INLAND EMPIRE HIV PLANNING COUNCIL

351 N. Mt. View Avenue • San Bernardino, CA 92415-0475
(909) 693-0750
Website: www.iehpc.org

Riverside/San Bernardino California Transitional Grant Area

Maxwell Ohikhuare, MD
County Health Officer Co-Chair

Gregory French
Community Co-Chair

Continuum of Care Committee

Thursday, March 14, 2013
3:00pm-4:00pm

Meeting Location
SB County of Public Health
172 W. 3rd St. , 6th Floor
San Bernardino, CA 92415
(909) 693-0750

Teleconference Site
Desert AIDS Project
1695 North Sunrise Way
Palm Springs, CA 92262-3702
(760) 323-2118

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Agenda

3:00pm	**1. Call to Order** ▪ Roll Call* ▪ Introductions	B. Contreras
	2. Public Comments[1]	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda[2]	B. Contreras
	5. Approval of Minutes[2] 5.1 Minutes of April 19, 2012	B. Contreras
	6. Old Business[2] None	Committee Members
	7. New Business[2] 7.1 Review Roles and Responsibilities (A-1) 7.2 Review Continuum of Care (A-2)	B. Contreras

	8. Public Comments[1]	Members of the Public
	9. Members Privilege	PC Members
	10. Review of Action Items	PC Staff
	11. Agenda Setting for Next Meeting April 11, 2013 at DAP	PC Members/ B. Contreras
	12. Roll Call*	PC Staff
4:00pm	**13. Adjournment**	B. Contreras

[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.

* 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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(f) Monitoring to ensure that the Council's membership meets legislative requirements and HRSA standards, is representative of required membership categories, reflective of the epidemic in the TGA, and includes at least one-third (1/3) unaffiliated consumers of Part A services.

(2) Composition: At least one (1) member who is a PLWH, and at least one (1) other member who is a person of color.

f. Empowerment Committee

(1) The responsibilities of the Empowerment Committee shall include:

(a) Fostering awareness of HIV/AIDS and the role/mission of the Council in the communities of the TGA, and support for programs assisting PLWH,
(b) Serving as a sounding board and line of communication between the TGA and populations that are historically and newly identified as being underserved,
(c) Promoting consumer education about the services available through Part A,
(d) Making recommendations to the Council to achieve equitable delivery of high quality, culturally competent services to all eligible consumers, and to improve outreach and services to underserved populations,
(e) Making recommendations to the TGA on how to increase its effectiveness at identifying and bringing into care persons who are aware that they are HIV infected but are not in care,
(f) Gathering information about and creating awareness of services that are part of the TGA's continuum of care and are available at low or no cost to consumers, but are funded by sources other than Part A, and
(g) Supporting the recruitment of qualified members for the Council, and facilitating participation of consumers at all levels.

(2) Composition: The Empowerment Committee shall consist of no more than nine Council members and an unlimited number of non-Council members. Special efforts shall be made to recruit PLWH, including unaffiliated Part A consumers, as members. The Chair must be a member of the Council.

g. Continuum of Care Committee

(1) Responsibilities: The responsibilities of the Continuum of Care Committee (COC) shall include:

(a) Guiding, coordinating, facilitating, and overseeing the development and strengthening of the TGA's continuum of care,
(b) Taking the lead for the Council in the evaluation of Council products and actions including:
i. Monitoring and evaluating progress on the Comprehensive HIV Services Plan goals and determining what impact services are having on client health outcomes,
ii. Examining the cost-effectiveness of the services delivered, using cost and utilization data provided for each service category by the RWP as well as outcomes data,
iii. Reviewing service category expenditures and program performance and comparing them with Council goals and objectives,
iv. Assessing aggregate performance of services,
v. Providing information (input) for the development of the Comprehensive Plan, and
(c) Recognizing that clinical quality management (QM) is primarily a RWP responsibility, receiving and using clinical quality management data on a service category level, and working with the RWP to support and learn from the TGA's clinical QM activities,
(d) Ensuring coordination in the provision of services with non-Part A programs, including programs for HIV prevention and for the prevention and treatment of substance abuse, and
(e) Implementing special projects related to standards and evaluation activities.

(2) Composition: The Committee shall ensure diverse participation, including PLWH and other non-providers as well as providers.

h. Standards Committee

(1) Responsibilities: The responsibilities of the Standards Committee shall include:

(a) Developing and updating service category definitions and standards of care for each service category. Specific activities include:
i. Developing and revising, as needed, the Standards of Care for funded service categories, and recommending Client

B. Current Continuum of Care

The TGA's *Continuum of HIV Prevention and Care* is designed to address the needs of PLWHA across all life stages, from those unaware of his/her HIV status, through HIV counseling and testing, early intervention and linkage to care, to retention in care and treatment adherence. Outpatient/ambulatory medical care is the cornerstone of the TGA's care model, which is grounded in the *Chronic Care Model*. With its growing population of PLWHA of color, the TGA adheres to the Office of Minority Health's *Standards on Culturally and Linguistically Appropriate Care* as the starting point for mitigating cultural and linguistic barriers to care. Part A and MAI-funded EIS support a focused effort to bring PLWHA who are out of care and newly diagnosed HIV positive individuals into care. To support access and retention in care, the TGA funds a wide range of Ryan White core and support services, including medical and non-medical case management, to help PLWHA navigate a complex care system. The TGA funds mental health, outpatient substance abuse, medical transportation, food, and housing services to mitigate key barriers. (See Table 15 for a complete listing of Ryan White Part A and MAI prioritized and funded services for FY 12-13.)

