

Memorandum of Understanding (MOU)

CONTRACTOR: County of El Dorado
PROGRAM: HIV Prevention Program

CONTRACT NUMBER: 07-65047
MOU NUMBER: PREV 07-9/1

1. MOU TERM

The term of this MOU shall be from July 1, 2007 through June 30, 2010.

2. MAXIMUM AMOUNT PAYABLE

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

- A. \$21,659 for the budget period of July 1, 2007 to June 30, 2008.
- B. \$21,659 for the budget period of July 1, 2008 to June 30, 2009.
- C. \$21,659 for the budget period of July 1, 2009 to June 30, 2010.
- D. \$64,977 for the entire MOU term.

3. MOU EXHIBITS

The following attached exhibits are incorporated herein, and made a part hereof by this reference:

- A. Exhibit A, entitled "Scope of Work," Year 1 consisting of six pages.
- B. Exhibit A, entitled "Scope of Work," Year 2 consisting of six pages.
- C. Exhibit A, entitled "Scope of Work," Year 3 consisting of six pages.
- D. Exhibit B, entitled "Budget," Year 1 consisting of one page.
- E. Exhibit B, entitled "Budget," Year 2 consisting of one page.
- F. Exhibit B, entitled "Budget," Year 3 consisting of one page.

4. MOU EXEMPTION:

The Master Agreement (MA) as referenced by the contract number shown above, its terms and conditions, as executed, govern this MOU. The STATE hereby certifies that the above referenced agreement and this MOU are exempt from review or approval by the Department of General Services as Office of AIDS contracts are exempt from the Public Contract Code. The CONTRACTOR hereby accepts this MOU and shall administer it in accordance with the terms and conditions referenced in the MA.

STATE OF CALIFORNIA:

COUNTY OF EI DORADO:

Signature

Barbara Bailey, Acting Division Chief
Office of AIDS

Date

Signature

Printed/Typed Name and Title

Date

5. **PROGRESS REPORT SCHEDULE AND OTHER REQUIREMENTS**

- A. The CONTRACTOR shall complete and submit each progress and final report by the due dates specified below. The content of these reports will include, but not be limited to: progress accomplished on MOU objectives; progress on MOU activity schedules; major problems encountered and proposed resolutions to those problems; issues requiring contract monitor consultation; and data on client services. A final report shall be cumulative. Progress Report due dates are as follows unless Contractor obtains prior written approval from the State for an alternate submission date:

| <u>MOU PROGRESS REPORT</u> | <u>PERIOD</u> | <u>DUE DATE</u> |
|----------------------------|-----------------------|-------------------|
| YEAR 1 | | |
| FIRST | 07/01/2007-12/31/2007 | 02/15/2008 |
| SECOND | 01/01/2008-06/30/2008 | 08/15/2008 |
| YEAR 2 | | |
| FIRST | 07/01/2008-12/31/2008 | 02/15/2009 |
| SECOND | 01/01/2009-06/30/2009 | 08/15/2009 |
| YEAR 3 | | |
| FIRST | 07/01/2009-12/31/2009 | 02/15/2010 |
| SECOND | 01/01/2010-06/30/2010 | 08/15/2010 |

- B. Progress reports shall be submitted in accordance with the prescribed format provided by the STATE and any revisions thereto. If the CONTRACTOR does not submit acceptable progress reports in a timely manner, their invoices may be withheld from payment until acceptable reports are received. If a final report is submitted more than ninety days after expiration of the agreement term, the final invoice may not be honored unless the CONTRACTOR has obtained prior written approval from the STATE.

6. **PROJECT REPRESENTATIVES**

The project representatives during the term of this MOU will be:

| Department of Health Services | County of El Dorado |
|---|---|
| Bob Baxter, Contract Monitor HIV Community Prevention Section Office of AIDS MS 7700 P.O. Box 997426 Sacramento, CA 95899-7426 Telephone: (916) 449-5791 Fax: (916) 449-5800 E-Mail: BBAXTER@dhs.ca.gov | Chuck Newport Health Education Coordinator 415 Placerville Drive, Suite R Placerville, CA 95667 Telephone: (530) 621-7569 Fax: (530) 295-2596 E-Mail: cnewport@co.el-dorado.ca.us |

Exhibit A

Scope of Work Year 1
July 1, 2007 to June 30, 2008

GOAL #1: Sierra Gay Men's Network (SGMN) News and Blog

The goal of the Sierra Gay Men's Network (SGMN) is to promote health, address unsafe sex and methamphetamine use, and reduce the social and psychological isolation of rural men who have sex with men (MSM), whether gay/bisexual identified or not. Research has documented that continued isolation leads to depression and increased high-risk behavior that may result in increased HIV and sexually transmitted infections. Since 2003, the Sierra Gay Men's Network News and Blog have worked with El Dorado County Public Health Department (EDCPHD) in providing multiple means of reaching local MSM.

