

**Memorandum of Understanding
(MOU)**

CONTRACTOR: County of El Dorado

CONTRACT NUMBER: 04-35346, A03

PROGRAM: HIV Prevention Program

MOU NUMBER: PREV 04-09, A03

In that certain agreement made and entered into July 1, 2004 between the Department of Health Services/Office of AIDS and the County of El Dorado:

1. Provision 2 (MAXIMUM AMOUNT PAYABLE) on the face of the original Memorandum of Understanding is amended to read as follows:

The maximum amount payable by the STATE to the CONTRACTOR under this MOU shall not exceed the following:

- A. \$65,382 for the budget period of July 1, 2004 to June 30, 2005.
 - B. \$129,150 for the budget period of July 1, 2005 to June 30, 2006.
 - C. ~~\$24,277~~ **\$129,150** for the budget period of July 1, 2006 to June 30, 2007.
 - D. ~~\$218,209~~ **\$323,682** for the entire MOU term.
2. Provision 3 (MOU EXHIBITS) on the face of the original Memorandum of Understanding is amended to add **Exhibit 3, A2, entitled "Scope of Work," Year 3 (allocation) consisting of 13 pages.**
3. Provision 3 (MOU EXHIBITS) on the face of the original Memorandum of Understanding is amended to add **Exhibit 6, A2, entitled "Budget," Year 3 consisting of one page.**
4. Provision 3 (MOU EXHIBITS) on the face of the original Memorandum of Understanding is amended to add **Exhibit 7, entitled "Scope of Work, "Year 3 (one-time augmentation) consisting of seven pages.**
5. The effective date of this amendment shall be July 1, 2006.
6. All other terms and conditions shall remain the same.

STATE OF CALIFORNIA:

COUNTY OF EL DORADO:

Signature

Barbara Bailey, Acting Chief
Office of AIDS

Date

Signature

Printed/Typed Name and Title

Date

Exhibit 3, A2
Scope of Work-Year 3 (allocation)
July 1, 2006- June 30, 2007

I. CLIENT SERVICES

GOAL #1: The AIDS Education and Prevention Program (E&P) staff will continue with over sixteen years of efforts to help men who have sex with men (MSM), whether gay/bisexual identified or not, to reduce social isolation and improve their access to health care in this large rural and generally gay unfriendly county. It is generally accepted that continued isolation leads to depression and increased high-risk behavior that may result in increased HIV and sexually transmitted infections. Our goal is to assist 100 to 200 El Dorado County (EDC) gay/bisexual men and other MSM to connect socially and through recreational activities on the Western Slope and South Lake Tahoe (SLT).

Objective #1A: By June 30, 2007, the Health Education Coordinator (HEC) will assist volunteer editors to publish one newsletter and continue distribution to 200 - 300 gay identified men and other MSM in and around EDC.

Objective #1B: The HEC will communicate weekly with the webmaster to support resources and prevention education to be included in the expansion of the Sierra Gay Men's Network (SGMN) through the internet. This cyber targeted prevention activity is effective for many closeted local MSM of various ages and will include continued networking with organizations in surrounding rural counties, Sacramento, and Reno.

Intervention Description for Objective #1A and #1B:

- a. **Summary:** The SGMN monthly newsletter is targeted to gay men living in and around EDC. SGMN's newsletter is distributed in both hardcopy and via the SGMN web site. The web site, www.sgmnet.org, has many connections to various search engines, resource links, and has received over 50,000 hits and 2,500 visits between November, 2003 and April, 2004, **126,000 hits between January-March 2006, with over 55,000 Newsletter downloads in nine months** according to the web statistics.
- b. **Type of Intervention:** Health Communication/Public Information
- c. **Risk Population/Target Size:** Approximately 300 white and Latino gay/bisexual/MSM, **including youth, who reside in El Dorado County.**
- d. **Key Activities:**
 - d.1 HEC and volunteers will continue to maintain and expand contacts with other rural targeted prevention workers. Through networking and combined collaborative efforts, new and improved strategies will be encouraged and implemented to encourage safer sex and harm reduction messages through newsletters, chat rooms, and emails with men cruising the web for sex and for relationships.

