Legal Form  
[Signature]  
Kristina M. Robb, Deputy County Counsel  
Date 1/13/14

Reviewed by Contract Compliance  
► [Signature]  
Regina Dalton, HS Contracts Unit  
Date 1-15-14

Presented to BOS for Signature  
► [Signature]  
Trudy Raymundo, Director  
Date 01-13-14

**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A1**

RYAN WHITE PROGRAM PART A: MAR 1, 2013 - FEB 28, 2014																	
11-103																	
County of Riverside Department of Public Health, HIV/AIDS Program																	
<b>OUTPATIENT/AMBULATORY HEALTH SERVICES</b>																	
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).																	
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	SB WW	SB EV	SB D	SB D	SB D	SB D	SB D	SB D	SB D					
Current	New	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New	Total	HIV Unaware	Aware/ Not in Care	
Total # Undup Clients to be Served	64	21	41	12	12	5	0	0	0	0	0	0	0	155	2	1	19
Cauc./White	19	6	12	4	4	2	0	0	0	0	0	0	0	47	0	0	6
African Amer.	13	4	8	2	2	1	0	0	0	0	0	0	0	30	1	1	4
Latino/a	26	8	16	5	5	2	0	0	0	0	0	0	0	62	1	0	8
Women	16	5	10	3	3	1	0	0	0	0	0	0	0	38	1	0	5
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	6	2	4	1	1	1	0	0	0	0	0	0	0	15	0	0	2
Planned Client Utilization by service area of residence:																	
1		2		3		4		5		6		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
Riv W	Riv C	Riv E	SB WW	SB EV	SB D	SB D	SB D	SB D	SB D	SB D	SB D	SB D	SB D				
Current	New	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New	Total	HIV Unaware	Aware/ Not in Care	
Total # of Service UNITS to be delivered	639	213	407	136	116	39	0	0	0	0	0	0	0	1550	39	19	388
Cauc./White	192	64	122	41	35	12	0	0	0	0	0	0	0	466	12	6	116
African Amer.	128	43	81	27	23	8	0	0	0	0	0	0	0	310	8	4	78
Latino/a	256	85	163	54	46	16	0	0	0	0	0	0	0	620	16	8	155
Women	160	53	102	34	29	10	0	0	0	0	0	0	0	388	10	5	97
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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 EV		SB D					
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	64	21	41	14	12	4	0	0	0	0	0	0	156	4	2	39
<b>Total # of Client Visits to be delivered</b>	<b>224</b>	<b>74</b>	<b>142</b>	<b>47</b>	<b>41</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>542</b>	<b>54</b>	<b>27</b>	<b>135</b>
Cauc./White	67	22	43	14	12	4	0	0	0	0	0	0	162	16	8	41
African Amer.	45	15	28	9	8	3	0	0	0	0	0	0	108	11	5	27
Latino/a	90	30	57	19	16	5	0	0	0	0	0	0	217	22	11	54
Women	56	19	36	12	10	3	0	0	0	0	0	0	136	14	7	34
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	22	7	14	5	4	1	0	0	0	0	0	0	53	5	3	14

**\*\* 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 <b>service delivery elements</b> 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"> <li>• Development of Treatment Plan</li> <li>• Diagnostic Testing</li> <li>• Early Intervention and Risk Assessment</li> <li>• Preventive Care and Screening</li> <li>• Practitioner Examination</li> <li>• Medical History Taking</li> <li>• Diagnosis and Treatment of Common Physical and Mental Conditions</li> <li>• Prescribing and Managing Medication Therapy</li> <li>• Education and Counseling on Health Issues</li> <li>• Continuing Care and Management of Chronic Conditions</li> <li>• Referral to and Provision of Specialty Care</li> <li>• Treatment Adherence Counseling/Education</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements</li> </ul>	1, 2, & 3	March 1, 2013 – February 28, 2014	<ul style="list-style-type: none"> <li>• Client Health Assessment</li> <li>• Lab Results</li> <li>• Treatment Plan</li> <li>• Psychosocial Assessments</li> <li>• Treatment Adherence Documentation</li> <li>• Case Conferencing</li> <li>• Documentation</li> <li>• Progress Notes</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>



