



INLAND
EMPIRE
H I V
PLANNING
COUNCIL

San Bernardino County
Department of Public Health
351 N. Mt. View • San Bernardino, CA 92415-0475
(909) 693-0750
Website: www.iehpc.org

Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD
County Health Officer Co-Chair

Shelia Cromwell-Nieve
Community Co-Chair

Standards Committee

Thursday, January 15, 2014
11-12:30pm

Meeting Location

Department of Public Health
351 North Mt. View Ave., B15
San Bernardino, CA 92415
(909)693-0750

Teleconferencing Location***

Desert AIDS Project
1695 North Sunrise Way
Palm Springs, CA 92262
(760) 323-2118

Agenda

11:00am	1. Call to Order	S. Cromwell-Nieve
	<ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	
	2. Public Comments¹	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda²	S. Cromwell-Nieve
	Motion to approve 1.15.15 agenda.	
	5. Approval of the Minutes²	S. Cromwell-Nieve
	Motion to approve 9.18.14 minutes	
	Motion to approve 10.30.14 Minutes	
	6. Old Business²	S. Cromwell-Nieve
	6.1 Review Common Standards	
	7. New Business.	S. Cromwell-Nieve
	7.1 Review Committee Workplan – (A-1)	
	7.2 Review Mental Health (A-2)	

7.3 Review Substance Abuse (A-3)
7.4 Review Financial Eligibility (A-4)

8. Public Comment¹

Members of the Public

9. Members Privilege

PC Members

10. Review of Action Items

PC Staff

11. Agenda Setting for Next Meeting

March 19, 2015

HIV Planning Council Conference Room

S. Cromwell-Nieve

12. Roll Call*

PC Staff

12:30pm

13. Adjournment

S. Cromwell-Nieve

¹ Public Comments: Any member of the public may address this meeting on items of interest that relate to the Ryan White CARE Act by completing a speaker slip to indicate their interest in addressing the Planning Council. A three-minute limitation will normally apply to each member of the public who wishes to comment, unless waived by the Chair.

² The agenda item may consist of a discussion and a vote. Public comments can be made prior to each Planning Council vote.

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D R A F T

IEHPC Standards Committee Workplan

Developing and updating service category definitions and standards of care for each service category.

Directive	Measurable	Date Completed
Developing and revising, as needed, the Standards of Care for funded service categories, and recommending Client Eligibility Criteria, and Output and Outcome Indicators as part of those standards, so as to be consistent with HRSA Policy and to meet the changing needs of PLWH in the TGA,	Summary of annual review of the Council's Standards of Care	By September of each year.
Assisting the RWP Staff, as needed, to convene specialized working groups to include experts from specific fields such as HIV-related medical care, mental health, substance abuse, dental care, and medical case management, to provide information for the periodic review and revision of standards	Except or Initiate request from or to RWP Staff for an in-service from experts in the field of HIV related care to provide updates and input on current Council Standards	As requested.

Notes:

**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
RYAN WHITE HIV/AIDS PROGRAM**

HIV MENTAL HEALTH SERVICES

This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.

Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Grantee's Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Treatment Modernization Act legislation and HRSA policies, guidance, and other requirements.

Definition of Service (HRSA)

***Mental Health Services** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State of California to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.*

I. Care and Treatment Goal(s): The goal of HIV Mental Health Care services is to provide culturally and linguistically competent services designed and delivered to respond to the unique needs of individuals living with HIV/AIDS. –not just the treatment of the symptoms of mental illness, but improving and sustaining a client's quality of life. The TGA places an emphasis on the inclusion of both medical services and support services in this effort.

II. Service Goal: Services available throughout the TGA to minimize crisis situations and stabilize clients' mental health status in order to maintain their participation in medical and support services, thereby maintaining and improving health outcomes and quality of life. Professional staff seeks to ensure coordination of mental health care for the client among the internal and external providers involved in the client's care.

A. Service Objectives

1. All clients referred to the program will receive an assessment and evaluation by a qualified mental health professional.
2. Individuals receiving HIV mental health services will demonstrate a decreased level of pathology, including but not limited to depression and/or anxiety.
3. Individuals receiving HIV mental health services will demonstrate an increased adherence to care through kept appointments and adherence to treatment plans/medications.