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- d.2** El Dorado County Public Health Department (EDCPHD), Alcohol/Drug Programs Division (ADP), will continue to financially support the production and distribution of the SGMN newsletters, SGMN web site, message boards, chat rooms, and other future e-based or printed communications to gay/bisexual/MSM in EDC. Staff will assist in providing education, prevention information, and linkages, but will not assume editorial privilege.
- d.3** HEC will work with the SGMN volunteer editor on a campaign to increase awareness of the impact of methamphetamine on gay/bi/MSM, including increased risks of HIV and other STD infections, other health, and mental health issues.
- d.4** Upcoming gatherings for recreation and socialization, and to reduce isolation, for gay/bisexual/MSM will be advertised via newsletters, web site, chat rooms, message boards, and phone calls utilizing key contact people.
- e. Evaluation:**
- e.1** Individuals choose to be added or retained on the mailing list after receiving complimentary issues of the newsletters. If the subscription list remains the same or increases, this would be a measure of success.
- e.2** Documented increased hits on the web site indicates growing awareness of its existence and value to web surfers.
- e.3** Responses to the editor by email, letters, phone calls, and face-to-face conversations, indicate that individuals are reading the newsletters and visiting the web site.
- e.4** People may (or may not) show up for the social and recreational gatherings to reduce isolation (especially depending on who's coming or if it's Gay Pride month in the big cities). If the number of people attending isolation reduction events remains constant or increases, the event is likely to continue over time. This would be considered a success.
- e.5** The **SGMN** newsletter is supported at the rate of \$75.00 per month for each newsletter for health advertising in each issue. The web site, www.sgm.org, is supported through similar URL advertising links to the EDCPHD web site. HEC staff time for research, referrals, phone calls, emails, and face-to-face visitation occurs weekly and varies by issue and deadlines.
- e.6** Various newsletters and hotlines targeting MSM in EDC have come and gone over the last decade. The current newsletters will only be sustained if the readership approves and encourages them. The last year

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has shown great success as measured by increased distribution and web statistics and the number of hits on www.sgmh.org.

Objective #1C: Health Needs of Gay/MSM

The HEC will increase the marketing of EDCPHD clinical services to uninsured gay/MSM to meet more of their health needs. This includes hepatitis A virus and hepatitis B virus inoculations, HIV prevention counseling and testing, STD exams, smoking cessation, education and referrals, and condom/lube distribution to increase the number of gay/MSM from ten to 25 who receive medical services through the EDCPHD Placerville and SLT clinics.

Intervention Description for Objective #1C:

- a. **Summary:** This intervention is tied to continued and expanded high-risk behavior change campaign in both the newsletters and the web site, and includes advertising of Health Department (HD) services, with direct URL links to the EDCPHD web site and printed advertisements of HD services and phone numbers. Key informants, and opinion leaders, relay needs and complaints to E&P staff, who then have face-to-face interviews with clinic staff to improve and increase services. On-going provider monitoring helps to ensure that appropriate, high quality services are being delivered and course corrections implemented.
- b. **Type of Intervention:** Health Communication/Public Information
- c. **Risk Population/Target Size:** 20 to 40 white and Latino Gay/MSM, especially those who are uninsured
- d. **Key Activities:**
 - d.1 HEC and volunteers will continue to create monthly advertisements and articles related to gay men's health issues in SGMN newsletters and web site. **Hep C support groups and website www.hepcresourceedc.org has been added to the monthly newsletter and website.**
 - d.2 HEC will continue with one-on-one, as well as group, discussions with local MSM regarding their medical needs. HEC will meet informally with clinic staff periodically to access their experiences and needs in working with gay male patients. Verbal and printed information will be given to clinicians.
 - d.3 HEC will continue informal monthly discussions with HD clinical staff to improve their understanding of gay lifestyles and attitudes in expectation of improving their comfort level in working with gay/MSM

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patients. If requested by staff, some local gay men have volunteered to talk with them during a scheduled staff meeting.

d.4 A full page feature entitled "General Health News & Information" has been added to the monthly SGMN newsletter.

e. Evaluation:

NOTE: There is no current way to track sexual orientation demographics through EDCPHD reporting, except through Office of AIDS HIV testing Client Information Forms report.

e.1 Gay/MSM individuals will verbally report to HD staff or newsletter editors that they have accessed services at the EDCPHD as a result of reading about services through the newsletters, web site, and paid advertisements.

e.2 The HEC will continue to work closely with epidemiologists, laboratory, and clinical staff at EDCPHD, and Office of AIDS to note the following indicators of increased risk behaviors, especially unprotected sex:

1. Increased syphilis seroprevalence detected in men, especially MSM.
2. Increased HIV seroprevalence detected in men, especially MSM.

Objective #1D: HEC will support the planning and advertising of local monthly gatherings to reduce isolation for gay/bisexual men at private and public places in EDC and surrounding counties to encourage new isolation reduction opportunities, increase communication, and reduce high-risk behavior. Staff and volunteers will assist in the advertising through the distribution of newsletters by mail, web site, hand delivery, emails, and personal invitations to increase MSM/gay/bisexual men's awareness of these isolation reduction events in and around EDC.

Intervention Description for Objective #1D:

- a. Summary:** **Picnics, potlucks, dinner and movies** are scheduled at various places, parks, and homes in EDC, and are advertised through SGMN newsletters, web site, as well as Yahoo Groups. These events are social, and may include videos and discussions that will result in a reduction in high-risk behavior and provide an opportunity to engage in HIV harm reduction education.
- b. Type of Intervention:** Health Communication/Public Information
- c. Risk Population/Target Size:** Approximately 200 to 300 white and Latino Gay/MSM.

