



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, January 16, 2014
10:30am-12:00pm

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

10:30am	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 November 21, 2013	T. Evans
	6. Old Business² <ul style="list-style-type: none">6.1 Review Standards**6.2 Re-Write Mental Health Standard (A-1)6.3 Re- Write Substance Abuse Standard (A-2)	T. Evans
	7. New Business <ul style="list-style-type: none">7.1 Review/Update Psychosocial Standards (A-3)7.2 Financial Eligibility Adjustment to address ACA	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 March 13, 2014 HIV Planning Council Conference Room	PC Members/ T. Evans
12. Roll Call*	PC Staff
12:00pm	13. Adjournment
	T. Evans

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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.

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

HIV MENTAL HEALTH SERVICES

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

Purpose of Standards

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

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

Definition of Service (HRSA)

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

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

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

A. Service Objectives

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

B. Description of Services

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

Service Components

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

C. Limitations

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

III. Service-Specific Staff Qualifications

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

IV. Exceptions and Urgent Need

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

V. Reportable Units of Service and Financial Eligibility

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

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HIV SUBSTANCE ABUSE SERVICES OUTPATIENT

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

Purpose of Standards

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

Definition of Service (HRSA)

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

I. Care and Treatment Goal(s)

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

II. Service Goal

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

A. Service Objective(s)

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

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

B. Description of Services

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

Service Components

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

C. Limitations

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

III. Service-Specific Staff Qualifications

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

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

IV. Exceptions and Urgent Need

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

V. Reportable Units of Service and Financial Eligibility

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

PSYCHOSOCIAL SUPPORT SERVICES

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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)

***Psychosocial support services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.*

I. Care and Treatment Goal(s)

To provide support and counseling regarding the emotional and psychological issues related to living with HIV to those affected directly and indirectly by HIV and to promote problem solving, service access and steps towards diseases self-management.

II. Service Goal:

To provide psychosocial support services through the delivery of individual and group counseling to persons living with HIV/AIDS and those otherwise affected by HIV/AIDS in the TGA in order to maintain them in the HIV system of care.

A. Service Objectives:

1. To provide a central and dedicated support contact in order to address and minimize crisis situations and stabilize clients' psychological health status so as to maintain their participation in the care system.

B. Description of Services*Service Components*

1. Develop initial individual assessment.
2. When appropriate, this initial assessment must be made available for development of the client's Care Plan.
3. If a ~~Care~~ Care Plan is in place, the Care Plan ~~should be~~ should be reviewed and incorporated into the delivery of ~~Psychosocial~~ Psychosocial Support . If a client receiving Psychosocial Support presents ~~with additional~~ with additional service needs, these needs should be ~~incorporated into~~ incorporated into the clients Care Plan, if they are ever in need of Medical Case Management.
4. Provide individual counseling session(s). Document service provision, goals, and progress.
5. Provide group counseling sessions(s). Document group service provision such as: topics/focus, participant names and HIV status, group duration, group type (open/closed), general group goals.
6. Provide allowable, needed services to family members and significant others in the client's support system, with the goal of developing and strengthening the client's support system to help maintain their connection to medical care.
7. Facilitate successful case conferencing sessions through direct participation and the provision of appropriate information.
8. Coordinate with and make referrals to both interagency and outside mental health professionals, as appropriate.
9. Coordinate with and make referrals to both interagency and outside nutritional support services, as appropriate.

C. Limitations

1. Excludes the provision of nutritional supplements.

III. Service-Specific Staff Qualifications

There are no prescribed staff qualifications specific to Psychosocial Support Services. *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

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

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(909)693-0750

Teleconferencing Location***

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

Minutes

Members: B. Contreras, T. Evans, P. Hagan, D. Huntsman, B. Orr, D. Wahl, S. Cromwell

Staff: A. Fox

Guests:

12:00pm

1. Call to Order

- Roll Call*
- Introductions

T. Evans

2. Public Comments¹

None

Members of the Public

3. Members Privilege

D. Wahl noted that members need to commit to more than one committee and committees should be more diverse.
B. Contreras will have to leave early also on November 30th
Bienestar will be celebrating World AIDS Day
D. Huntsman will be hosting a Patient Forum on the ACA transition.

PC Members

T

4. Approval of Agenda²

Motion to approve the 11.21.13 agenda.
M/S/C: D. Wahl, P. Hagan

T. Evans

5. Approval of the Minutes²

5.1 Minutes of August 22, 2013
Motion to approve the 8.22.13 minutes.
M/S/C: B. Contreras, P. Hagan

T. Evans

6. Old Business²

6.1 Review Standards**

T. Evans

7. New Business

7.1 Review/Update Mental Health Standards

Motion to accept the revision in the HIV Mental Health Standard. M/S/C: B. Orr, P. Hagan

T. Evans

7.2 Review/Update Substance Abuse Standards

Motion to accept the revisions in the HIV Substance Abuse Standard. M/S/C: D. Huntsman, P. Hagan

8. Public Comment¹

Members of the Public

9. Members Privilege

PC Members

10. Review of Action Items

Staff will:

Review the Standards language in other Council's and incorporate language for IEHPC Substance Abuse and Mental Health Standards when/where applicable.

Add HIV in front of Substance Abuse treatment/Service in the Substance Standard

Agendize on Council agenda the committee's recommendations for revised Substance Abuse and Mental Health Standards

Type revisions of Substance Abuse and Mental Health standards and email to committee members to review

Submit revisions to Ryan White staff for review.

PC Staff

11. Agenda Setting for Next Meeting

Non-Medical/Case Management Standards

Psychosocial Standard

January 16, 2013

HIV Planning Council Conference Room

PC Members/ T. Evans

12. Roll Call*

PC Staff

2:00pm

13. Adjournment

T. Evans

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