**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
  - a) Collection of blood samples for CD4 Viral load, Hepatitis and other testing
  - b) Perform TB skin test and chest x-ray
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).*

**RYAN WHITE PROGRAM PART A: MAR 1, 2013 - FEB 28, 2014**

CONTRACT NUMBER:		11-103											
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 of residence:	1	2	3	4	5	6	Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care			
	Riv W Current	Riv C Current	Riv E Current	SB WV Current	SB EV Current	SB D Current							
Total # Undup Clients to be Served	50	7	32	4	8	1	0	0	0	102	1	1	26
Cauc./White	15	2	9	1	2	0	0	0	0	29	0	0	8
African Amer.	10	1	6	1	2	0	0	0	0	20	1	1	5
Latino/a	20	3	13	2	3	0	0	0	0	41	0	0	10
Women	12	2	8	1	2	0	0	0	0	25	0	0	6
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	5	1	3	0	1	0	0	0	0	10	0	0	3
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 Current	Riv C Current	Riv E Current	SB WV Current	SB EV Current	SB D Current							
Total # of Service UNITS to be delivered	297	40	189	25	54	7	0	0	0	612	7	4	153
Cauc./White	89	12	57	8	16	2	0	0	0	184	2	1	46
African Amer.	59	8	38	5	11	1	0	0	0	122	1	1	31
Latino/a	119	16	76	10	22	3	0	0	0	246	3	1	61
Women	74	10	47	6	14	2	0	0	0	153	2	1	38
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	30	4	19	3	5	1	0	0	0	62	1	0	15

Planned Client Visits by service area of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WV		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				
	99	14	63	8	18	2	0	0	0	0	0	0				
Total # of Client Visits to be delivered	30	4	19	3	5	1	0	0	0	0	0	0	62	1	0	15
Cauc./White	20	3	13	2	4	0	0	0	0	0	0	0	42	0	1	10
African Amer.	40	6	25	3	7	1	0	0	0	0	0	0	82	1	0	20
Latino/a	25	4	16	2	5	1	0	0	0	0	0	0	53	1	0	13
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	10	1	6	1	2	0	0	0	0	0	0	0	20	0	0	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 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"> <li>• Comprehensive Oral Exam</li> <li>• Development of Treatment Plan in Collaboration with Client</li> <li>• Treatment Visit(s)</li> <li>• Development of Oral Hygiene Plan in Collaboration with Client</li> <li>• Ongoing Treatment Visits</li> <li>• Ongoing Preventive Visits</li> <li>• Follow-up prophylactic visit within 6 months of initial visit</li> <li>• Emergency Care Visit (if necessary)</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements</li> </ul> <p><b>Implementation Activities:</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol>	1	March 1, 2013 – February 28, 2014	<ul style="list-style-type: none"> <li>• Complete oral examination documented within 60 days of initial visit</li> <li>• Treatment plan in chart based on their oral examination and documentation that the plan was discussed with the client</li> <li>• Documentation of prophylactic visit within 6 months of initial visit</li> <li>• Document that clients received necessary follow up appointments</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>

2. Upon first referral or contact by client, staff 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. They will ensure that clients receive quality care that is respectful, compatible with their cultural beliefs, and religious preference.
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."

**RYAN WHITE PROGRAM PART A: MAR 1, 2013 - FEB 28, 2014**

CONTRACT NUMBER:	11-103										
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		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	RIV W	RIV C	RIV C	RIV C	RIV E	RIV E	SB WW	SB WW	SB EV	SB EV	SB D	SB D				
Total # Undup Clients to be Served	2	4	1	2	1	1	0	0	0	0	0	0	11	1	1	3
Cauc./White	0	1	0	1	0	0	0	0	0	0	0	0	2	1	0	1
African Amer.	1	1	0	0	1	1	0	0	0	0	0	0	4	0	1	1
Latino/a	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Women	1	1	0	1	0	0	0	0	0	0	0	0	3	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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 C	RIV C	RIV E	RIV E	SB WW	SB WW	SB EV	SB EV	SB D	SB D				
Total # of Service UNITS to be delivered	7	12	4	7	1	2	0	0	0	0	0	0	33	3	1	8
Cauc./White	2	3	1	2	0	1	0	0	0	0	0	0	9	1	0	2
African Amer.	1	2	1	1	1	0	0	0	0	0	0	0	6	1	1	2
Latino/a	3	5	2	3	0	1	0	0	0	0	0	0	14	1	0	3
Women	2	3	1	2	0	1	0	0	0	0	0	0	9	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	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	1

