



INLAND  
EMPIRE  
HIV  
PLANNING  
COUNCIL

120 Carousel Mall • San Bernardino, CA 92415-0475  
(909) 388-0426 • Fax (909) 388-0424  
Website: [www.iehpc.org](http://www.iehpc.org)

Riverside/San Bernardino California Transitional Grant Area

Cameron Kaiser, MD  
Interim County Health Officer Co-Chair

Henry Nickel  
Community Co-Chair

# Continuum of Care Committee

Thursday, April 19, 2012  
9:30am-11:30am

Meeting Location

San Bernardino County  
Department of Public Health  
120 Carousel Mall  
San Bernardino, CA 92415  
(909) 388-0426/PCS Mobile (909) 693-0750

Teleconference Site

Desert AIDS Project  
Situation Room, West Wing  
1695 North Sunrise Way  
Palm Springs, CA 92262-3702  
(760) 323-2118

*These facilities are in full compliance with the Americans with Disabilities Act of 1992.*

## Agenda

<b>9:30</b>	<b>1. Call to Order</b> <ul style="list-style-type: none"> <li>▪ Roll Call*</li> <li>▪ Introductions</li> </ul>	L. Ford-Watson
	<b>2. Public Comments<sup>1</sup></b>	Members of the Public
	<b>3. Members Privilege</b>	PC Members
	<b>4. Approval of Agenda<sup>2</sup></b>	L. Ford-Watson
	<b>5. Approval of Minutes<sup>2</sup></b> 5.1 Minutes of March 08, 2012	L. Ford-Watson
	<b>6. Old Business<sup>2</sup></b> 6.1 Comprehensive HIV Plan <ul style="list-style-type: none"> <li>• Provide input in the development of the Comprehensive Plan</li> <li>• Continuum of Care and Prevention Chart (A-1)</li> </ul>	Subcommittee Members
	<b>7. Public Comments<sup>1</sup></b>	Members of the Public

	<b>8. Members Privilege</b>	PC Members
	<b>9. Review of Action Items</b>	PC Staff
	<b>10. Agenda Setting for Next Meeting</b>	PC Members/ L. Ford-Watson
	<b>11. Roll Call*</b>	PC Staff
<b>11:30</b>	<b>12. Adjournment</b>	L. Ford-Watson

<sup>1</sup> 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.

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

\* Members must be present at both roll calls to receive credit for meeting attendance.

\*\* Attachment was not available at time of printing, but will be available at the meeting.

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# CONTINUUM OF PREVENTION AND CARE CHART

## GENERAL COMMUNITY

### Populations and Outcomes

Defining Characteristics	<p>May not have information about HIV disease, risks, or transmission</p> <p>May have inaccurate information about HIV disease, risks, or transmission</p> <p>May have biases, phobias, and prejudices</p> <p>May not be interested in or care about HIV</p> <p>Influence resource allocation through involvement in the political process</p> <p>Provide volunteer resources in a variety of settings and systems</p> <p>Very diverse population</p>
Short Term Goals	<p>Increased knowledge of HIV disease, HIV transmission, HIV testing, epidemiology data and trends, sexual health, risk groups, perceived risk, and resources available</p>
Intermediate Goals	<p>Increased access to services, education and information</p> <p>Increased awareness of how individuals can get involved in prevention/care</p> <p>Recognize impact of HIV on health care system</p>
Long Term Goals	<p>Reduce fear, stigma, discrimination, and internalized oppression in order to create a supportive environment for HIV prevention and for persons living with HIV</p> <p>Everyone is aware of their HIV risk and status</p> <p>Referral into prevention programs for high-at-risk individuals, and initiation of care strategy for people who test positive (see Undiagnosed and Recently Diagnosed)</p> <p>Uninfected individuals remain uninfected</p> <p>Increased awareness of risk</p> <p>Informed and healthy sexual life</p> <p>Consistent use of safer sex, needle use and exchange practices</p> <p>Everyone takes responsibility for reducing HIV infections</p>

*All services delivered in a culturally and linguistically appropriate manner with culturally appropriate materials.*

### Essential Access Services

Access to Care	<p>Availability for Information and Referral</p> <p>Interpretation/Translation</p> <p>Community Awareness</p> <p>Screening and Treatment of STD's, Hepatitis A, B, and C</p>	<p>Culturally Appropriate Materials</p> <p>Counseling, Testing and Referral</p>
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### Essential Prevention Services