Objective #1A: By June 30, 2008, the Health Education Coordinator (HEC) will assist the volunteer editor of SGMN newsletter and webmaster of www.sgmnet.org, in publishing and distribution of monthly newsletters, available in both printed form and on the website.

a. Summary: The SGMN monthly newsletter is distributed to 200 to 300 gay identified men and other MSM in and around in El Dorado County (EDC). The SGMN newsletter is distributed in both hardcopy and via the SGMN website. The EDCPHD will have advertisements and a health page within each issue of the SGMN newsletters.

b. Service Provider Collaboration: The HEC will communicate weekly with the editor to develop prevention education campaigns through both mediums. This effort will include continued networking with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators, staff and clients at Center for AIDS Research, Education, and Services (CARES), as well as with gay organizations and businesses in EDC, surrounding rural counties, Sacramento, and Reno.

c. Intervention Type: Health Communication/Public Information (HC/PI)

d. Behavior Risk Group/Target Size: White and Latino gay/bisexual/MSM, including youth and adults/MSM/11 issues

e. Key Activities:

e.1 Through June 30, 2008, the HEC and the volunteer editor will continue to maintain and expand contacts with other metropolitan and rural health professionals and concerned residents. Through networking and combined collaborative efforts, new and improved strategies will be encouraged and implemented to encourage safer sex and harm-reduction messages through the newsletter, chat rooms, and emails with men cruising the web for sex and for relationships.

Exhibit A
Scope of Work Year 1
July 1, 2007 to June 30, 2008

e.2 Through June 30, 2008, EDCPHD Alcohol/Drug Programs Division (ADP), will continue to support the health page and health advertising in the SGMN newsletter through the following means: production and distribution of paper copies of the newsletter; the SGMN web site which includes newsletter archives, message boards, and chat rooms; and other future e-based or printed communications to gay/bisexual/MSM in El Dorado County (EDC). HEC will assist in providing news and education, prevention information, and linkages.

e.3 Through June 30, 2008, the HEC will continue to 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 unsafe sex, HIV and other STD infections, other health and mental health issues.

e.4 Through June 30, 2008, upcoming gatherings for recreation and socialization for gay/bisexual/MSM will be advertised via newsletters, website, private email lists, chat rooms, message boards, and phone calls utilizing key contact people.

e.5 Through June 30, 2008, the HEC will continue to work with the SGMN volunteer to advertise both the L.I.F.E. Program workshops and the L.I.F.E. Program Online www.lifeprogramonline.net

f. Process Evaluation:

f.1 Subscription size will be monitored and reported in semiannual reports.

f.2 HC/PI reports will be entered into LEO monthly.

f.3 Responses to the editor by email, letters, phone calls, and face-to-face conversations, will be recorded and documented in the semiannual report.

f.4 People will be asked where they learned of the social and recreational gatherings, and the results will be summarized in the semiannual reports.

GOAL # 2: Prevention with Positives

Implement the first year of the "L.I.F.E. in the Country Pilot Program" in order to decrease HIV transmission from local residents of EDC who know they are HIV-positive, using the documented benefits of the Learning Immune Function Enhancement (L.I.F.E.) Program.

Exhibit A
Scope of Work Year 1
July 1, 2007 to June 30, 2008

Objective #2A: By June 30, 2008, the HEC, working with the L.I.F.E. Institute staff, will develop a pilot rural model of the 16 week workshop of the L.I.F.E. Program. At least one group of eight to ten EDC residents, coordinated by one facilitator (HEC), will complete the workshop by this date.

a. Summary: The L.I.F.E. Program is a 16 week psychological and educational program aimed at increasing health and wellness and supporting safer sex behaviors. The L.I.F.E. Program has operated in metropolitan areas since 1992, but has not offered smaller participant programs tailored to people living in rural areas. The Director of the L.I.F.E. Institute has agreed to work with the HEC to create a pilot program in EDC.

b. Service Provider Collaboration The HEC will coordinate with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators (SC) to identify HIV-positive individuals who might be interested in enrolling in the 16 week cycle of the L.I.F.E. Program conducted locally. SFAF offices in South Lake Tahoe and Diamond Springs will be available for meetings. Advertising for an EDC workshop will also be conducted through CARES in Sacramento, where most Western Slope EDC residents who are HIV-positive go for multiple services. HEC and CS will also communicate with a local Nurse Practitioner (NP), at the Stateline Medical Clinic, so she can advise her HIV-positive patients about the program.

c. Intervention Type: Group Level Intervention

d. Behavior Risk Group/Target Size: HIV-positive / nine

e. Key Activities:

e.1 By August 30, 2007, a series of phone conferences and email exchanges between the HEC, the SFAF Service Coordinators, and the L.I.F.E. Program staff in San Francisco will be utilized for the initial program adaptation. SC needs to understand the program in order to advise clients about it.

e.2 The L.I.F.E. Institute will support the HEC by supplying all the Program materials, as well as a designated L.I.F.E. Health Counselor for weekly technical support by phone and email.

e.3 By December 30, 2007, five monthly newsletters of the Sierra Gay Men's Network will advertise the new L.I.F.E. Program workshops to a target population of EDC residents. In addition, continuing advertisements for the L.I.F.E. Program Online will be advertised.