All Part A and MAI funded services are part of the TGA's comprehensive continuum of care. Other services along that continuum are available through other resources including: Part C-funded early intervention services, home health care (Medi-Cal; Medicare), hospice (Medi-Cal; Medicare), rehabilitation services (Medi-Cal; Medicare), legal services (legal aid clinics), and much more. RW non-medical and medical case managers help PLWHA navigate these resources. The TGA's planned services are intended to help fill the gap where other services do not exist or are insufficient to meet current needs.

With its *High-Impact Approach to HIV Prevention* initiative, the Centers for Disease Control and Prevention (CDC) places an increased emphasis on identifying new HIV positive individuals and linking them to care through HIV counseling and testing and preventing transmission of HIV by targeting HIV prevention programs to HIV positive individuals. The intent of the CDC's *Prevention with HIV-positives* efforts is to stem the epidemic at its source. Through partner counseling and referral services, the CDC hopes to encourage known partners of HIV positive individuals to seek HIV antibody testing. Finally, the CDC also recognizes that HIV positive individuals who are engaged in primary medical care are more likely to practice safer sexual and/or needle-sharing behaviors than those who are not linked to care, thereby reducing their risk of transmitting HIV to others. With this paradigm shift within the CDC, the gap between HIV prevention and care disappears as HIV prevention and care become complementary components of the comprehensive continuum of care.

Integrated Model of HIV Prevention & Care: The Continuum of Care Committee (CCC) has among its responsibilities cited in PC Bylaws the "Guiding, coordinating, facilitating, and

overseeing the development and strengthening of the TGA's continuum of care. Prior to the July 2011 PSRA Summit, a continuum of care from the Minnesota's *Integrated Model of HIV Prevention and Care* was adopted by the PC.

The Continuum of Prevention and Care is a model for thinking comprehensively about HIV services for the general community, at-risk individuals and PLWHA across populations and across the various states of HIV disease. The model attempts to: 1) identify the array of prevention services needed in order to increase awareness of HIV, and support the general population, at-risk individuals, and PLWHA in maintaining safe behaviors; and 2) identify the full battery of care services that need to be available throughout the TGA to support PLWHA to attain their highest quality of life.

The Continuum of Prevention and Care is a planning tool for the Planning Council and RW Program in developing an "ideal" system of HIV prevention and care in the TGA. As part of that work, the Continuum of Prevention and Care is one of many pieces of information that is used by the PC at their annual PSRA Summit.

The Continuum of Prevention and Care includes all HIV-specific prevention and care services, including those that are not currently funded through the RW, state care or prevention dollars, or CDC prevention funds, or are not eligible for funding through those sources. Such services are essential to the care and support of PLWHA, and to supporting prevention efforts in the TGA. It is important to recognize that the RW, state dollars, and CDC funds represent only several possible sources of funding for care and prevention services. It is essential that planning for RW, state, and CDC funding is done in consideration of and in coordination with each other and with services funded through other mechanisms. These services can help identify opportunities for collaboration with service organizations outside of the current HIV system of care and help the Planning Council and RW Program avoid a duplication of effort in funding decisions.

Following the review of needs assessment information, client utilization data, unmet need and gap analyses at the PSRA Summit, the planning council's Continuum of Care Committee (CCC) identified the need to enhance the comprehensiveness of the continuum. One revision sought was to include three categories of services by broad funding source: 1) TGA-funded RW services; 2) services eligible for RW funding but not provided; and 3) services provided locally in public or private sectors.

This Continuum of Prevention and Care model looks at populations, and within the population of PLWHA, at the stages of HIV disease. It is intended to identify all essential and support services that might be needed for each population and during the various states of HIV disease.

The Continuum of Care Committee of the Planning Council worked to develop a set of essential services that should be available to all persons living with HIV in the TGA. This set of essential services is not limited by the resources directly available to the Planning Council but includes a set of services and strategies to link services that are currently in place.

The health, well-being and quality of life of all those residing in the TGA, and particularly PLWHA, are directly affected by the continuum of prevention and care available to them. While every individual may not need all the services identified in the continuum, every effort must be made to ensure that these services are available when needed.

Stages of Life Framework: The TGA's Continuum of Prevention and Care Chart accompanied by a glossary of terms used (Appendix C) is based on seven stages of life: general community; at-risk individuals; PLWHA unaware population; PLWHA recently diagnosed; PLWHA stable illness; PLWHA progressive illness; and PLWHA end of life (Table 14).

For each stage of life, CCC looked at populations and outcomes, general access services, essential services and additional services, (e.g., training for providers, mental health facilities). Within the populations and outcomes category for each stage, defining characteristics of individuals and multiple short term, intermediate, and long-term goals for them were proposed.