Service Needs	<p>Counseling, Testing and Referrals</p> <p>Community Awareness</p> <p>Public Policy Advocacy</p>	<p>Comprehensive Sexual Education (K-12)</p> <p>Sexual Health Promotion</p>
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### Additional Services

Additional Services	<p>Training for Providers</p> <p>Training for Physicians</p> <p>Training for Volunteers</p>	<p>Health Education &amp; Risk Reduction</p> <p>Housing Access and Support* Services</p>
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# CONTINUUM OF PREVENTION AND CARE CHART

## AT-RISK INDIVIDUALS

### Populations and Outcomes

Defining Characteristics	Are not HIV infected, but engage in behaviors that present risk of HIV infection  May have awareness of risk and experience denial, or are willing to take some degree of risk  May be unaware of risk or risky behaviors  May lack information and education on disease process and transmission May experience issues related to Mental Health*, substance abuse, domestic abuse, homelessness, institutionalized racism, homophobia, or other co-factors
Short Term Goals	Increase knowledge among health care and social service providers and at-risk individuals  Develop risk reduction/planning for at-risk individuals Connect at-risk individuals to prevention services, counseling and testing
Intermediate Goals	Increased knowledge about HIV risk and potential characteristics of HIV infection Increased access to HIV testing
Long Term Goals	Everyone is aware of their HIV risk and status  Early detection of HIV infection. Referral into prevention programs for high-risk individuals(see At-Risk), and initiation Plan of Care for people who test positive (see Undiagnosed and Recently Diagnosed)  Uninfected individuals remain uninfected  Informed and healthy sexual life  Consistent use of safer sex, needle use and exchange practices  Increased access to and utilization of services

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### Essential Access Services

Access to Care	Information and Referral Interpretation/Translation Outreach Community Based Organizations (eg. Collaboration with Faith Based Organizations, Non Traditional Setting)	Counseling, Testing and Referral Child Care Health Insurance
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### Essential Prevention Services

Service Needs	Community Mental Health* Services***** Counseling, Testing and Referral Partner Counseling and Referral Services Health Education & Prevention/Risk Substance Use/Abuse Services* HIV Screening for Pregnant Women Screening and Treatment for STDs and Hepatitis A,B and C	Syringe Exchange Program Sexual Health Promotion Services Community Resources Awareness Post Exposure Prophylaxis Case Management*
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### Additional Services

Additional Services	Domestic Abuse Services Sexual Abuse Services	Housing Services Training for Providers
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# CONTINUUM OF PREVENTION AND CARE CHART

## PLWH/A Unaware Population

This is a subset of the general community and at-risk populations

### Populations and Outcomes

Defining Characteristics	HIV infection and status undiagnosed May experience non-specific flu-like symptoms May experience opportunistic infection May experience sores or changes in the mouth May experience no symptoms May or may not seek Outpatient/Ambulatory Medical Care* No formal HIV care or plan of care may have awareness of risk, but experience denial, avoidance, and suspicion May be a time of strengthening in preparation for testing
Short Term Goals	Increase knowledge among providers and undiagnosed individuals Develop plans for risk reduction and coping capabilities for undiagnosed individuals
Intermediate Goals	Establish knowledge about HIV status and potential characteristics of HIV infection
Long Term Goals	Early detection of HIV infection, initiation of plan of care and prevention outreach Informed and healthy sexual life Consistent use of safer sex, needle use and exchange practices

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### Essential Access Services

Access to Care	Health Insurance Community Awareness Information and Referral Non-Traditional Setting Community Based Organizations (eg. Collaboration with Faith Based Organizations, Non Traditional Setting)	Outreach Interpretation/Translation Child Care Medical Transportation*ation*
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### Essential Prevention Services

Service Needs	Outpatient/Ambulatory Medical Care* Training of Providers Counseling, Testing and Referral Health Prevention HIV Screening for Pregnant Women Education & Risk Reduction Partner Counseling and Referral Services Screening and Treatment for STDs and Hepatitis A, B, C	Sexual Health Promotion Training of Physicians Resource Awareness Mental Health* Services* Substance Use/Abuse Services* Syringe Exchange Program Case Management*
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### Additional Services