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- d. **Key Activities:**
- d.1 HEC will help plan advertising and agendas for monthly isolation reduction gatherings by working with newsletter editors and other volunteers to write and distribute flyers, emails, and mailings. Condoms, condom key chains, and lubricants are supplied by staff for distribution to attendees by volunteers.
- d.2 Other events, such as private screenings of the documentary video *The Gift*, will be discussed, planned, and advertised in newsletters and via the internet.
- e. **Evaluation: Note: The HEC does not attend these private gatherings. Information is passed to him by key informants.**
- e.1 The number of people that show up, interact, converse, have a good time, and bring friends will increase.
- e.2 People network, coordinate, and collectively plan more events, and the future events are well attended.

GOAL #2: Teaching Tolerance in conjunction with Gay Straight Alliance (GSA) and Parents, Families and Friends of Lesbians and Gays (PFLAG)

~~This goal is focused on ending sexual orientation discrimination on high school campuses in EDC. The EDCPHD HEC will continue six years of networking and collaborative efforts with the local PFLAG, Placerville chapter, to educate EDC school staff and students about homophobia and tolerance for alternative lifestyles. There is a correlation between constant harassment regarding sexual identity and low self-esteem. People with low self-esteem do not care about the consequences of their behavior.~~

~~**Objective# 2A:** The HEC will continue to support the volunteer efforts of the Placerville PFLAG chapter, especially in their targeted prevention activities to Gay/Bisexual/Lesbian/Questioning (GBLQ) youth in EDC high schools. The HEC will meet with students at the local high school GSA and become involved in a partnership for tolerance education.~~

Intervention Description for Objective #2A:

~~a. **Summary:** This objective is really about assisting EDC school districts' enforcement of California law AB 537 (Chapter 587, Statutes of 1999) by high school administrators and teachers. The goal is to reduce harassment and cease violence directed toward gay or perceived gay students. Success in this venture will be observed by reduced incidences of verbal name calling (i.e., fag, queer) on campus, and decreased reports of violence toward Gay/Bisexual/Lesbian/Queer/Questioning/Intersex (GBLQQI) youth and perceived gay students.~~

~~b. **Type of Intervention:** Health Communication/Public Information~~

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- ~~c. **Risk Population/Target Size:** GBLQQI Youth in all eight EDC high schools (frequently closeted; number unknown)~~
- ~~d. **Key Activities:**~~
- ~~d.1 The HEC will continue the following activities with PFLAG:~~
 - ~~d.2 Maintain phone and personal contact with PFLAG members.~~
 - ~~d.3 Go to monthly PFLAG meetings, including Executive Committee meetings.~~
 - ~~d.4 Give individuals appropriate referrals to PFLAG volunteers.~~
 - ~~d.5 Advertise PFLAG services, through school presentations and support for more interactive web site development and, as funding permits, assist in purchasing educational materials.~~
- ~~PFLAG Volunteers will:~~
- ~~d.6 Monitor the Placerville PFLAG hotline (621-6700).~~
 - ~~d.7 The chapter plans to continue to have an information booth at all the EDC high schools that host Senior Health Days.~~
 - ~~d.8 PFLAG volunteers will continue their advocacy for GBLQ youth within EDC high schools by meeting with counselors and administrators.~~
 - ~~d.9 HEC, PFLAG, and other gay volunteers will support the three GSA chapters on local high school campuses by attending meetings, serving as resources, talking with youth individually or in small groups.~~
 - ~~d.10 Continue seeking gay local adult role models to meet with gay/bisexual/lesbian youth in order to reduce their sense of isolation and improve self-esteem and plans for the future.~~
 - ~~d.11 Wherever possible, serve as (or recruit) advocates for youth who are suffering from emotional, verbal or physical abuse because they are gay or are perceived as being gay.~~
- ~~e. **Evaluation:**~~
- ~~Success in this venture will be observed by:~~
- ~~e.1 Reduced incidences of verbal name calling (i.e., fag, queer) on campus.~~
 - ~~e.2 Decreased reports of violence toward gay and perceived gay students. This will include review of individual school district reports and possible hate crime reports by EDC Sheriff's Department.~~

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~~e.3 — Increased number of students who report to GSA students, advisors; school counselors; and/or teachers, that they are out among their peers.~~

~~Objective #2B: Schedule performances of The Other Side Of The Closet in EDC high schools during school year 2006-05.~~

Intervention Description for Objective #2B:

~~a. — **Summary:** Continue with four years of effort to bring the Youth Aware Troupe of the New Conservatory Theatre (NCT) of San Francisco to EDC to perform The Other Side of the Closet at new high school campuses. Group discussions between the audience and the actors follow each performance. Additional discussions may continue in the classrooms. Teachers are given lesson plans for follow-up discussions developed by NCT staff.~~

~~— b. — **Type of Intervention:** Health Communication/Public Information~~

~~— c. — **Risk Population/Target Size:** GBLQ youth and heterosexual youth in EDC high schools; 400 to 500 youth and school staff~~