Service Categories: The Continuum of Prevention and Care model organizes services into three categories. Clearly, the general community, at-risk individuals and PLWH/A struggle with an array of needs, many times related to issues beyond HIV; however, the model focuses on service needs specific to HIV infection that are likely to be needed. The three service categories are as follows:

A. Essential Access Services

Essential access services help people obtain access to HIV care, support and prevention services. Because some people would never receive essential care or prevention services or HIV additional services without the assistance provided through essential access services, this model assumes that access services are essential services for people who otherwise experience barriers to care.

Essential access services allow the general population, at-risk individuals and PLWHA to address informational, geographic, financial, social and other barriers to accessing medical care, prevention, and support services. These include outreach, counseling and testing, case management, care advocacy, discharge planning, interpretation/translation, health insurance, housing access and support, transportation, benefits counseling, information and referral, and child care.

B. Essential Prevention Services

Essential care and prevention services are those that are considered services necessary to address prevention and care needs. The model assumes that essential prevention services should be available to the general community, at-risk individuals and PLWHA across the TGA. The model also assumes that *at a minimum*, all persons living with HIV need the essential care services in order to receive adequate HIV care.

Essential prevention services address the basic HIV prevention needs of each population throughout the continuum. These services include, but are not limited to community awareness, comprehensive sexual education, sexual health promotion, prevention case management, partner counseling and referral services, health education and risk reduction, Syringe Exchange Program, substance use services, case management, and community mental health services. It is understood that the main focus of these efforts will coincide with the CDC's new *High-Impact* initiative to target high-risk communities and prevention with HIV-positive individuals.

C. Essential Services

Essential services address the basic needs of PLWHA. These services include medical care, oral health services, prescription drug services, medically-based housing service, substance use services, mental health services, health education and risk reduction, emotional support, nutritional services, and support services for HIV affected individuals and caregivers.

D. Additional Services

HIV additional services are ancillary or "wrap-around" in supporting care and prevention needs of PLWHA, and behavior change needs of the general population and at-risk individuals. The model assumes that these services are needed to provide full support to people. The number and types of secondary issues that an individual experiences will drive the array of HIV additional services that person needs to manage his or her illness and/or prevention efforts. These services include, but are not limited to, early intervention and outreach services, adult day care, alternative/complementary care, legal services, and funeral arrangements

Many types of HIV additional services are provided through state and local departments of social services, health, employment, development and rehabilitation, mental health, and regional centers for person with developmental disabilities. Other services, due to their particular nature, are provided by a variety of organizations, including community-based AIDS service organizations, health professional training centers, and volunteers.

The CCC transmitted the revised Continuum of Prevention and Care to the Planning Committee for inclusion in the *2012 Comprehensive HIV Services Plan*. Slide presentations were made to the Planning Committee and the Planning Council in March 2012. During the revision process it became increasingly clear that greater collaboration and public/private partnerships will be

necessary to ensure the various services identified in the Continuum of Prevention and Care will be available and accessible. The Riverside/San Bernardino, CA TGA is projected to continue to be economically challenged for the life of this comprehensive plan. The strategies, goals and objectives and activities presented in Section Three reflect this recognition.

Table 14 - Continuum of Prevention And Care Chart (See Appendix C for a glossary of terms used below)

GENERAL COMMUNITY		
Populations and Outcomes		
Defining Characteristics	May not have information about HIV disease, risks, or transmission	
	May have inaccurate information about HIV disease, risks, or transmission	
	May have biases, phobias, and prejudices	
	May not be interested in or care about HIV	
	Influence resource allocation through involvement in the political process	
	Provide volunteer resources in a variety of settings and systems	
	Very diverse population	
Short Term Goals	Increased knowledge of HIV disease, HIV transmission, HIV testing,	
	epidemiology data and trends, sexual health, risk groups, perceived	
	risk, and resources available	
Intermediate Goals	Increased access to services, education and information	
	Increased awareness of how individuals can get involved in prevention/care	
	Recognize impact of HIV on health care system	
Long Term Goals	Reduce fear, stigma, discrimination, and internalized oppression in order to create a supportive environment for HIV prevention and for persons living with HIV	
	Everyone is aware of their HIV risk and status	
	Referral into prevention programs for high-at-risk individuals, initiation of care strategy for people who test positive (see Undiagnosed and Recently Diagnosed)	
	Uninfected individuals remain uninfected	
	Increased awareness of risk	
	Informed and healthy sexual life	
	Consistent use of safer sex, needle use and exchange practices	
	Everyone takes responsibility for reducing HIV infections	
All services delivered in a culturally and linguistically appropriate manner with culturally appropriate materials.		
Essential Access Services		
Access to Care	Availability for Information and Referral	Culturally Appropriate Materials
	Interpretation/Translation	Counseling, Testing and Referral
	Community Awareness	
	Screening and Treatment of STD's, Hepatitis A, B, and C	

Essential Prevention Services		
Service Needs	Counseling, Testing and Referrals	Comprehensive Sexual Edu. (K-12)
	Community Awareness	Sexual Health Promotion
	Public Policy Advocacy	
Additional Services		
Additional Services	Training for Providers	Health Education & Risk Reduction
	Training for Physicians	Housing Access and Support Services
	Training for Volunteers	

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

Essential Access Services		
Access to Care	Information and Referral	Counseling, Testing and Referral
	Interpretation/Translation	Child Care
	Outreach	Health Insurance