Additional Services Identified Points of Entry for this TGA may include, but are not limited to:	Housing Support & Access* Substance Abuse Treatment Outpatient and In Patient Correctional facilities Mental Health* treatment facilities Health Clinics and other community settings Non Traditional Community Based Organizations
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# CONTINUUM OF PREVENTION AND CARE CHART

## PLWH/A Recently Diagnosed

It is recognized that when a person is diagnosed, s/he will fall into one of the other states of HIV disease progression based on how healthy s/he is at the time of diagnosis. The services listed here are suggested as meeting the specific needs of a newly diagnosed person, but s/he may fall into another disease state and may need any of the services listed under that state

### Populations and Outcomes

Defining Characteristics	HIV or AIDS infection has been diagnosed Person is newly diagnosed or new to HIV/AIDS care May experience no symptoms No HIV/AIDS care strategy is in place Can have characteristics of another HIV disease state The individual has not integrated HIV into their life; e.g., emotional, medical and social aspects May have little knowledge about HIV/AIDS
Short Term Goals	Secure short-term intervention and Outpatient/Ambulatory Medical Care* Establish ongoing medical and Oral Health Care* Identify resources to pay for medical and Oral Health Care* Establish professional and non-professional social and emotional supports Development of an individualized HIV risk reduction intervention plan
Intermediate Goals	Begin plan of care Identify coping mechanisms; e.g., spiritual, emotional, risk reduction
Long Term Goals	Integration of HIV/AIDS into health care and daily living Informed and healthy sexual life Consistent use of safer sex and needle use practices and syringe exchange.

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### Essential Access Services

Access to Care	Health Insurance Care Advocacy Benefits Counseling EIS Information and Referral Case Management* Interpretation/Translation Housing Support Services*	Discharge Planning Child Care Establish and Maintain Linkage to Care Medical Transportation* Community Awareness HIV Partner Services
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### Essential Services

Service Needs	Outpatient/Ambulatory Medical Care* Sexual Health Promotion Medical Case Management* Health Education & Prevention Prevention for Positives Support Services for Affected Individuals and Care Givers Prescription and over the counter Drugs including psychiatric medications	Oral Health Care* Emotional Support Mental Health Services* Substance Use/Abuse Services*
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### Additional Services

Additional Services	Emergency Financial Assistance** Prevention Training for Care Providers Clinical Trials-Entry Programs for Recently Incarcerated Legal Services** including Advanced Directives Counseling	Vocational Rehabilitation Emergency Financial Assistance**
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# CONTINUUM OF PREVENTION AND CARE CHART

## PLWH/A Stable Illness

### Populations and Outcomes

Defining Characteristics	<p>HIV or AIDS diagnosis</p> <p>CD4 counts and viral load are stable</p> <p>Established Plan of care e.g., ART, complementary, no antivirals, monitoring of CD4 counts and viral loads are in place and is aware of disease process and treatment options</p> <p>May experience common illnesses and/or treatment side effects</p> <p>May experience oral infections</p> <p>Impact of HIV/AIDS on activities of daily living is manageable</p> <p>Little or no physical or cognitive impairment</p> <p>Person is able to provide self-care for him/her self</p>
Short Term Goals	<p>Establish Plan of care and activities to manage side effects of treatment, reduce barriers of care and encourage treatment adherence</p> <p>Expand knowledge about access to care and prevention resources</p> <p>Expand knowledge and skills related to HIV transmission and prevention</p>
Intermediate Goals	<p>Maintain or improve state of health</p> <p>Continues to use risk reduction principles</p> <p>Manage daily living adjustments e.g., vocational, occupational</p> <p>Personal Care</p>
Long Term Goals	<p>Self-management of HIV/AIDS' impact on health and activities of daily living</p> <p>Maintain independent function and activities of daily living</p> <p>Informed and healthy sexual practice in response to unique risk factors (eg. reinfection)</p> <p>Consistent use of safer sex, needle use and exchange practices</p>

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### Essential Access Services

Access to Care	Information and Referral	Sexual Health Promotion
	Health Insurance	Outreach
	Case Management*	Child Care
	Medical Transportation*ation*	Benefits Counseling
	Care Advocacy	Interpretation/Translation
	Housing Support Services*	Discharge Planning