~~— d. — **Key Activities:**~~

~~d.1 — Throughout the school year, the HEC will secure support from teachers, administrators, students, GSA chapters, local citizens, and local community based organizations (CBOs) to insure the success of multiple performances in October/November, 2006, of the NCT production of The Other Side of the Closet on various Western Slope high school campuses during the school day, as approved by the individual school principals. An information table will also be set up to disburse information on HIV/AIDS prevention/education from PFLAG.~~

~~d.2 — The HEC and EDCPHD Public Information Officer will work with local newspapers to develop human interest stories about the difficulties gays experienced growing up in the closet. PFLAG will encourage local newspapers to do articles profiling successful individuals who are out, as well as gay partnerships and families.~~

~~d.3 — The HEC and volunteers will recruit gay and lesbian adults and youth to speak on a local radio talk show or to groups of school teachers about being gay, coming out, slurs, tolerance, etc.~~

~~d.4 — The HEC will advertise the production and recruit volunteers and donations through the SGMN newsletters and web site. "Would you help young gay youth avoid what you experienced as a teenager?" is a theme that often brings older gays in to volunteer.~~

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~~e. Evaluation:~~

~~Success will be measured in the following ways:~~

~~e.1 Two of four high school principals in the El Dorado Union High School District have agreed to have the play on campus during the 2006-2007 school year. These will be at least one daytime performance (with parent permission), or a voluntary attendance performance in the evening.~~

~~e.2 Collect written comments from youth attending the performance. Publish these in local newspapers and newsletters.~~

~~e.3 Encourage youth in GSA, or someone doing a senior project, to conduct a follow-up on their campus to assess the impact of the play after one to two months and again at the end of the school year. Did name calling, harassment, or beatings decrease?~~

GOAL #3: Male and Female Incarcerated Population

Continue 18 years of cooperative and collaborative work with the EDC Sheriff's Department in the Placerville and SLT county jails doing HIV, hepatitis, and STD prevention education through the drug education program, Health Education Addiction Recovery Through Self-Responsibility (HEARTS). ~~Also, work with the California Forensics Medical Group (CFMG) staff and correctional officers to conduct HIV prevention, counseling, and testing sessions with inmates who request it.~~

Objective #3A: On-going STD/HIV/Hepatitis Education, Referrals, and Testing

By June 30, 2007, 200 male and female EDC jail inmates enrolled in HEARTS will participate in STD, hepatitis, and HIV educational forums, and develop a personal plan to implement specific harm reduction techniques when they are on the outside. Inmates will be referred to local HD for HIV prevention, counseling, and testing services ~~will be offered to all inmates following group education classes.~~ following discharge.

Intervention Description for Objective #3A:

a. **Summary:** Inmates volunteer, or are court mandated, to participate in the drug education program, HEARTS, which includes HIV/hepatitis/STD education every 12 weeks. The classes are separated by sex, and the class size varies from four to 16. The classes involve many questions and answers, discussions about street myths, harm reduction techniques, testing inside and out of incarceration, window period, risks with different kinds of sex, safer needle use, and personal plans after discharge. HIV-positive inmates are rarely seen in EDC jails and are usually in medical isolation by personal choice.

b. **Type of Intervention:** ~~Health Communication/Public Information~~
Group Check Sheet

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c. Risk Population/Target Size: Incarcerated men and women, estimated at more than 90 percent substance users; Placerville Jail, Average Daily Log, 230 inmates; South Lake Tahoe Jail, Average 120 inmates

d. Key Activities

d.1 — The HEC meets ~~bi~~-weekly with English-speaking inmates in the Placerville jail who request individual HIV counseling and testing.

d.2 Referrals for STD exams are made to the CFMG staff based on active symptoms, and/or to the local Health Department clinicians, and the appropriate service providers upon release.

d.3 The HEC is now doing HIV education through HEARTS in the women's pod in the Placerville facility instead of the classroom. All the women in the pod are invited to join, and this offer has doubled the attendance. The Inmate Services Officer has been strongly supportive of this new venture, and frequently sits in during the class. In educational sessions and discussions, their drug and alcohol use is addressed, especially their methamphetamine use (smoking, snorting, and/or injection), and practical harm reduction techniques. Hepatitis education remains important due to their reported and/or projected high incidence of hepatitis C virus. Referrals will be made to EDCPHD and other clinics for STD and women's health services, as well as hepatitis B inoculation.

d.4 The HEARTS program in the Placerville jail is taught by a counselor from Progress House; in the SLT jail, the program is coordinated by Sierra Recovery Center. The HEC will continue to assist the two HEARTS Drug Education Program Coordinators in the Placerville and SLT facilities by conducting quarterly interactive AIDS, STD, and hepatitis education sessions with men and women during each 12 week cycle of education.

d.5 The HEC will continue to support HEARTS graduates as they continue in both inpatient and outpatient treatment at Progress House and Sierra Recovery Center. The HEC may continue these relationships through work at the Alcohol and Other Drugs CBOs for up to a year or more.

d.6 Inmates are referred to their local health departments for STD workups through the PACT (Family Planning Access Care Treatment) program, which will then qualify them for hepatitis B virus inoculations. Through a new program at the EDCPHD, any adult can request hepatitis A virus inoculation for a fee of \$26.00. HEC will continue to press for hepatitis C virus testing at the EDCPHD.