	Community Based Organizations (e.g. Collaboration with Faith Based Organizations, Non Traditional Setting)	
Essential Prevention Services		
Service Needs	Community Mental Health Services	Syringe Exchange Program
	Counseling, Testing and Referral*	Sexual Health Promotion
	Partner Counseling and Referral Services	Services Community
	Health Education & Prevention/Risk	Resources Awareness
	Substance Use/Abuse Services	Post Exposure Prophylaxis
	HIV Screening for Pregnant Women	Case Management
	Screening and Treatment for STDs and Hepatitis A,B and C	
Additional Services		
Additional Services	Domestic Abuse Services	Housing Services
	Sexual Abuse Services	Training for Providers

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 & coping capabilities for undiagnosed
Intermediate Goals	Establish knowledge about HIV status & potential characteristics of HIV
Long Term Goals	Early detection of HIV infection, initiation of plan of care & prevention outreach
	Informed and healthy sexual life
	Consistent use of safer sex, needle use and exchange practices

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

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

Essential Prevention Services		
Service Needs	Outpatient/Ambulatory Medical Care	Sexual Health Promotion
	Training of Providers	Training of Physicians
	Counseling, Testing and Referral*	Resource Awareness
	Health Prevention	Mental Health Services
	HIV Screening for Pregnant Women	Substance Use/Abuse Services
	Education & Risk Reduction	Syringe Exchange Program
	Partner Counseling and Referral Services	Case Management
	Screening and Treatment for STDs and Hepatitis A, B, C	
Additional Services		
Additional Services	Housing Support & Access	
Identified Points of Entry for this TGA may include, but are not limited to:	Substance Abuse Treatment Outpatient and In Patient	
	Correctional facilities	
	Mental Health Treatment Facilities	
	Health Clinics and other community settings	
	Non Traditional Community Based Organizations	

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.

All services delivered in a culturally and linguistically appropriate manner with culturally appropriate materials.		
Essential Access Services		
Access to Care	Health Insurance	Discharge Planning
	Care Advocacy	Child Care**
	Benefits Counseling	Establish/Maintain Linkage to Care*
	EIS Information and Referral*	Medical Transportation*
	Case Management*	Community Awareness
	Interpretation/Translation	HIV Partner Services
	Housing Support Services*	
Essential Services		
Service Needs	Outpatient/Ambulatory Medical Care*	Oral Health Care*
	Sexual Health Promotion	Emotional Support
	Medical Case Management*	Mental Health Services*
	Health Education & Prevention**	Substance Use/Abuse Services*
	Prevention for Positives	
	Support Services for Affected Individuals and Care Givers	
	Prescription and over the counter Drugs including psychiatric medications	
Additional Services		
Additional Services	Emergency Financial Assistance**	Vocational Rehabilitation
	Prevention Training for Care Providers	
	Clinical Trials-Entry Programs for Recently Incarcerated	
	Legal Services** including Advanced Directives Counseling	

PLWH/A Stable Illness

Populations and Outcomes	
Defining Characteristics	HIV or AIDS diagnosis
	CD4 counts and viral load are stable
	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
	May experience common illnesses and/or treatment side effects
	May experience oral infections
	Impact of HIV/AIDS on activities of daily living is manageable
	Little or no physical or cognitive impairment
	Person is able to provide self-care for him/her self
Short Term Goals	Establish Plan of care and activities to manage side effects of treatment, reduce barriers of care and encourage treatment adherence
	Expand knowledge about access to care and prevention resources
	Expand knowledge and skills related to HIV transmission and prevention

Intermediate Goals	Maintain or improve state of health	
	Continues to use risk reduction principles	
	Manage daily living adjustments e.g., vocational, occupational	
	Personal Care	
Long Term Goals	Self-management of HIV/AIDS' impact on health and activities of daily living	
	Maintain independent function and activities of daily living	
	Informed/healthy sexual practice in response to unique risk factors (e.g. reinfection)	
	Consistent use of safer sex, needle use and exchange practices	
All services delivered in a culturally and linguistically appropriate manner with culturally appropriate materials.		
Essential Access Services		
Access to Care	Information and Referral	Sexual Health Promotion
	Health Insurance	Outreach*
	Case Management*	Child Care**
	Medical Transportation*	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	
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	HIV or AIDS diagnosis	
	CD4 counts and viral load are problematic, unstable	
	Changing care strategy e.g., ART, complementary/alternative therapy, no antiretrovirals, monitoring of CD4 counts and viral loads	
	Experiences HIV-related or AIDS-defining illnesses &other co-morbid conditions	

	Changing health status may trigger Mental Health* and/or emotional support needs
	Person may be willing to try experimental or extraordinary care measures
	Illness impairs activities of daily living
Short Term Goals	Updated assessment of medical and social services needs
	End-of-life needs assessed and planning started
	Revise and intensify care and prevention interventions
	Resource identification and planning
	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
	Development of individualized HIV risk intervention plan
Intermediate Goals	Achieve medical adjustments that stabilize health
	Achieve activities of daily living through adjustments
	Achieve psychological and coping adjustments
	Maintain risk reduction interventions
Long Term Goals	Self-management of HIV/AIDS' impact on health and activities of daily living
	Maintain independent function and activities of daily living
	Informed and healthy sexual practice in response to unique risk factors; e.g. Reinfection
	Consistent use of safer sex, needle use and exchange practices