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				
	2	4	1	2	1	1	0	0	0	0	0	0				
Total # of Client Visits to be delivered	0	1	0	1	0	0	0	0	0	0	0	0	2	1	0	1
Cauc./White	1	1	0	0	1	0	0	0	0	0	0	0	4	0	1	1
African American	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Latino/a	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	1
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**Please Note: As per info. provided at RW Provider Network Mtg. on May 7, 2013; One UOS is per 30 day supply for each med, client may have more than one med.**

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 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"> <li>• Antiretroviral medication (HIV/AIDS)</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements</li> </ul> <p><b>Implementation Activities:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>	1, 2, & 3	March 1, 2013 – February 28, 2014	<ul style="list-style-type: none"> <li>• Medication Logs</li> <li>• Documentation in Client's Chart - Progress Notes</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>

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 client chart indicating in the progress note that the medications of the client were paid for by Ryan White.
6. The RN documents the medication name, cost, and 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. They will ensure that clients receive quality care that is respectful, compatible with their cultural beliefs, and religious preference.
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."



CONTRACT NUMBER:		11-103															
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	Total		Newly Diagnosed		HIV Unaware		Aware/Not in Care				
	Riv W	Riv C	Riv E	SB WV	SB EV	SB D	Current	New	Current	New	Current	New	Current	New	Current		
Total # Undup Clients to be Served	20	8	13	6	4	2	0	0	0	0	0	0	0	53	2	1	13
Cauc./White	6	2	4	2	1	0	0	0	0	0	0	0	0	15	0	0	4
African Amer.	4	2	3	1	1	0	0	0	0	0	0	0	0	11	1	1	3
Latino/a	8	3	5	2	1	1	0	0	0	0	0	0	0	20	1	0	5
Women	5	2	3	1	1	0	0	0	0	0	0	0	0	12	0	0	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	2	1	1	1	0	0	0	0	0	0	0	0	0	5	0	0	1
Planned Client UOS by SA of residence:	1	2	3	4	5	6	Total		Newly Diagnosed		HIV Unaware		Aware/Not in Care				
Total # of UOS to be delivered	204	88	130	56	6	16	0	0	0	0	0	0	0	500	16	8	133
Cauc./White	61	27	39	17	2	5	0	0	0	0	0	0	0	151	5	2	40
African Amer.	41	18	26	11	1	3	0	0	0	0	0	0	0	100	3	2	27
Latino/a	81	35	52	22	2	6	0	0	0	0	0	0	0	198	6	3	53
Women	51	22	32	14	2	4	0	0	0	0	0	0	0	125	4	2	33
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	20	9	13	6	1	2	0	0	0	0	0	0	0	51	2	1	13
Planned Client Visits	1	2	3	4	5	6	Total		Newly Diagnosed		HIV Unaware		Aware/Not in Care				
Total # of Client Visits	20	9	13	6	1	2	0	0	0	0	0	0	0	51	2	1	13

by service area of residence :	Current		New		Current		New		Current		New		Care			
	71	31	45	20	13	5	0	0	0	0	0	0		185	6	3
Total # of Client Visits to be delivered	71	31	45	20	13	5	0	0	0	0	0	0	185	6	3	46
Cauc./White	21	9	14	6	4	2	0	0	0	0	0	0	56	2	1	14
African Amer.	14	6	9	4	3	1	0	0	0	0	0	0	37	1	1	9
Latino/a	28	12	18	8	5	2	0	0	0	0	0	0	73	2	1	19
Women	18	8	11	5	3	1	0	0	0	0	0	0	46	1	1	12
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	7	3	5	2	1	1	0	0	0	0	0	0	19	1	0	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 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"> <li>• Initial Individual Mental Health Assessment</li> <li>• Development of Care/Treatment Plan</li> <li>• Individual Counseling Session</li> <li>• Group Counseling Session</li> <li>• Case Conferencing Session</li> <li>• Psychiatric Assessment/Evaluation Session</li> <li>• Psychiatric Medications Management Session</li> <li>• Referral to other Mental Health Professionals</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements</li> </ul> <p><b>Implementation Activities:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Clinically-driven Mental Health Services will be staffed by a full-time Clinical Therapist</li> </ol>	1, 2, & 3	March 1, 2013 – February 28, 2014	<ul style="list-style-type: none"> <li>• Psychosocial Assessment Form with DSM IV Diagnosis</li> <li>• Goals &amp; Treatment Plan</li> <li>• Progress Notes</li> <li>• Case conferencing documentation</li> <li>• Referral Logs</li> <li>• Outcome Measurement Form</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>

