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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](http://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<sup>®</sup> 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<sup>®</sup> 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-factors.

5. The L.I.F.E. Program<sup>®</sup> design also includes individual health and risk-reduction counseling sessions.

6. Cultural Competence: The L.I.F.E. Program<sup>®</sup> 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.<sup>®</sup> 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.<sup>®</sup> 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<sup>®</sup>: the science of HIV risk-reduction and health enhancement; the history of L.I.F.E.<sup>®</sup> program purpose, design, and structure; the similarities and differences between mental health counseling and L.I.F.E.<sup>®</sup> health counseling; logistics of operating L.I.F.E.<sup>®</sup>; 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.<sup>®</sup> 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;

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3. Inform them about the L.I.F.E. Program;
4. Refer and support interested clients to the L.I.F.E. Program Online or the Workshop at CARES.
5. Meet with the client at least two additional times to assess progress and strategize solutions to barriers identified in the behavior change process.

**Type of Intervention:** Individual Level Intervention

**Risk Population/Target Size:**

30 HIV-positive EDC residents of multiple risk groups on SFAF caseload, for a total of 90 sessions.

**Key Activities:**

1. By June 30, 2007, develop a brief risk assessment in order to determine clients whose behavior places them at increased risk of HIV reinfection or transmission.
2. By June 30, 2007, administer risk assessment to all SFAF clients.
3. By June 30, 2007, enroll 30 clients identified as having behavioral risks.
4. By June 30, 2007, conduct a more in-depth risk assessment.
5. By June 30, 2007, create client-centered behavioral goals. Meet with each client at least two additional times to assess progress toward behavioral goals and strategize solutions to barriers identified preventing successful behavior change.

**Evaluation:**

ELI ILI forms will be completed for each client session.

A summary of brief risk assessment results will be described in the semi-annual reports.

**Goal 3: Integration with Marshall Community Health Library**

The goal is to assist HIV-positive local residents without computer skills, computers, or DSL access to learn to use computers, and to be able to use the web to learn ways to improve their health.

**Objective #3A:**

**Intervention Description for Objective #2A**

By June 30, 2007, ten HIV-positive residents of the Placerville area will visit the Marshall Community Library to enhance their health through the materials and computer equipment available there.

**Summary:**

The Library staff will talk with individual visitors about their needs.

Refer them to the proper section of books or computers.

Assist the individual according to their needs in operating the computers.

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If they indicate a need for special instruction in operating computers, arrange for staff or volunteer to work with them as needed.

**Type of Intervention:** Health Communication/Public Information

**Risk Population/Target Size:**

Ten HIV-positive EDC residents living in the Placerville area

**Key Activities:**

1. Confidentiality will be sustained for all users. This is an on-going activity.
2. By June 30, 2007, privacy screens and headphones have been added to the computers to enhance an individual's opportunity to explore the web and become engaged in personal health research.
3. Library staff and/or volunteers with computer skills, and the capability to work with unskilled and techno-phobic individuals, will work with individuals interested in learning to use computers and to explore the web. This is an on-going activity.
4. Facilitate access the L.I.F.E. Program Online, as requested. This is an on-going activity.

**Evaluation:**

1. The library staff tracks visitors and use of facilities. They will not know if an individual is HIV-positive unless they self-disclose.
2. All SFAF clients will be asked about their use of the library computer resource in January and June, 2007.

For individuals who log on to [www.lifeprogramonline.org](http://www.lifeprogramonline.org) their county of residence can be obtained and reported to HEC by the webmaster.