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- e. **Evaluation:**
- e.1 Numbers of inmates educated.
 - e.2 Feedback from inmates and drug counselor(s).

GOAL # 4: Prevention With Positives

The HEC will coordinate with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators, **the Jail Inmate Services Officers, and residential treatment providers** to work with HIV-positive individuals and couples to help them develop plans for reducing their risks of infecting their sexual and needle sharing partners. The focus will be on helping individuals decide how to make incremental changes in their thinking and behavior in order to minimize the spread of HIV, **particularly through enrolling in the L.I.F.E. Online program.**

Objective #4A: By June 30, 2007, the HEC and CSPA will meet and work with SFAF's Service Coordinators to develop plans for **an additional five to ten** HIV-positive clients to help them develop or improve their risk-reduction plans in order to decrease the chance of infecting others. **Participation in the LIFE program physical and mental health and long-term survival prospects.** The focus will be on **learning about and enrolling in the L.I.F.E. Online program, to assist them with communication, commitment, accessing local resources, and the impact of drugs, alcohol, and depression on those plans.** **The benefits of the life program include adherence to medications, reducing the number of sex partners, increasing condom use and other approaches to safer sex.**

Intervention Description for Objective #5A:

- a. **Summary:** Working in a large rural community, where most gays and HIV-positive people remain closeted, presents different challenges than the well funded Best Practices program developed in metropolitan areas. **In order to address this challenge, the L.I.F.E. Program decided to develop an online program to allow anonymous participation in an internet based risk-reduction service.** Many of the HIV-positive people in EDC are isolated, depressed, closed to others talking to them about HIV, and distrustful of government funded personnel. Therefore, most of this work will be conducted through the HEC and CSPA's long association with the Service Coordinators of SFAF, **the Jail Inmate Services Officers, and residential treatment providers.** The Service Coordinators meet regularly with about 80 EDC clients who are living with HIV. Newly discovered HIV-positive residents are

Exhibit 3, A2
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immediately referred to SFAF Service Coordinators. The Service Coordinators are always working with clients on personalized risk-reduction goals. Both Service Coordinators have been trained to use client centered counseling methods. Both Service Coordinators regularly work with clients on harm reduction techniques, review of barriers and contingencies, and identifying supporters for helping them decide how to make incremental changes in their behavior in order to reduce the risks of infecting their partners. Due to confidentiality limitations, HD staff cannot meet with these clients unless the clients request to do so.

- b. **Types of Intervention:** ~~Individual Level Intervention (HCPI)~~
Health Communication/Public Information
- c. **Risk Population/Target Size:** Estimate 100 HIV-positive people in EDC
Primarily white, middle aged, MSM; some MSM Latino, ~~most in SLT~~
- d. **Key Activities:**
- d.1 While respecting issues of confidentiality, the HEC and ~~CSPA~~ will continue to meet or talk with the SFAF Ryan White CARE Service Coordinators on a monthly basis.
- d.2 **Offer free rides to the monthly "Dinner with the Dietitian" at CARES in Sacramento . Advertise through the SFAF Service Coordinators and SGMN Newsletter and website.**
- d.3 Continue notification of regional HIV services, **including L.I.F.E. Online**, and education planning meetings by select confidential mailing lists (including mailings to clients by SFAF Service Coordinators), email, newsletters, word of mouth, and face-to-face encounters.
- d.4 HIV-positive individuals and discordant couples have historically declined all offers to meet by phone or in person with staff from the AIDS E&P team to discuss their beliefs, feelings, addictions, and behaviors that put their sex partners and/or needle-sharing partners at risk for HIV infection. This harm reduction effort is continued monthly by the SFAF Service Coordinators, and will be supported, as needed, by AIDS E&P staff. **A new HIV-positive Women's group has been started in Diamond Springs at the SFAF office. An ongoing Men's Group has been meeting for more than 5 years. Several of these individuals are interested in L.I.F.E., and will be recruited to teach others.**
- d.5 The AIDS E&P staff will work with the staffs of SFAF, Progress House, El Dorado Council on Alcoholism Lifeskills Program, Sierra Resource Center, Gates Recovery, and the jail correctional officers and juvenile hall counselors, as well as the CFMG medical staff, to meet

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HIV-positive clients and inmates.

