



INLAND
EMPIRE
HIV
PLANNING
COUNCIL

351 N. Mt. View • 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

Standards Committee

Thursday, November 21, 2013
12:00pm-2:00pm

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

12:00pm	1. Call to Order <ul style="list-style-type: none">▪ Roll Call*▪ Introductions	T. Evans
	2. Public Comments¹	Members of the Public
	3. Members Privilege	PC Members
	4. Approval of Agenda²	T. Evans
	5. Approval of the Minutes² 5.1 Minutes of August 22, 2013	T. Evans
	6. Old Business² 6.1 Review Standards**	T. Evans
	7. New Business 7.1 Review/Update Mental Health Standards (A-1) 7.2 Review/Update Substance Abuse Standards (A-2)	T. Evans
	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 January 16, 2013 HIV Planning Council Conference Room	PC Members/ T. Evans
	12. Roll Call*	PC Staff
2:00pm	13. Adjournment	T. Evans

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.

*** Teleconferencing will be disconnected if there are no participants on the line after 15 minutes.

Requests for special accommodations must be received 72 hours prior to the date of the meeting. Contact PC Support at (909) 693-0750.

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

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 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. 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

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 Substance Abuse Services. If a client receiving Substance Abuse 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. Review and update treatment plan at least every 120 days or more frequently as necessary. Track and clearly document progress for each individual receiving Substance Abuse Services.
6. Provide individual counseling sessions.
7. Provide group counseling sessions.
8. Participate in and provide relevant information for case conferencing sessions.
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.

**INLAND EMPIRE HIV PLANNING COUNCIL STANDARDS OF CARE
RIVERSIDE / SAN BERNARDINO TRANSITIONAL GRANT AREA
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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 Mental Health Care is 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 mental health services will demonstrate a decreased level of pathology, including but not limited to depression and/or anxiety.
3. Individuals receiving mental health services will demonstrate an increased adherence to care through kept appointments and adherence to treatment plans/medications.

B. Description of Services

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 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 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 Mental Health Services. If a client receiving 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.
6. Provide crisis intervention when necessary.
7. Individual counseling.
8. Group counseling.
9. Case conferencing.
10. Psychiatric assessment/evaluation.
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.



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Standards Committee

Thursday, August 22, 2013
12:00am-2:00pm

Meeting Location

Department of Public Health
173 W. 3rd Street, 6th floor
San Bernardino, CA 92415
909-693-0750

Minutes

Members: B. Contreras, T. Evans, P. Hagan, B. Orr
Guests: C. Harris, A. Ziven, L. White
RWP: B. Flippin, S. Cienfuegos
Staff: A.Fox, M. Hoze

12:00pm	1. Call to Order <ul style="list-style-type: none"> ▪ Roll Call* ▪ Introductions 	T. Evans
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	2. Public Comments¹ C. Harris advised that transgender individuals should be address in common standards.	Members of the Public
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	3. Members Privilege None	PC Members
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	4. Approval of Agenda² Motion/Second: B. Orr, P. Hagan Motion Carried.	T. Evans
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	5. Approval of the Minutes² 5.1 Minutes of June 13, 2013 Motion/Second: B. Contreras, P. Hagan Motion Carried.	T. Evans
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	6. Old Business² Committee members reviewed the Financial Eligibility, EIS, and Oral care Standards. There was committee consensus not to amend or revise the aforementioned Standards.	T. Evans

The Committee reviewed the Common Standards in great detail. The Committee amended portions of the Common Standards to align with affordable care act and consumer needs.

There was a motion to approve Common Standards as amended.

Motion/Second: B. Contreras, P. Hagan

Motion Carried.

7. New Business

T. Evans

8. Public Comments¹

None

9. Members Privilege

NONE

PC Members

10. Review of Action Items

Staff Will:

1. Agendize Mental Health and Substance Abuse Standards for review on November agenda

PC Staff

11. Agenda Setting for Next Meeting

November 21, 2013

HIV Planning Council Conference Room

PC Members/ T. Evans

12. Roll Call*

PC Staff

12:10pm

13. Adjournment

T. Evans

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