	<p>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.</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>5. 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.</li> <li>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.</li> <li>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 in conjunction with the multi-disciplinary team.</li> <li>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.</li> <li>9. A thorough crisis assessment will be completed identifying crisis severity level.</li> <li>10. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training. They will ensure that clients receive quality care that is respectful, compatible with their cultural beliefs, and religious preference.</li> </ol>	
<p>11. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written</p>		

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
<b>Group Name #1</b> <b>Women's Support Group</b>	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 (GAF) as measured by the Axis V.

**RYAN WHITE PROGRAM PART A: MAR 1, 2013 - FEB 28, 2014**

11-103

County of Riverside Department of Public Health, HIV/AIDS Program

**MEDICAL CASE MANAGEMENT SERVICES**

The goal of providing medical case management services is to ensure a continuum of high quality care which is client focused, client collaborative, 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.

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 Riv W		2 Riv C		3 Riv E		4 SB WV		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				
Total # Undup Clients to be Served	58	19	37	12	11	4	0	0	0	0	0	0	141	4	2	35
Cauc./White	17	6	11	4	3	1	0	0	0	0	0	0	42	1	1	11
African Amer.	12	4	7	2	2	1	0	0	0	0	0	0	28	1	0	7
Latino/a	23	8	15	5	4	1	0	0	0	0	0	0	56	1	1	14
Women	14	5	9	3	3	1	0	0	0	0	0	0	35	1	0	9
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	4

Planned Client Utilization by SA of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WV		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				
Total # of Service UNITS to be delivered	578	193	368	123	105	35	0	0	0	0	0	0	1402	35	18	350
Cauc./White	173	58	110	37	32	11	0	0	0	0	0	0	421	11	5	105
African Amer.	116	39	74	25	21	7	0	0	0	0	0	0	282	7	4	70
Latino/a	231	77	147	49	42	14	0	0	0	0	0	0	560	14	7	140
Women	144	48	92	31	26	9	0	0	0	0	0	0	350	9	4	88
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	58	19	37	12	11	4	0	0	0	0	0	0	141	4	2	35

Planned Client Visits by service area of residence:	1		2		3		4		5		6		Aware/ Not in Care		
	Riv W		Riv C		Riv E		SB WV		SB EV		SB D			HIV Unaware	
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New			Total
Total # of Client Visits delivered	202	67	128	43	37	12	0	0	0	0	0	489	12	6	123
Cauc./White	61	20	39	13	11	4	0	0	0	0	0	148	4	2	37
African Amer.	40	13	26	9	7	2	0	0	0	0	0	97	2	1	25
Latino/a	81	27	51	17	15	5	0	0	0	0	0	196	5	2	49
Women	50	17	32	11	9	3	0	0	0	0	0	122	3	2	31
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	20	7	13	4	4	1	0	0	0	0	0	49	1	1	12

**\*\* 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 <i>service delivery elements</i> 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"> <li>• Initial and ongoing assessment of the client's service needs</li> <li>• Development of a comprehensive care plan in collaboration with the client</li> <li>• Coordination of services required to implement the plan</li> <li>• Client monitoring to assess the efficacy of the plan</li> <li>• Periodic re-evaluation and adaptation of the plan as necessary</li> <li>• Client-specific advocacy and/or review of utilization of services</li> <li>• Coordination and follow-up of medical treatments</li> <li>• 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</li> <li>• Includes all types of case management including face-to-face, phone contact and any other forms of communication.</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards.</li> <li>• Integrate and utilize ARIES to incorporate core data elements.</li> </ul>	1, 2, & 3	March 1, 2013 – February 28, 2014	<ul style="list-style-type: none"> <li>• Medical Case Management Needs Assessment Tool</li> <li>• Comprehensive Care Plan</li> <li>• Case Conferencing Documentation</li> <li>• Referral Logs</li> <li>• Progress Notes</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>