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

Essential Access Services		
Access to Care	Information and Referral	Child Care**
	Health Insurance	Housing Access and Support*
	Medical Case Management*	Care Advocacy
	Benefits Counseling	Discharge Planning
	Medical Transportation*	Prescription Drug Coverage; e.g. ADAP* *
	Interpretation/Translation	Home and Community Based Health Services*
Essential Services		
Service Needs	Outpatient/Ambulatory Medical Care*	Health Education Risk Reduction
	Oral Health Care*	Rehabilitation
	Medically based Housing Services	Prevention Case Management
	Mental Health*	Sexual Health Promotion
	Medication Adherence Support*	Substance Use/Abuse Services*
	Prescription Drug Coverage; e.g. ADAP**	Nutritional Services
	Psychosocial and Emotional Support*	
Additional Services		
Additional Services	Alternative Care	Legal Services**

	EIS and Outreach Services*	Adult Daycare
	Support Services for HIV/AIDS Affected Individuals and Care Givers	
PLWH/A- End of Life		
Populations and Outcomes		
	Aging with HIV/AIDS infection- both recently diagnosed and long-term survivor	
Defining Characteristics	HIV/AIDS diagnosis	
	CD4 counts and viral load are problematic	
	Changing care strategy. HIV/AIDS treatment options have been exhausted.	
	Experiences advanced HIV-related complications and/or AIDS defining illnesses Illness significantly or completely impairs activities of daily living.	
	Illness significantly or completely impairs activities of daily living	
	Person may be willing to try experimental or extraordinary care measures	
Short Term Goals	Adequate pain and symptom control	
	Activities of Daily living and personal care transfer to others	
	Assess need for individualized HIV risk reduction intervention plan	
Intermediate Goals	Adequate pain and symptom control	
	Activities of Daily living and personal care transfer to others	
	Individual is emotionally prepared for death	
	Individual's social/financial/legal matters are taken care of before death	
Long Term Goals	Maximize individual's control over the end of his/her life	
	Manage pain and other complications or symptoms	
	Revert back to stable or progressive state	
	A planned for good, peaceful death	
All services delivered in a culturally and linguistically appropriate manner with culturally appropriate materials.		
Essential Access Services		
Access to Care	Health Insurance	Interpretation/Translation
	Information and Referral	Case Management*
	Medical Transportation*	Care Advocacy
	Housing Access and Support*	Benefits Counseling
	Child Care**	After Death Care and Services
Essential Services		
Service Needs	Medically-based Housing Services	Nutritional Services
	Outpatient/Ambulatory Medical Care*	Food Services*
	Oral Health Care*	Palliative Care
	Emotional Support	Hospice Care
	Homemaker Services	Home Health & Community Based Services*
	Mental Health Services including Grief & Bereavement Support*	

	Support Services for HIV/AIDS Affected Individuals and Care Givers
	Prescription and over-the-counter drugs including psychiatric medication
Additional Services	
Additional Services	Alternative/Complementary Care
	Legal Services** including Advanced Directives counseling and Estate Planning
	Funeral Arrangements

* Ryan White Funded Category
** Ryan White Eligible Category

RW Funded HIV Care Services by Service Category, Core and Support Services

Table 15 provides a summary of the RW funded HIV care services by service category, core and support services in the TGA.

Table 15 - RW Provider Services Matrix FY 12-13, Riverside/ San Bernardino, CA TGA
Includes Part A and Minority Aids Initiative (MAI)

Priority Order		Part A and MAI Service Providers					
		AHF	*Bienestar*	DAP	FAP	RCDPH	SACHS
CORE SERVICES							
1	Oral Health Care			X		X	X
2	Outpatient/Ambulatory Medical Care	X		X		X	
3	Early Intervention Services (EIS) Part A	X		X	X		
4	Early Intervention Services (MAI)		X	X	X	X	
5	Medical Case Management	X		X		X	
6	Mental Health Services			X	X	X	
7	Substance Abuse Services (Outpatient)			X	X		
8	Home/Community Based Health Services			X			
9	AIDS Pharmaceutical Assistance (Local)			X		X	
10	Health Insurance Premium (NOT FUNDED)						
SUPPORT SERVICES							
1	Case Management (Non-Medical)		X	X	X		
2	Food Services		X	X	X		
3	Housing Services			X	X		
4	Medical Transportation Services		X	X	X		
5	Psychosocial Support Services		X	X	X		
6	Emergency Financial Assist. (NOT FUNDED)						
7	Outreach (NOT FUNDED)						
8	Treatment Adherence (NOT FUNDED)						
9	Substance Abuse – Residential (NOT FUNDED)						
10	Health Edu/Risk Reduction (NOT FUNDED)						
11	Child Care (NOT FUNDED)						

Abbreviations: AHF = AIDS Healthcare Foundation; DAP = Desert AIDS Project; FAP = Foothill AIDS Project; RCDPH = Riverside County Department of Public Health ; SACHS = Social Action Community Health System

Non- RW Funded HIV Care and Service Inventory

Table 16 and Table 17 provide a summary of the Resources Available for HRSA Core and Support Services for PLWHA from Ryan White Funded & Non-Ryan White Funded Services in the TGA.