B. Description of Services

Services will emphasize the intersection between HIV and mental illness, with special focus given to the psychosocial aspects of living with HIV and HIV prevention.

Service Components

1. Initial individual mental health assessment in collaboration with client.
2. Comprehensive psychosocial assessment with historical data that result in a DSM IV/V diagnosis.
3. If the client is receiving Medical Case Management, a release of information must be obtained from the client and, at a minimum, the DSM IV/V diagnosis must be incorporated into the development of the client's Care Plan Ideally, all of the relevant portions of the treatment plan should be shared with the Case Manager delivering Medical Case Management to facilitate a comprehensive understanding of the client's health status and service needs.
4. If a Care Plan is in place, The Care Plan should be reviewed and incorporated into the delivery of HIV Mental Health Services. If a client receiving HIV Mental Health Services presents with additional service needs, these needs should be incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
5. Development of care/treatment plan specific to mental health and HIV.
6. Provide crisis intervention when necessary.
7. Individual counseling for those diagnosed with HIV.
8. Group counseling for those diagnosed with HIV.
9. Case conferencing for those diagnosed with HIV.
10. Psychiatric assessment/evaluation and medication management in direct correlation with HIV.
11. ~~Psychiatric medication management.~~
12. Referral to other mental health professionals if beyond the ability/scope of the agency.
13. Referrals to psychosocial support groups when appropriate.

C. Limitations

1. Only PLWH/A with a diagnosed mental illness are eligible for ongoing mental health services.
2. Service funds may not be used for the purchase of food.

III. Service-Specific Staff Qualifications

Mental Health Services are provided by mental health professionals, licensed or certified by the State of California. This includes psychiatrists, psychologists, licensed clinical social workers and marriage and family therapists.

IV. Exceptions and Urgent Need

Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.

V. Reportable Units of Service and Financial Eligibility

Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.

**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
RYAN WHITE HIV/AIDS PROGRAM**

HIV SUBSTANCE ABUSE SERVICES OUTPATIENT

This document offers a limited set of focused standards addressing key aspects specific to this service category. Other relevant standards, including the Common Standards, as well as other policies, recommendations and guidelines should be referenced in conjunction with this standard.

Purpose of Standards

These service and care standards are prescribed by the Inland Empire HIV Planning Council (IEHPC). The purpose of these standards is to establish a minimum set of quality expectations to ensure uniformity of service funded by the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Program legislation across the Riverside/San Bernardino Transitional Grant Area (R/SB TGA).

These standards are to be monitored and enforced by means of incorporation into service provision contracts managed by the Ryan White Program (RWP) Office on behalf of the IEHPC, as provided by the Ryan White HIV/AIDS Program legislation and HRSA policies, guidance, and other requirements.

Definition of Service (HRSA)

***Substance Abuse Services** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.*

I. Care and Treatment Goal(s)

To ensure the availability of culturally and linguistically competent services designed and delivered to respond to the unique needs of individuals living with HIV/AIDS services that minimize crisis situations and reduce/stabilize substance use of persons living with HIV/AIDS in the TGA, ~~that have no other means to obtain these services~~, thereby enabling them to remain in and/or reenter the medical care system.

II. Service Goal

To maintain and increase participation in medical care as well as maximize the effectiveness of HIV-related medical care and treatment through cessation or reduction of substance abuse (including alcohol, legal and illegal drugs).

A. Service Objective(s)

Through substance use screening, assessment, treatment readiness counseling, and referrals to a full range of licensed substance use programs, the service will:

1. Support HIV treatment adherence in order to, Maximize-maximize effectiveness of medical care/treatment;
2. Improve clients' social functioning;
3. Improve clients' self-esteem, insight, and awareness; and
4. Improve clients' ability to positively cope and live with HIV

B. Description of Services

Services will emphasize the intersection between HIV and substance abuse, with special focus given to the psychosocial aspects of living with HIV and HIV prevention.