**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. They will ensure that clients receive quality care that is respectful, compatible with their cultural beliefs, and religious preference.
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 Program Part A**  
**Provider: County of Riverside - DOPH, HIV/STD Branch**  
**Service Category: Outpatient/Ambulatory Health Services**  
**Riverside/San Bernardino, California TGA**  
**March 01, 2013- February 28, 2014**

**ATTACHMENT G1**

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Physician IV:</b> (D. Pierce, R. Zane)(\$165,000 x .5636363 FTE) Provides direct patient care through medical care, psychiatry and treatment adherence/management for three health care centers.	<b>\$93,000</b>
<b>Health Care Social Services Supervisor:</b> (D. Huntsman)(\$84,000 x .3392857 FTE) Licensed Clinical Social Worker, provides direct patient care by providing social services to HIV patients at three health care centers.	<b>\$28,500</b>
<b>Health Services Assistant:</b> (G. Ramirez)(\$38,000 x .5342105 FTE) Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.	<b>\$20,300</b>
<b>Assistant Nurse Manager (Vacant)</b> (66,000 x .585606 FTE) Provides direct patient care and plans, organizes, directs and evaluates nursing/medical services at three health care centers.	<b>\$38,650</b>
<b>Registered Nurse IV:</b> (D.Hexum)(\$62,400 x .3148237 FTE) Provides direct patient/nursing care to HIV patients at three health care centers.	<b>\$19,645</b>
<b>Licensed Vocational Nurse II/III (2):</b> (Barajas, Swoboda)(\$39,500 x .4746835 FTE for Barajas, \$35,500 x .528169 FTE for Swoboda)) Provides direct patient care/nursing support for three health care centers.	<b>\$37,500</b>
<b>Office Assistant II/III (2):</b> (C. Donnelly, B. Nolan)(28,800 x .95 FTE (.45 FTE for Donnelly, .5 FTE for Nolan) Provides direct patient care. Performs eligibility screening during patient intake and links patients to community resources at three health care centers.	<b>\$27,360</b>
<b>Fringe Benefits</b>	
44% of Total Personnel Costs	<b>\$116,580</b>
<b>TOTAL PERSONNEL</b>	<b>\$381,535</b>
<b>Other</b>	
<b>Travel:</b> Mileage to provide HIV health services at three health care centers (Mileage calculated at .565/mile).	<b>\$11,000</b>
<b>Office Supplies:</b> Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	<b>\$5,000</b>
<b>Medical Supplies:</b> Medical supplies/equipment to support daily activities at three health care centers. This includes syringes, blood tubes, plastic gloves, etc.	<b>\$15,000</b>
<b>Laboratory:</b> Laboratory services to support medical care of HIV clients at three health care centers.	<b>\$37,080</b>
<b>TOTAL OTHER</b>	<b>\$68,080</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$449,615</b>
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	<b>\$44,961</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$494,576</b>



Ryan White Program Part A

ATTACHMENT G1

Provider: County of Riverside - DOPH, HIV/STD Branch

Service Category: Mental Health

Riverside/San Bernardino, California TGA

March 01, 2013- February 28, 2014

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Health Care Social Services Supervisor:</b> (D. Huntsman)(\$84,000 x .1190476 FTE) Licensed Clinical Social Worker provides direct patient care providing by social services for HIV patients at three health care centers.	<b>\$10,000</b>
<b>Licensed Clinical Therapist II:</b> (V. Kao)(\$69,000 x .50 FTE) Provides individual and group psychotherapy, implementing an individual treatment plan, assessment and crisis intervention at three health care centers.	<b>\$34,500</b>
<b>Fringe Benefits</b>	
45% of Total Personnel Costs	<b>\$20,025</b>
<b>TOTAL PERSONNEL</b>	<b>\$64,525</b>
<b>Other</b>	
<b>Travel:</b> Mileage to provide HIV health services at three health care centers (Mileage calculated at .565/mile).	<b>\$4,301</b>
<b>TOTAL OTHER</b>	<b>\$4,301</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$68,826</b>
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	<b>\$6,883</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$75,709</b>