### Essential Services

Service Needs	Outpatient/Ambulatory Medical Care*	Oral Health Care*
	Medication Adherence Support	Substance Use/Abuse Services*
	Mental Health*	Emotional Support
	Health Education & Prevention	Case Management*
	Prevention for Positives	Prescription Drug Coverage; e.g. ADAP*

### Additional Services

Additional Services	Complementary Care	Vocational Rehabilitation
	Nutritional Services	Emergency Financial Assistance**
	Legal Services**	Community Awareness
	Prevention Training for Care Providers	Clinical Trials
	Support Services for Affected Individuals & Care Givers	EIS and Outreach Services*

# CONTINUUM OF PREVENTION AND CARE CHART

## PLWH/A Progressive Illness

For people living with HIV/AIDS ongoing assessment of their risk of falling out of care and becoming a member of the unmet need population is essential.

### Populations and Outcomes

Defining Characteristics	<p>HIV or AIDS diagnosis</p> <p>CD4 counts and viral load are problematic, unstable</p> <p>Changing care strategy e.g., ART, complementary/alternative therapy, no antiretrovirals, monitoring of CD4 counts and viral loads</p> <p>Experiences HIV-related or AIDS-defining illnesses and other co-morbid conditions</p> <p>Changing health status may trigger Mental Health* and/or emotional support needs</p> <p>Person may be willing to try experimental or extraordinary care measures</p> <p>Illness impairs activities of daily living</p>
Short Term Goals	<p>Updated assessment of medical and social services needs</p> <p>End-of-life needs assessed and planning started</p> <p>Revise and intensify care and prevention interventions</p> <p>Resource identification and planning</p> <p>Increase use and coordination of medical and social services to improve health and avoid risk of falling out of care; e.g., medical specialties, Benefits Counseling</p> <p>Development of individualized HIV risk intervention plan</p>
Intermediate Goals	<p>Achieve medical adjustments that stabilize health</p> <p>Achieve activities of daily living through adjustments</p> <p>Achieve psychological and coping adjustments</p> <p>Maintain risk reduction interventions</p>
Long Term Goals	<p>Self-management of HIV/AIDS' impact on health and activities of daily living</p> <p>Maintain independent function and activities of daily living</p> <p>Informed and healthy sexual practice in response to unique risk factors; eg. Reinfection</p> <p>Consistent use of safer sex, needle use and exchange practices</p>

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### Essential Access Services

Access to Care	<p>Information and Referral</p> <p>Health Insurance</p> <p>Medical Case Management*</p> <p>Benefits Counseling</p> <p>Medical Transportation*</p> <p>Interpretation/Translation</p>	<p>Child Care</p> <p>Housing Access and Support*</p> <p>Care Advocacy</p> <p>Discharge Planning</p> <p>Prescription Drug Coverage; e.g. ADAP*</p> <p>Home and Communitybased Health Services*</p>
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### Essential Services

Service Needs	<p>Outpatient/Ambulatory Medical Care*</p> <p>Oral Health Care*</p> <p>Medically based Housing Services</p> <p>Mental Health*</p> <p>Medication Adherence Support</p> <p>Prescription Drug Coverage; e.g. ADAP*</p> <p>Psychosocial and Emotional Support*</p>	<p>Health Education Risk Reduction</p> <p>Rehabilitation</p> <p>Prevention Case Management*</p> <p>Sexual Health Promotion</p> <p>Substance Use/Abuse Services*</p> <p>Nutritional Services</p>
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### Additional Services

Additional Services	<p>Alternative Care</p> <p>EIS and Outreach Services*</p> <p>Support Services for HIV/AIDS Affected Individuals and Care Givers</p>	<p>Legal Services**</p> <p>Adult Daycare</p>
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# CONTINUUM OF PREVENTION AND CARE CHART