Service Components

1. Develop initial individual substance use assessments
2. Initial assessment may include, but is not limited to: presenting problem; duration and acuity; substance use history; psychiatric history including medications, education and employment history, risk assessment, social support and functioning, including client strengths, coping mechanisms and self-help strategies; and recovery readiness assessment
3. **When appropriate**, this initial assessment should be made available for development of the client's Care Plan.
4. If a Care Plan is in place, the Care Plan should be reviewed and incorporated into the delivery of HIV Substance Abuse Services. If a client receiving HIV Substance Abuse Services presents with additional service needs, these needs should be incorporated into the client's Care Plan, if they are ever in need of Medical Case Management.
5. Review and update treatment plan at least every 120 days or more frequently as necessary. Track and clearly document progress for each individual receiving HIV Substance Abuse Services.
6. Provide individual counseling sessions for those diagnosed with HIV.
7. Provide group counseling sessions for those diagnosed with HIV.
8. Participate in and provide relevant information for case conferencing sessions for those diagnosed with HIV.
9. Refer clients to other substance abuse professionals/programs and mental health professionals/programs as necessary.
10. On-site treatment includes short-term counseling that may be geared to: harm reduction, recovery readiness counseling with a behavior change approach, support recovery from less severe substance use where higher threshold treatment may not be necessary or acceptable to the client, and interim substance use counseling until a treatment slot becomes available.
11. Timely psychiatric consultation and management of psychiatric medications is available to all clients onsite or by referral.

C. Limitations

1. Ryan White funds under this category may not be used to provide substance abuse counseling in a residential health service setting and may not be used for inpatient detoxification in a hospital setting.

III. Service-Specific Staff Qualifications

Service must be provided by a physician or under the supervision of a physician, or by other qualified personnel.

Please refer to the Common Standards of Care for general staff qualification requirements.

IV. Exceptions and Urgent Need

Please refer to the Common Standards of Care for guidance concerning exceptions and Urgent Need.

V. Reportable Units of Service and Financial Eligibility

Please refer to the current service contract for a description of the unit of service and financial eligibility thresholds for each service category.

Ryan White Program (Part A and Part A MAI)

Financial Eligibility Criteria

***NOTE: Please refer to the entire set of Standards of Care for complete eligibility criteria.	
CORE SERVICE CATEGORY	FINANCIAL ELIGIBILITY CRITERIA ¹
Outpatient/Ambulatory Medical Care	Total income < 300% of Federal Poverty Level
AIDS Pharmaceutical Assistance (local)	Total income < 300% of Federal Poverty Level
Oral Health	Total income < 200% of Federal Poverty Level
Home and Community Based Health Services	Total income < 300% of Federal Poverty Level
Mental Health	Total income < 200% of Federal Poverty Level
Medical Case Mgmt. (Including tx adherence)	Total income < 300% of Federal Poverty Level
Substance Abuse Outpatient	Total Income < 200% of Federal Poverty Level
Early Intervention Services	Total Income < 300% of Federal Poverty Level
SUPPORT SERVICE CATEGORY	
Case Management (Non Medical)	Total income < 300% of Federal Poverty Level
Food	Total income < 150% of Federal Poverty Level
Health Education/Risk Reduction	Total income < 300% of Federal Poverty Level
Housing Services	Total Income < 150% of Federal Poverty Level
Medical Transportation	Total income < 200% of Federal Poverty Level
Outreach Services	Total income < 300% of Federal Poverty Level
Psychosocial Support	Total income < 200% of Federal Poverty Level

¹ Federal Poverty Guidelines:

- Refer to the most current poverty guidelines at <http://aspe.hhs.gov/poverty>.
- In the Riv/SB TGA, the Federal Poverty Guidelines should be applied to a “family”.
- “Family” is defined by the Department of Health and Human Services as “a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple’s nephew all lived in the same house or apartment; they would all be considered members of a single family.”
- If an individual does not fit this definition, and is not in a legal, domestic partnership, their income may be considered a separate “family” income.