## Ryan White Program Part A

Provider: County of Riverside - DOPH, HIV/STD Branch

Service Category: Medical Case Management (MCM)

Riverside/San Bernardino, California TGA

March 01, 2013- February 28, 2014

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Health Care Social Worker:</b> (Aparicio, Diana)(\$55,000 x 1 FTE) Provides medical case management at three health care centers.	<b>\$55,000</b>
<b>LVN II:</b> (A. Swoboda)(\$35,500 x .3521126 FTE) Primary nurse providing direct nursing services and Medical Case Management to HIV clients.	<b>\$12,500</b>
<b>Fringe Benefits</b>	
44% of Total Personnel Costs	<b>\$29,700</b>
<b>TOTAL PERSONNEL</b>	<b>\$97,200</b>
<b>Other</b>	
<b>Travel:</b> Mileage to provide HIV health services at three health care centers (Mileage calculated at .565/mile).	<b>\$1,111</b>
<b>TOTAL OTHER</b>	<b>\$1,111</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$98,311</b>
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	<b>\$9,830</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$108,141</b>

## Ryan White Program Part A

Provider: County of Riverside - DOPH, HIV/STD Branch

Service Category: AIDS Pharmaceutical Assistance (Local)

Riverside/San Bernardino, California TGA

March 01, 2013- February 28, 2014

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Pharmacist:</b> Provides pharmacy services/treatment adherence for HIV clients at four health care centers.	In Kind
<b>Pharmacy Technician:</b> Provides direct pharmacy services for four health care centers.	In Kind
<b>Fringe Benefits</b>	
44% of Total Personnel Costs	In Kind
<b>TOTAL PERSONNEL</b>	\$0
<b>Other</b>	
<b>Medical Supplies:</b> Provide pharmaceuticals to HIV clients receiving medical care at three health care centers.	\$4,358
<b>TOTAL OTHER</b>	\$4,358
<b>SUBTOTAL (Personnel and Other)</b>	\$4,358
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	\$436
<b>TOTAL BUDGET (Subtotal and Administration)</b>	\$4,794

**Ryan White Program Part A**  
**Provider: County of Riverside - DOPH, HIV/STD Branch**  
**Service Category: Oral Health Services**  
**Riverside/San Bernardino, California TGA**  
**March 01, 2013- February 28, 2014**

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Program Chief II: (V. Jauregui Burns)(110,000 x .006336 FTE)</b> Provides program management oversight for the Ryan White Program Part A and MAI contracts and budgets.	<b>\$700</b>
<b>Dentist:</b> (Huynh, Loan T)(\$71.42/hr x 84 Clients) Provides oral health care to HIV clients at the Rubidoux Family Care Center..	<b>\$6,000</b>
<b>Dental Assistant:</b> (Vacant)(\$17.85/hr x 84 Clients) Provides dental assistant services to HIV clients at the Rubidoux Family Care Center.	<b>\$1,500</b>
<b>Dental Assistant:</b> (Vacant)(\$17.85/hr 84 Clients) Provides dental assistant services to HIV clients at the Rubidoux Family Care Center.	<b>\$1,500</b>
<b>Office Assistant III:</b> (B. Nolan) (\$28,800 x .50) Sets appointment and performs eligibility screening for HIV patients for dental services..	<b>\$14,400</b>
<b>Fringe Benefits</b>	
45% of Total Personnel Costs	<b>\$10,845</b>
<b>TOTAL PERSONNEL</b>	<b>\$34,945</b>
<b>Other</b>	
<b>Travel:</b> Mileage to oral health meetings as related to Ryan White services administered between DOPH and Rubidoux Clinic. (Mileage calculated at .565/mile).	<b>\$1,000</b>
<b>Office Supplies:</b> Office supplies and equipment to support daily oral health activities.	<b>\$2,500</b>
<b>Medical Supplies:</b> Dental supplies to provide oral health care for HIV clients.	<b>\$17,090</b>
<b>TOTAL OTHER</b>	<b>\$20,590</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$55,535</b>
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	<b>\$5,554</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$61,089</b>