Table 16 - Resources Available for Core Services for PLWHA from Ryan White Funded & Non-Ryan White Funded Services in TGA, FY 11-12

CORE SERVICES	FUNDED SOURCE
Outpatient/Ambulatory Medical Care	- Ryan White (Part A and C) - Medi-Cal - Medicare - Private - California Children's Services (CCS) - Veterans Affairs (VA) - CA State Single Allocation Funds (former Part B) - County Service Medical Program (CSMP) - Medically Indigent Services Program (MISP) - Healthy Families - Healthy Kids - HRSA Federally Qualified Health Centers (FQHC) in the TGA - Low Income Health Plans (LIHP) in San Bernardino and Riverside Counties
AIDS Pharmaceutical Assistance (Local)	- Ryan White Part A - AIDS Drug Assistance Program (ADAP) - Medi-Cal - Medicare Part D - Private - Veterans Affairs (VA) - Pharmaceutical Company Patient Assistance Programs - Low Income Health Plans (LIHP) in San Bernardino and Riverside Counties
Oral Health Services	- Ryan White (Parts A and F) - Denti-Cal (pregnant and/or under age 21 + extractions only) - Medicare - Private - Veterans Affairs (VA) - California Children's Services (CCS) - HRSA Federally Qualified Health Centers (FQHC) in the TGA
Early Intervention Services	- Ryan White (Part A and MAI) - Some components of EIS are provided by State programs and local community-based organizations (CBOs)
Health Insurance Premium and Cost Sharing Assistance	- Care/HIPP COBRA Assistance (State) - American Recovery Reinvestment Act (ARRA) COBRA Continuation Coverage Assistance (Federal)

CORE SERVICES	FUNDED SOURCE
Medical Nutrition Therapy	- Medi-Cal - Medicare - Private - Veterans Affairs (VA) - County Health Departments * No dedicated services. However, could be received through regular provision of medical care.
Home Health Care	- Medi-Cal - Medicare - Private - Visiting Nurse Association (VNA) of Southern California (skilled nursing only)
Home and Community-Based Services	- Ryan White (Part A) - Medi-Cal Waiver
Mental Health	- Ryan White (Part A) - Medicare - Private - Veterans Affairs (VA) - County Behavioral Health Programs - Substance Abuse and Mental Health Services Administration (SAMHSA) - Low Income Health Plans (LIHP) in San Bernardino and Riverside Counties
Substance Abuse (Outpatient)	- Ryan White (Part A) - Medi-Cal - County Behavioral Health Programs - Substance Abuse and Mental Health Services Administration (SAMHSA)
Medical Case Management	- Ryan White (Part A) - Medi-Cal Waiver - Private - Veterans Affairs (VA) - California Children's Services (CCS) - County Programs
Hospice Services	- Medi-Cal - Medicare - Private - Veterans Affairs (VA)

Source: Resource Gap Service Category Profiles Presented at PSRA Summit, July 2011

Table 17 - Resources Available for Support Services for PLWHA from Ryan White Funded & Non-Ryan White Funded Services in TGA, FY 11-12

SUPPORT SERVICES	FUNDED SOURCE
Case Management (Non-Medical)	- Ryan White (Part A) - Community-Based Organizations (CBOs) - Some non-RW health programs also provide limited case management services.
Food Services	- Ryan White (Part A) - County AID Programs (SSI and undocumented are not eligible) - Supplemental Nutrition Assistance Program (SNAP) - California Food Assistance Program (CFAP) - Women, Infants and Children (WIC) - American Recovery Reinvestment Act (ARRA) - Meals on Wheels - Community-Based Organizations (CBOs) - Other Charitable Organizations.
Housing Services	- Ryan White (Part A) - Housing Opportunities for Persons with AIDS (HOPWA) - Section 8 - Emergency Shelter Grants (ESG) - Vista Sunrise Apartments (Palm Springs) - American Recovery Reinvestment Act (ARRA) - Inland Valley Hope Partners - Enterprise Home Ownership Partners (EHOP) - Homelessness Prevention and Rapid Re-Housing Program (HPRP) - Casas San Miguel, Catholic Charities, and other non-RW CBOs - STRT Program - Emergency Food and Shelter Programs (EFSP)
Medical Transportation	- Ryan White (Part A) - Dial-A-Ride - Public bus Discounts for disabled - Other van trips from CBOs
Legal Services	- Various legal aid clinics - American Recovery Reinvestment Act (ARRA) - Inland Behavioral and Health Services, Inc. - Inland Counties Legal Services
Child Care	- Head Start - Some subsidized child care services available
Emergency Financial Assistance	- Home Energy Assistance Program (HEAP) - Riverside City Public Utilities Discounts - Southern California Edison Low Income Program - Southern California Gas Company Gas Assistance Program - Other local utility company discounts - County Programs - Community Based Organizations (CBOs)
Health Education/Risk Reduction	- County medical services include the provision of this service