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Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD
County Health Officer Co-Chair

Gregory French
Community Co-Chair

Standards Committee

Thursday, September 18, 2014
1-3pm

Meeting Location

Department of Public Health
351 North Mt. View Ave., B15
San Bernardino, CA 92415
(909)693-0750

Teleconferencing Location***

Desert AIDS Project
1695 North Sunrise Way
Palm Springs, CA 92262
(760) 323-2118

Minutes

Members: B. Orr, D. Huntsman, H. Cockerill, J. Chan, L. White, S. Cromwell-Nieve, T. Evans

Staff: A. Fox

Guests: Z. Weldon

1:18pm	1. Call to Order <ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	T. Evans
	2. Public Comments¹ <p style="text-align: center;">NONE</p>	Members of the Public
	3. Members Privilege <p style="text-align: center;">NONE</p>	PC Members
	4. Approval of Agenda² Motion to approve 9.18.14 agenda. There was a motion to approve the 9.18.14 agenda. M/S/C: B. Orr, S. Cromwell-Nieve – No Abstentions	T. Evans
	5. Approval of the Minutes² Motion to approve 6.12.14 minutes There was a motion to approve the 6.12.14 minutes. M/S/C: B. Orr, S. Cromwell-Nieve – H. Cockerill Abstained.	T. Evans
	6. Old Business² 6.1 Review Common Standards No Discussion	T. Evans

7. New Business		
7.1 Review Housing Standards (A-1)		
It was noted that HOPWA just released a RFP for a July 2015 start date.		T. Evans
7.2 Review Food Standards (A-2)		
7.3 Review Transportation Standards (A-3)		
8. Public Comment¹		Members of the Public
NONE		
9. Members Privilege		
J. Chan wants to agendize Mental Health and Substance Abuse Standard review for a future meeting.		PC Members
B. Orr noted that we need to meet with other Oral Health providers for next meeting		
10. Review of Action Items		
Staff will:		
1. Agendize the Transportation C (5) statement to the Empowerment committee agenda.		
2. Re-agendize Mental Health, Substance Abuse, Oral Health and Financial Eligibility standards		PC Staff
3. Invite Oral Health providers to the next Standards committee meeting.		
11. Agenda Setting for Next Meeting		
October 30, 2014		PC Members/ T. Evans
HIV Planning Council Conference Room		
12. Roll Call*		PC Staff
2:29pm	13. Adjournment	T. Evans

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Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD
County Health Officer Co-Chair

Gregory French
Community Co-Chair

Standards Committee

Thursday, October 30, 2014
10am-12pm

Meeting Location

Department of Public Health
351 North Mt. View Ave., B15
San Bernardino, CA 92415
(909)693-0750

Teleconferencing Location***

Desert AIDS Project
1695 North Sunrise Way
Palm Springs, CA 92262
(760) 323-2118

Minutes

Members: B. Orr, D. Huntsman, T. Evans, S. Cromwell, L. White, J. Chan, H. Cockerill, B. Contreras

Staff: A. Fox

RWP: B. Flippin, S. Rigsby

Guests: G. Gonzales, S. Velasquez, Z. Welden, K. Tollison

10:00am	1. Call to Order <ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	T. Evans
	2. Public Comments¹ <p style="text-align: center;">NONE</p>	Members of the Public
	3. Members Privilege T. Evans thanked everyone for coming to this additional committee meeting.	PC Members
	4. Approval of Agenda² Motion to approve 10.30.14 agenda. There was a motion to approve the 10.30.14 agenda. M/S/C: S. Cromwell, B. Orr – No Abstentions	T. Evans
	5. Approval of the Minutes² Motion to approve 9.18.14 minutes There was a motion to approve the 9.18.14 minutes as corrected. M/S/C: B. Orr, S. Cromwell – No Abstentions	T. Evans
	6. Old Business² 6.1 Review Common Standards	T. Evans

7. New Business

7.1 Review Oral Health Standards and discussion to increase Treatment Cap (A-1)

T. Evans

There was a motion to approve the revised Oral Health Standards effective March 2014. M/S/C: B. Contreras, S. Cromwell – B. Orr Abstained.

8. Public Comment¹

Members of the Public

NONE

9. Members Privilege

J. Chan asked for clarity on the next agenda – Will the Substance Abuse and Mental Health Standards be agendized? He was informed that they were.

PC Members

10. Review of Action Items

Staff will :

PC Staff

1. Agendize the committee's recommendation to approve removing the Cap for Oral Health Treatment
-

11. Agenda Setting for Next Meeting

January 2014
HIV Planning Council Conference Room

PC Members/ T. Evans

12. Roll Call*

PC Staff

12:00pm

13. Adjournment

T. Evans

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