~~d.6 The AIDS E&P staff and the SFAF Service Coordinators are all trained HIV prevention counselors. HIV testing is conducted at SFAF offices, among many other alternative sites.~~

d.7 The HEC will assist with HIV testing and counseling of drug treatment clients and staff, ~~as well as inmates enrolled in the HEARTS drug treatment program, and inmates in the general population.~~ This on site testing will provide an opportunity to discover unknown HIV-positive people. All newly diagnosed people will be connected with SFAF Service Coordinators in SLT and ~~Placerville~~ **Diamond Springs** for complete assessments and appropriate referrals while they are still in jail or drug treatment.

d.8 The HEC will work with SFAF Service Coordinators, as needed, in conducting support groups for newly diagnosed clients, or other groups that may be created from expressed need or interest of other clients. **The HEC will become trained to be a L.I.F.E group facilitator, in the event that some HIV-positive people may want a live group and/or the Online Program.**

d.9 **The HEC will continue to work with the L.I.F.E. staff to develop the web based program and adapt the program to positive people living in rural areas.**

NOTE: DRUG TREATMENT PROGRAMS

EDCPHD AIDS E&P staff has been collaborating with the court mandated drug treatment and voluntary outpatient programs for over 16 years, and have excellent relationships with the staff of each agency. The AIDS E&P staff has discontinued all outpatient classes, but will continue working with residential clients and staff at Progress House, and Sierra Recovery Center, **Gates Recovery** under a mix of Substance Abuse Prevention and Treatment Basic Training Grant (SABTBG) funding, HIV Prevention Counseling and Testing, and AIDS E&P. Staff of all EDC drug treatment programs will be updated on HIV, STD, and hepatitis at their request. The HEC coordinates and instructs HIV Prevention Counseling and Testing classes for drug treatment counselors.

GOAL #5: School Targeted Prevention Activities

~~By June 30, 2007, approximately 300 to 400 EDC youth will participate in interactive expanded HIV education. This will include encouraging STD and HIV testing, seeking effective birth control methods as appropriate, developing buddy systems, safer decision making especially when loaded, choosing sexual partners carefully, being abstinent, and realistic harm reduction techniques.~~

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~~a. — **Key Activities:**~~

~~a.1 — Continue participation with the local CBOs, at the Senior Health Fair at South Tahoe High School in February, 2007, and Black Oak Mine School District, Golden Sierra High School, with an information table, handouts, and interactive activities. PFLAG and volunteers from the two Hepatitis C support groups also participate, as well as other HD staff.~~

~~a.2 — Develop a Senior Health Fair at the other schools within the El Dorado Union High School District (4 high schools) as support within the schools and as time allows. Continue to talk to local CBOs, private service providers, health committees, school nurses, and health teachers in other high schools about scheduling Health Fairs during the second semester of the school year as a refresher for graduating seniors.~~

~~a.3 — Conduct HIV/STD/hepatitis education each semester in Human Sexuality classes at Folsom Lake College campus, El Dorado Center in Placerville and the Folsom campus, and Lake Tahoe Community College in SLT.~~

~~a.4 — As possible, assist at educational booths on various college campuses at annual events, such as Day of Diversity, World AIDS Day, Valentine's Day, etc.~~

Exhibit 6, A2
Budget
Year 3

July 1, 2006 to June 30, 2007

	<u>A1</u> <u>Budget</u>	<u>This Amendment</u>		<u>Amended</u> <u>Total</u>
		<u>Allocation</u>	<u>Augmentation</u>	
A. PERSONNEL	\$19,280	\$0	\$42,731	\$62,011
B. OPERATING EXPENSES	\$1,269	\$0	\$10,166	\$11,435
C. CAPITAL EXPENDITURES	\$0	\$0	\$5,000	\$5,000
D. OTHER COSTS	\$1,800	\$203	\$42,500	\$44,503
E. INDIRECT COSTS	\$1,928	\$0	\$4,273	\$6,201
TOTAL BUDGET	\$24,277	\$203	\$104,670	\$129,150

Exhibit 7
Scope of Work-Year 3
One-Time Augmentation
July 1, 2006 to June 30, 2007

1. CLIENT SERVICES

GOAL # 1: Prevention With Positives (PWP) L.I.F.E. PROGRAMS **(Learning Immune Function Enhancement)**

The L.I.F.E. Program is a "prevention with positives" program containing a variety of integrated interventions designed to guide HIV-positive clients in developing increased motivation and enhanced skill sets for risk reduction as a pathway to health enhancement and long-term survival. The El Dorado County Public Health Department (EDCPHD) Health Education Coordinator (HEC) will assist in introducing The L.I.F.E. Program's Workshop of 18 weekly meetings to HIV-positive residents of El Dorado County seeking services at CARES in Sacramento.

Objective #1A: By December 31, 2006, 12 HIV-positive El Dorado County (EDC) residents will be recruited by various mechanisms, to actively participate in the L.I.F.E. Program Online, and/or the L.I.F.E. Program's 18-week live interactive meetings at the Center for AIDS Research, Education and Services (CARES) in Sacramento. The first cycle of the workshop will begin after January 1, 2007, with a total enrollment of 30 people. EDC residents will have first priority in registration for this first cycle.