SUPPORT SERVICES	FUNDED SOURCE
Linguistic Services	- No known agencies that specialize in providing translation/interpretation to PLWHA - There are several translation /interpretation agencies in the TGA, including those that specialize in Spanish and Sign Language. - U.S. medical standards require medical care providers to ensure the availability of linguistically appropriate services.
Psychosocial Support Services	- Ryan White (Part A) - No known non-RW agencies that specialize in providing this service to PLWHA in TGA - This service is generally available in conjunction with 12-step programs and other health related illness.
Referral for Health Care/Supportive Services	- Public Health Departments for both San Bernardino and Riverside Counties - 211 Telephone directory for both counties - 211 Online Director(www.211sb.org and www.riversidecounty.org) - www.AIDSHotline.org - Each RW provider maintains in-house lists of contacts and information regarding health and other social services - Some RW providers provide lists of resources on their websites
Rehabilitation Services	- This service is offered through referral from primary physician
Respite Care	- The majority of available respite services are reserved for the elderly or the developmentally disabled.
Substance Abuse (Residential)	- There are no dedicated Substance Abuse in-patient beds for PLWHA in the TGA - There are limited residential alcohol/substance abuse programs
Treatment Adherence Counseling	- There are no community resources available for this service outside what is provided during a medical visit.
Outreach Services	- Prevention programs for both San Bernardino & Riverside Counties - State Single Allocation - State MAI Outreach (formerly Bridge)

Source: Resource Gap Service Category Profiles Presented at PSRA Summit, July 2011

How RW Funded Care Interacts with Non-RW Funded Care Ensuring Continuity of Care

RW Parts A, B, C and F: There is a clear coordination of Ryan White funding (Part A, Part B, and Part C) that ensures non-duplication. The San Bernardino County DPH Clinical Services Section receives RW Part B funds through the California Office of AIDS as a single allocation and RW Part C funds directly through HRSA. San Bernardino County does not receive any Part A funds for medical or other service and thus does not duplicate any other RW-funded services with Part A. The Riverside County HIV/AIDS Branch receives both Part A and Part B funds. Through rigorous billing and accounting controls, Riverside County HIV/AIDS Branch ensures that Part A funds do not duplicate Part B funds. Part A contractors must identify the primary payer for each client and Part A funds will be only used to pay for uninsured PLWHA or for services not covered by other insurances. Denial of payment by the primary payer must be documented. The Loma Linda University Dental School receives Part F funds, approximately

half of which are used to train dental providers in the TGA. The other half (about $150,000) is used to serve a small number of PLWHA who receive services through the dental school. The school does not receive Part A funds and therefore the Grantee also expects that these PLWHA are unduplicated.

Other Medical Insurances including Medi-Cal & Medicare: As with other payer sources, Part A funds are used as payer of last resort through a rigorous screening process. All RW funded Medical Care Providers are required to be certified Medi-Cal providers to facilitate Medi-Cal billing. Ryan White funded services are provided as a stop gap while eligibility determination is pending for Medicare or other 3rd party payer. If a client is found to be eligible for another payer source, RW providers are required to bill that payer source for the cost of services already rendered and report those funds as *Program Income*. This income is used for RW-eligible clients on RW-eligible services.

Currently, the Grantee has been involved in extensive planning for local implementation of the Low Income Health Plan (LIHP), which is part of the 2009 Patient Protection and Affordable Care Act's (PPACA) *Bridge to Healthcare Reform*. LIHP will increase access to Medicaid (Medi-Cal in CA) through the establishment of County-specific healthcare programs targeting low income, childless individuals who do not qualify for Medi-Cal and have no other health insurance. Thus, LIHP will provide a set of services that may overlap with RW Core and Support services. Should this occur, LIHP will act as primary payer and maintain Ryan White as *payer of last resort*. However, because each County will have its own "cap" on how many individuals can be served, it is possible that while an individual is eligible for LIHP services, they may be placed on a *LIHP waiting list* if the "cap" is reached. Therefore this individual would qualify for RW funded services and this would ensure their continued care. It is estimated that 770 PLWHA may qualify for LIHP. Eligibility for LIHP will be determined at the client's next scheduled benefits screening for those clients in compliance with the *DHHS Health Resources and Services Administration (HRSA)* letter (8/9/11) regarding LIHP and RW, and will not result in an interruption in services. LIHP implementation began January 1, 2012.

Service Coordination: Both the Grantee and the IEHPC have emphasized the need for ongoing efforts to improve the coordination of services across all RW and non-RW care and prevention service providers. The Grantee included specific language within its 2010 request for proposals for RW Part A and MAI services, which began in FY 2011. As a part of their application for funding, all applicants are required to *establish mechanisms for integration and/or coordination with existing HIV service providers, as appropriate, and participate in an HIV/AIDS community-based continuum of HIV prevention and care*. For FY 2012 services, contracts will be amended with service providers to reflect any changes in the Part A award; at that time, the Grantee will review contract language to ensure that it reflects this requirement for service coordination.

There is more data available on other resources for Core Service categories than for Support Service categories. However, the Grantee uses relevant data from the *2011 CNA* to estimate the number of PLWHA who receive services from other Support Service category sources (e.g., Section 8; Home Energy Assistance Program, etc.). This resource gap estimate, which is updated annually, informs the IEHPC's decision-making process during their annual PSRA summit. Thus, when allocating Part A funds, the IEHPC is able to make informed, data driven choices, which have already taken into account other available resources in the TGA, including other available Ryan White funds (i.e., Parts B, C, and F).