County of San Bernardino  
**F A S**  
**STANDARD CONTRACT**

FOR COUNTY USE ONLY

<input type="checkbox"/> New	FAS Vendor Code	<b>SC</b>	Dept.	<b>A</b>	Contract Number	
<input checked="" type="checkbox"/> Change	COUNTY0930D		PHL		11-108 A-5	
<input type="checkbox"/> Cancel	ePro Vendor Number				ePro Contract Number	
	N/A				N/A	
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		\$197,346	
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	02/28/2014	\$57,551	(\$10,338)	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No	Amount
AAA	PHL	3765	200	2445		(\$10,338)
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
Minority Aids Initiative (MAI)			13/14	\$10,338	D	

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  
 Telephone (951) 358-5307  
 Federal ID No. or Social Security No.

hereinafter called Contractor

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 5**

It is hereby agreed to amend Contract No. 11-108 as follows:

**SECTION V. FISCAL PROVISIONS**

Paragraph A is amended to read as follows:

- A. The total amount of this Contract is \$197,346 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

Auditor-Controller/Treasurer Tax Collector Use Only	
<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

MAY 20 2014 3-31

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
Amendment No. 3	\$ 1,535 increase	March 1, 2012 through February 28, 2013
Amendment No. 4	\$ 72,461	March 1, 2013 through February 28, 2014
Amendment No. 5	\$ 10,338 decrease	March 1, 2013 through February 28, 2014

**ATTACHMENT A1 – SCOPE OF WORK:** Replace with Attachment A1 dated January 2014.

**ATTACHMENT G1– BUDGET:** Replace with Attachment G1 dated January 2014.

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

FORM APPROVED COUNTY COUNSEL  
BY: *Neal R. Kipnis* DATE           

ATTEST:  
KECIA HARPER-IHEM, Clerk  
By *[Signature]*  
DEPUTY

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

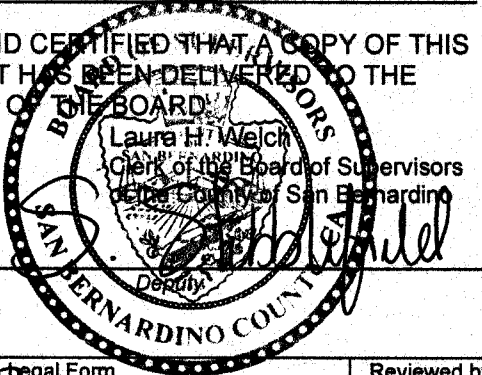
By *Jeff Stone*  
(Authorized signature - sign in blue ink)  
Name Jeff Stone  
John J. Benoit  
(Print or type name of person signing contract)

Title Chairman, Board of Supervisors  
(Print or Type)  
Dated: May 20, 2014

Address P.O. Box 7600  
Riverside, CA 92503

COUNTY OF SAN BERNARDINO  
By *Janice Rutherford*  
Janice Rutherford, Chair, Board of Supervisors  
Dated: JAN 28 2014

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



By *[Signature]*

Approved as to legal Form  
*Kristina M. Robb*  
Kristina M. Robb, Deputy County Counsel  
Date 1/3/14

Reviewed by Contract Compliance  
*Regina Dalton*  
Regina Dalton, HS Contracts Unit  
Date 1-15-14

Presented to BOS for Signature  
*[Signature]*  
Trudy Raymond, Director  
Date 01-13-14