## PLWH/A- End of Life

### Populations and Outcomes

Defining Characteristics	<p>Aging with HIV/AIDS infection- both recently diagnosed and long-term survivor</p> <p>HIV/AIDS diagnosis</p> <p>CD4 counts and viral load are problematic</p> <p>Changing care strategy. HIV/AIDS treatment options have been exhausted.</p> <p>Experiences advanced HIV-related complications and/or AIDS defining illnesses Illness significantly or completely impairs activities of daily living.</p> <p>Illness significantly or completely impairs activities of daily living</p> <p>Person may be willing to try experimental or extraordinary care measures</p>
Short Term Goals	<p>Adequate pain and symptom control</p> <p>Activities of Daily living and personal care transfer to others</p> <p>Assess need for individualized HIV risk reduction intervention plan</p>
Intermediate Goals	<p>Adequate pain and symptom control</p> <p>Activities of Daily living and personal care transfer to others</p> <p>Individual is emotionally prepared for death</p> <p>Individual's social/financial/legal matters are taken care of before death</p>
Long Term Goals	<p>Maximize individual's control over the end of his/her life</p> <p>Manage pain and other complications or symptoms</p> <p>Revert back to stable or progressive state</p> <p>A planned for good, peaceful death</p>

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### Essential Access Services

Access to Care	<p>Health Insurance</p> <p>Information and Referral</p> <p>Medical Transportation*</p> <p>Housing Access and Support*</p> <p>Child Care</p>	<p>Interpretation/Translation</p> <p>Case Management*</p> <p>Care Advocacy</p> <p>Benefits Counseling</p> <p>After Death Care and Services</p>
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### Essential Services

Service Needs	<p>Medically-based Housing Services</p> <p>Outpatient/Ambulatory Medical Care*</p> <p>Oral Health Care*</p> <p>Emotional Support</p> <p>Homemaker Services</p> <p>Mental Health Services including Grief &amp; Bereavement Support*</p> <p>Support Services for HIV/AIDS Affected Individuals and Care Givers</p> <p>Prescription and over-the-counter drugs including psychiatric medication</p>	<p>Nutritional Services</p> <p>Food Services*</p> <p>Palliative Care</p> <p>Hospice Care</p> <p>Home Health &amp; Community Based Services*</p>
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### Additional Services

Additional Services	<p>Alternative Complementary Care</p> <p>Legal Services** including Advanced Directives counseling and Estate Planning</p> <p>Funeral Arrangements</p>
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Cameron Kaiser, MD  
 Interim County Health Officer Co-Chair

Henry Nickel  
 Community Co-Chair

# Continuum of Care Committee

Thursday, March 08, 2012  
 9:30am-11:30am

Meeting Location

Foothill AIDS Project  
 364 Orange Show Lane  
 San Bernardino, CA 92408  
 (909) 388-0426/PCS Mobile (909) 693-0750

Teleconferencing Site

Department of Public Health  
 Carousel Mall  
 120 Carousel Mall  
 San Bernardino CA 92415  
 (909) 388-0426

Teleconferencing Site

Desert AIDS Project  
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## Minutes

**Attendees:** J. Houchen, B. Contreras, L. Ford-Watson, C. Harris

**PCS:** A. Soria

<b>9:30</b>	<b>1. Call to Order</b> <ul style="list-style-type: none"> <li>▪ Roll Call*</li> <li>▪ Introductions</li> </ul>	L. Ford-Watson
	<b>2. Public Comments<sup>1</sup></b> None	Members of the Public
	<b>3. Members Privilege</b> None	PC Members
	<b>4. Approval of Agenda<sup>2</sup></b> Motion/Second: C. Harris/J. Houchen Motion carried.	L. Ford-Watson
	<b>5. Approval of Minutes<sup>2</sup></b> 5.1 Minutes of February 02, 2012 Motion/Second: B. Contreras/J. Houchen	L. Ford-Watson

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Motion to amend the minutes and accept as amended.  
Motion carried.

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**6. Old Business<sup>2</sup>**

6.1 Comprehensive HIV Plan

- Provide input in the development of the Comprehensive Plan (A-1)  
The committee made revisions to the Continuum of Care and Prevention Chart.
- Address Chapter 11 of the 2009-2012 Comprehensive Plan, Monitoring and Evaluation of Plan (A-2)

Subcommittee Members

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**7. Public Comments<sup>1</sup>**

Members of the Public

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**8. Members Privilege**

PC Members

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**9. Review of Action Items**

PCS will make revisions to the Continuum of Care and Prevention Chart.

PC Staff

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**10. Agenda Setting for Next Meeting**

PC Members/ L. Ford-Watson

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**11. Roll Call\***

PC Staff

**11:30**

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**12. Adjournment**

L. Ford-Watson

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