Other Local Coordination: To further ensure service coordination, Table 18 on the next page depicts the major funding sources (non-Part A) that the Planning Council considers annually in service planning by category. The report on the Availability of Other Public Funding includes a broad array of other available resources that are integrated into the resource gap estimate.

Table 18 - Other Available Funding Considered in Planning for Selected Service Categories

Service Category	Type	Other Funding Sources Considered
Outpatient Medical Care	Federal	Medicare
	Federal	Ryan White Part C
	Federal	Veterans Affairs
	Federal	Medicaid (i.e., Medi-Cal)
	State	Medicaid (i.e., Medi-Cal)
	State	California Children's Services
	State	Single Allocation (RW Part B pass through State)
	Local	Riverside/San Bernardino Counties
	Local	Private Insurance
Substance Abuse/Mental Health	State	Single Allocation (RW Part B pass through State)
HIV Counseling and Testing	State	Single Allocation (CDC pass through State)
Housing Services	Federal	Section 8
	State	HOPWA
	Local	Homelessness Prevention Program
	Local	Private HIV Housing facility (apartment units)
Food Services	Federal	Women, Infants, Children (WIC)
	Federal	Supplemental Nutrition Assistance Program (SNAP)

How the Service System/Continuum of Care Has Been Affected By State and Local Budget Cuts, as Well as How the RW Program Has Adapted

Trends in Services and Fiscal Resources Due to Budget Cuts: Over the past two years, there has been $1,655,782 in state and local budget cuts in the TGA (Table 19). The state cuts alone total $1,279,355 and represent a 38% decline in funding. These cuts have decreased the availability of services within the TGA's continuum of HIV prevention and care services.

Table 19 - Impact of State of California 2009-2010 Budget Cuts on PLWHA and Resources
Type of Service, Number of Persons Impacted, Resources Lost

Type of Service	Number of Persons Impacted	Resources Lost
State - Prevention Services	unknown	$ 529,586
State - Early Intervention Services	1,087	
State - Case Management Services	2,061	$ 259,777
State - Therapeutic Monitoring	unknown	$ 105,569
State – Medical Care Services Program	3,320	$ 384,423
Local - Medical Care	325	$ 376,427
Total Reduction		$ 1,655,782

These severe reductions forced the State and both Counties in the TGA to terminate contracts with community based organizations (CBOs) for Medical Care, EIS, and HIV Education and Risk Reduction services. State funds for HIV testing and therapeutic monitoring for viral load, genotypes, and phenotypes were also eliminated. ADAP remains intact. However, if the State continues to have fiscal problems, which are likely, reductions to this program may still occur.

The state fiscal cuts for HIV care services targeting PLWHA (in care and out of care) were predominantly Part B funds. Prior to these cuts, the Part A Grantee also administered Part B funds. Concurrently with the cuts, the California OA made changes in their award process that resulted in local changes in the administration of Part B funds. As a result, Part B funds are no longer coordinated through the Part A Grantee's office but are a single award made to each of the two counties. Each county office responsible for the administration of Part B has authority over the use of these funds. While Part B funds were administered by the Part A Grantee, they supported key support services (e.g., food and medical transportation). These are now included in the TGA's Part A request because Part B funds are no longer available to support them. The Part A Grantee had also used Part B funds to help support Clinical Quality Management (CQM) activities, including the required needs assessment. These resources are no longer available. In 2011, the Part A Grantee negotiated with the Part B counterparts to collaborate and share resources for a coordinated HIV prevention and care *2011 Comprehensive Needs Assessment*.

For Jurisdictions That Lost A TGA, Describe the Impact on Services (Only Puerto Rico, New York, New Jersey, and California Grantees Should Respond)

The loss of a TGA in California did not occur in Southern California; therefore, it has no direct impact on HIV services in the Riverside/San Bernardino, CA TGA.

C. Description of Needs

The TGA completed its 2011 Comprehensive Needs Assessment (CNA), which included an online survey and focus groups targeting PLWHA. Through the survey, the TGA gathered

INLAND EMPIRE HIV PLANNING COUNCIL

120 Carousel Mall • San Bernardino, CA 92415-0475
(909) 388-0426 • Fax (909) 388-0424
Website: 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.

Minutes

9:30	**1. Call to Order** ▪ Roll Call* ▪ Introductions	L. Ford-Watson
	2. Public Comments[1] None	Members of the Public
	3. Members Privilege None	PC Members
	4. Approval of Agenda[2] Motion/Second: J. Houchen/B. Contreras Motion carried.	L. Ford-Watson
	5. Approval of Minutes[2] 5.1 Minutes of March 08, 2012 Motion/Second: J. Houchen/C. Harris Motion carried.	L. Ford-Watson
	6. Old Business[2] 6.1 Comprehensive HIV Plan • Provide input in the development of the Comprehensive Plan • Continuum of Care and Prevention Chart (A-1) Members of the committee reviewed both of	Subcommittee Members

	the above. PC will add flow chart to prevention chart.	
	7. Public Comments[1] None	Members of the Public
	8. Members Privilege None	PC Members
	9. Review of Action Items PC will add flow chart to prevention chart.	PC Staff
	10. Agenda Setting for Next Meeting	PC Members/ L. Ford-Watson
	11. Roll Call*	PC Staff
11:30	**12. Adjournment**	L. Ford-Watson

[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.

* 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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