**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A1**

**RYAN WHITE PROGRAM PART A: MAR 1, 2013 - FEB 28, 2014**

CONTRACT NUMBER:	11-108																
	County of Riverside Department of Public Health, HIV/AIDS Program																
CONTRACTOR:	MAI EARLY INTERVENTION SERVICES																
SERVICE CATEGORY:	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 GOAL:	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.																
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	Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care			
	Riv W Current	Riv C Current	Riv E Current	SB WW Current	SB EV Current	SB D Current									Riv W New	Riv C New	Riv E New
Total # Undup Clients to be Served	37	24	6	2	7	2	86	2	1	25		2	1	25			
Cauc./White	11	7	2	1	2	1	26	1	0	8		1	0	8			
African Amer.	7	5	1	0	1	0	16	0	1	5		0	1	5			
Latino/a	15	10	3	1	3	1	36	1	0	10		1	0	10			
Women	9	6	2	0	2	0	21	1	0	6		1	0	6			
Infants	0	0	0	0	0	0	0	0	0	0		0	0	0			
Children	0	0	0	0	0	0	0	0	0	0		0	0	0			
Youth	4	2	1	1	1	0	18	0	0	3		0	0	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	Newly Diagnosed	HIV Unaware	Aware/ Not in Care			
Riv W Current	Riv C Current	Riv E Current	SB WW Current	SB EV Current	SB D Current	Riv W New									Riv C New	Riv E New	SB WW New
Total # of Service UNITS to be delivered	374	238	63	18	68	20	860	20	10	250		20	10	250			
Cauc./White	112	71	19	5	20	6	257	6	3	75		6	3	75			
African Amer.	75	48	13	4	14	4	174	4	2	50		4	2	50			
Latino/a	150	95	25	7	27	8	344	8	4	100		8	4	100			
Women	94	60	16	5	17	5	217	5	3	63		5	3	63			



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A1**

	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Riv W	Riv C	Riv C	Riv E	Riv E	SB WV	SB WV	SB E V	SB E V	SB D	SB D					
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	37	10	24	6	7	2	0	0	0	0	0	0	86	2	1	25

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 C	Riv E	Riv E	SB WV	SB WV	SB E V	SB E V	SB D	SB D					
Total # of Client Visits to be delivered	132	38	84	21	24	6	0	0	0	0	0	0	305	7	4	88
Cauc./White	40	11	25	6	7	2	0	0	0	0	0	0	91	2	1	26
African Amer.	26	8	17	4	5	1	0	0	0	0	0	0	61	1	1	18
Latino/a	53	15	34	8	10	2	0	0	0	0	0	0	122	3	1	35
Women	33	10	21	5	6	2	0	0	0	0	0	0	77	2	1	22
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	13	4	8	2	24	1	0	0	0	0	0	0	52	1	0	9

**\*\* 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 <b>service delivery elements</b> 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"> <li>• Outreach activities to bring unaware and unmet need communities of color to HIV services</li> <li>• Linking unaware communities to HIV Counseling &amp; Testing Services</li> <li>• Referrals to systems of care (RW &amp; non-RW)</li> <li>• Linking unmet need communities of color to treatment and care</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards.</li> <li>• Integrate and utilize ARIES to incorporate core data elements.</li> </ul>	1, 2, & 3	March 1, 2013 – February 28, 2014	<ul style="list-style-type: none"> <li>• Outreach schedules and logs</li> <li>• Outreach Encounter Log</li> <li>• Tracking Log</li> <li>• Case Conferencing</li> <li>• Documentation</li> <li>• Referral Logs</li> <li>• Progress Notes</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>

**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A1**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><b><u>Implementation Activities:</u></b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>MAI EIS staff will work with HIV Testing &amp; Counseling Services to bring newly diagnosed individuals from communities of color into HIV treatment and care at DOPH-HIV/AIDS.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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&amp;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.</li> <li>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</li> </ol>			

**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A1**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>management oversight to provide C&amp;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 Program MAI**

**Provider: County of Riverside - DOPH, HIV/STD Branch**

**Service Category: Early Intervention Services (EIS) - MAI**

**Riverside/San Bernardino, California TGA**

**March 01, 2013- February 28, 2014**

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Communicable Disease Specialist:</b> (Sabreen White)(\$50,000 x .77 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.	<b>\$38,500</b>
<b>Fringe Benefits</b>	
45% of Total Personnel Costs	<b>\$17,325</b>
<b>TOTAL PERSONNEL</b>	<b>\$55,825</b>
<b>Other</b>	
<b>Travel:</b> Mileage to provide HIV health services at three health care centers (Mileage calculated at .565/mile).	<b>\$650</b>
<b>TOTAL OTHER</b>	<b>\$650</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$56,475</b>
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Administrative Staff, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	<b>\$5,648</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$62,123</b>