Intervention Description for Objective #1A:

Types of Intervention: Most of the work is interactive Group Level Interventions (GLI). A component of The L.I.F.E. Program includes some individual meetings with the Health Counselor, Individual Level Interventions (ILI). The L.I.F.E. Program has a data collection system, designed to accommodate extensive outcome measures in areas of client risk behavior, psychosocial functioning, medication adherence, and physical health.

Risk Population/Target Size:

12 El Dorado Residents living with HIV and 18 Sacramento Residents living with HIV

Key Activities:

Promotion of Program: Promotional activities will be conducted throughout El Dorado County by the HEC, CARES staff, SFAF Service Coordinators and selected clients, and the Sierra Gay Men's Network (SGMN) volunteers, with marketing assistance from the L.I.F.E. Institute.

1. By June 30, 2007, L.I.F.E. Online and live classes will be promoted and advertised via targeted and private email lists, and by brochures and palm cards located in medical, dental, and health department offices where HIV-positive people receive medical services.

Additionally, it is proposed that promotional materials and activities be conducted in Sacramento at CARES, given the likely presence there of HIV-positive patients from EDC, as well as other surrounding rural counties.

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2. By June 30, 2007, The HEC will coordinate with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators, CARES staff, and SGMN to link interested HIV-positive individuals with "L.I.F.E. Online" and L.I.F.E. Program workshop at CARES.
3. By June 30, 2007, Program promotion and recruitment will be primarily conducted through ongoing associations with the Service Coordinators of SFAF, and Social Services staff at CARES, who maintain confidential relationships with individuals unknown to the EDC Public Health Department. The agency service coordinators will contact appropriate HIV-positive clients of their agencies by phone, email, agency newsletters, and direct mailings of L.I.F.E. information. The HEC can support this distribution through flyer development and duplication, and blank stamped envelopes.
4. By June 30, 2007, Local media, including local newspapers, will be contacted to do feature stories about L.I.F.E., with information on how to become involved.
5. By June 30, 2007, Continuing social marketing of the L.I.F.E. programs, both Online and meetings at CARES, will be conducted through SGMN website and their monthly newsletter, which reaches over 300 gay men in EDC. Interested HIV-positive people can now go directly to the website www.lifeprogramonline.org.

Implement Program:

1. By integrating Prevention With Positives (PWP) within an immune-boosting and health-enhancing treatment program, the L.I.F.E. Program® has demonstrated a robust capacity to both attract and retain HIV-positive clients - including hard-to-reach populations that have remained outside of traditional treatment venues - by capitalizing on the clients' strong motivation to learn techniques that promote enhanced immune system functioning and long-term survival. The L.I.F.E. Program is an excellent example of an intervention that bridges both HIV prevention and care.
2. The L.I.F.E. Program® is structured as a topic-driven, group health counseling program composed of an 18 weekly meetings of three hours duration, with associated individual health counseling sessions. Program components follow a structured format and contain a detailed health curriculum.
3. Each L.I.F.E. Workshop consists of 18 meetings. The first meeting is an optional "introductory social" that allows the clients to get comfortable with the venue, the facilitators and the other participants before actually getting into the workshop core meetings. So, there are 17 required meetings and one optional meeting. At the last meeting, a Graduation celebration ends the program. Retention nationally runs ~75 percent, which is significant for four months of weekly meetings.
4. Program Structure: Each meeting focuses on a different psycho-social issue that research shows can influence risk behavior, immune system functioning, and overall physical health – examples include: relationship with medical provider, adherence to health routines (including medication protocols), self-assertiveness, sustained survival

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stress, life purpose and goals, crisis coping skills, social support, self-disclosure, beliefs about disease progression, grief and depression, altruism and spirituality, and others that together total 13 issues called co-factorss.

5. The L.I.F.E. Program[®] design also includes individual health and risk-reduction counseling sessions.

6. Cultural Competence: The L.I.F.E. Program[®] has been successful at outreach and retention in communities of color and under-served populations by utilizing a standardized health curriculum that can be implemented flexibly according to the cultural, educational, social and linguistic needs of the program participants. Different versions of L.I.F.E.[®] have been implemented successfully for HIV-positive African-Americans, Latinos, women, gay and bisexual men, people with hemophilia, people in recovery from substance abuse, and the visually impaired (through the Braille Institute).

7. All participants assemble in a large group for each co-factors lesson. Then they break into smaller groups of about ten people. If the large group is culturally diverse, people sort into their respective cultural subgroups for more intimate, peer based discussions.

Facilitator training:

1. A three-day L.I.F.E.[®] Facilitators Training would be presented to train each L.I.F.E. facilitator on all aspects of program operation.
2. The trainers will include senior program staff from the L.I.F.E. Institute: the Institute Director, Clinical Programs Manager, and Training Manager.
3. The training covers all aspects of the L.I.F.E. Program[®]: the science of HIV risk-reduction and health enhancement; the history of L.I.F.E.[®] program purpose, design, and structure; the similarities and differences between mental health counseling and L.I.F.E.[®] health counseling; logistics of operating L.I.F.E.[®]; working with clients and case examples; administration and utilization of the research and outcome data; and receiving ongoing consultation from the Shanti L.I.F.E. Institute staff.
4. The L.I.F.E. Program National Training for Facilitators and Health Counselors will be held in San Francisco October 25-27 2006. The revised and updated L.I.F.E. Version three will be introduced.

Ongoing Technical Assistance (TA) and Quality Assurance (QA) consultation:

1. Throughout the length of the contract, this project will receive a maximum of 40 hours per year of telephone and email consultation provided by their assigned L.I.F.E. Institute liaison.

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2. Consultation topics include: program advertising and promotion, client recruitment and registration, program structure and delivery, program curriculum and materials, clinical aspects of health counseling, individual clinical case conferencing, administration of research outcome measures, and other issues as necessary.

3. A regular weekly appointment time will be scheduled for the "L.I.F.E. phone consultations", with the consultation lasting up to a maximum of 60 minutes). The L.I.F.E. Institute liaison will record consultation notes and time in an individual agency chart to be maintained throughout the contact period. L.I.F.E. Institute liaisons are professional health counselors with direct experience in providing L.I.F.E.[®] to clients and in program logistics and administration.

4. The designated L.I.F.E. Coordinator at CARES is Norma Cordero, the AOD/Mental Health Manager.

e. Evaluation: L.I.F.E.[®] Research Measures:

1. The program operates with standardized questionnaires and forms to collect data on:
(1) Individual clients – demographics, pre- and post-data on the outcome objectives of health and symptoms, co-factors performance, and risk behavior, and client satisfaction with program staff and delivery.
(2) Agency level performance, allowing for comparison of programs conducted at different agencies and for different target populations.

2. The research measures are all located online on the L.I.F.E. secure server, allowing clients to complete all measures online at their agency site, at home, or at a public library or other venue offering Internet access. The measures are also supplied in paper form for those clients unable or unwilling to use the Internet-based system. All outcome measures are completed without names, and contain only a unique ID that maximally preserves client anonymity to the L.I.F.E. Institute. Only the staff operating L.I.F.E. at CARES will know the names of the workshop participants.

Outcome Measures: Data Collection and Reporting

Data Collection: ELI data forms will be completed for each group session and for each individual level session, and entered into the ELI data system weekly.

In addition, L.I.F.E. has a set of master forms for client registration and demographics, tracking program statistics, outcome measures, client satisfaction and other data collection are provided to each agency on a CD-ROM for paper administration or via the L.I.F.E. Online website.

Information collected about each client includes:

- (1) Extensive demographic data;
- (2) Physical health measures - Health Problems Checklist, current medications, complementary treatments receiving, immune system measures, and viral load;

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- (3) Psychological measures - Personal Problems Checklist, Alcohol and Drug Use Assessment, and other counseling receiving;
- (4) Co-factors measures - the L.I.F.E. Co-factors Questionnaire;
- (5) HIV Risk measures - Risk Behavior Questionnaire and the Weekly Risk Behavior Report; and
- (6) Adherence measures - the Weekly Adherence Report, including adherence to anti-HIV medications.

Administration of forms: Client demographics and outcome measures are completed by each client via the Internet using their own personal computer, one made available at the agency, or at a public library. Each client will access the Shanti L.I.F.E.[®] website, enter their unique ID number (no names are used – only anonymous data), and be guided through completion of all necessary data.

Data Reporting: Upon completion of data entry via the Internet, all data are incorporated into the L.I.F.E. Institute master database for analysis.

Reports will be provided to:

- (1) Individual clients, who receive profiles of their co-factors performance, and weekly performance on risk behavior and adherence to health routines;
- (2) Agencies, who receive individual client profiles on co-factors performance, group summaries and profiles, outcome reports useful for contract monitoring and reporting, client satisfaction and other data measures; and
- (3) The State Office of AIDS, who will receive a semi-annual narrative summary of program results, as well as the required ELI data submitted on a regular basis.

Goal 2: Increasing SFAF SC time with Clients

In order to increase the face-to-face time that the EDC SFAF Service Coordinators (SC) have with their clients, additional counseling hours will be made available for the SC to spend specific time with clients to focus on individualized health and harm reduction goals.

Objective #2A:

Intervention Description for Objective #2A

By June 30, 2007, EDC SFAF Service Coordinators (SC) will work with 30 clients on their caseload to assess their high-risk behaviors and make specific plans for reducing their risk of infecting others.

Summary:

The CS will talk with individual clients to:

1. Assess their risks for infecting others with HIV;
2. Create personalized and realistic harm-reduction plans for themselves;