Exhibit A
Scope of Work Year 1
July 1, 2007 to June 30, 2008

e.4 By December 30, 2007, the details of the modified program will be completed, and perspective clients will have met for an orientation meeting. Self assessments will have been completed by those committed to attending the workshop.

e.5 The projected start date is the first week in January 2008, and continuing for four months of weekly classes. The site will be based on the recruitment of the committed participants.

e.6 By December 30, 2007, HEC will meet with perspective participants and recruit them to attend the orientation meeting to be held in December 2007.

e.7 Contingency Plan: If attendance drops to less than five, the group interaction benefits will be compromised. Program may be terminated. Three consecutive unexcused absences will be considered a drop. The HEC will then coordinate a new plan with Office of AIDS staff to do Individual Level Interventions focused on harm reduction and health enhancement, in cooperation with SFAF SC and clients.

f. Process Evaluation

f.1 The data collection system of the L.I.F.E. Institute is extensive. HEC will input weekly attendance data into LEO. The Group Self Administered Questionnaire will be utilized in one of the sessions.

f.2 The L.I.F.E. Institute will provide client self-assessment profiles at the beginning and end of the group, based on the Cofactor Questionnaire taken by participants pre/post workshop. The HEC will review these results with the group and with individual participants.

f.3 The HEC will review meetings weekly with a designated Health Counselor from the L.I.F.E. Institute.

f.4 The HEC will meet with The L.I.F.E. Institute staff to review the strengths and challenges of the rural pilot program. Modifications will be Conjointly agreed upon for implementation in the next workshop in the next Fiscal Year, subject to available funding.

Exhibit A
 Scope of Work Year 1
 July 1, 2007 to June 30, 2008

Table 1 Intervention Type by BRG

For each targeted BRG, place an X in the column(s) signifying the type(s) of interventions to be provided. Increase table by inserting additional rows.

| Behavioral Risk Group (Target Population) | Outreach | Individual Level | Group Level | CRCS (PCM) | HC/PI | PCRS | NIGHT |
|--|----------|------------------|-------------|------------|-------|------|-------|
| MSM | | | | | X | | |
| HIV-positives | | | X | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Exhibit A
 Scope of Work Year 1
 July 1, 2007 to June 30, 2008

Table 2 Intervention Type by Contractor

For each contractor, place an "X" in each column signifying the type(s) of intervention(s) they intend to implement.
 If you have yet to determine a contractor, please indicate that with "To Be Determined" in the Contractor Column.
 Increase table by inserting additional rows.

| CONTRACTOR | Targeted Prevention | Individual Level | Group Level | CRCS (PCM) | HC/PI | PCRS | NIGHT |
|------------|---------------------|------------------|-------------|------------|-------|------|-------|
| None | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Exhibit A
Scope of Work Year 2
July 1, 2008– June 30, 2009

GOAL #1: Sierra Gay Men's Network (SGMN) News and Blog

The goal of the Sierra Gay Men's Network (SGMN) is to promote health, address unsafe sex and methamphetamine use, and reduce the social and psychological isolation of rural men who have sex with men (MSM), whether gay/bisexual identified or not. Research has documented that continued isolation leads to depression and increased high-risk behavior that may result in increased HIV and sexually transmitted infections. Since 2003, the Sierra Gay Men's Network News and Blog have worked with El Dorado County Public Health Department (EDCPHD) in providing multiple means of reaching local MSM.

Objective #1A: By June 30, 2009, the Health Education Coordinator (HEC) will assist the volunteer editor of SGMN newsletter and webmaster of www.sgmnet.org, in publishing and distribution of monthly newsletters, available in both printed form and on the website.

a. Summary: The SGMN monthly newsletter is distributed to 200 to 300 gay identified men and other MSM in and around in El Dorado County (EDC). The SGMN newsletter is distributed in both hardcopy and via the SGMN website. The EDCPHD will have advertisements and a health page within each issue of the SGMN newsletters.

b. Service Provider Collaboration: The HEC will communicate weekly with the editor to develop prevention education campaigns through both mediums. This effort will include continued networking with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators, staff and clients at Center for AIDS Research, Education, and Services (CARES), as well as with gay organizations and businesses in EDC, surrounding rural counties, Sacramento, and Reno.

c. Intervention Type: Health Communication/Public Information (HC/PI)

d. Behavior Risk Group/Target Size: White and Latino gay/bisexual/MSM, including youth and adults/MSM/11 issues

e. Key Activities:

e.1 Through June 30, 2009, the HEC and the volunteer editor will continue to maintain and expand contacts with other metropolitan and rural health professionals and concerned residents. Through networking and combined collaborative efforts, new and improved strategies will be encouraged and implemented to encourage safer sex and harm-reduction messages through the newsletter, chat rooms, and emails with men cruising the web for sex and for relationships.

Exhibit A
Scope of Work Year 2
July 1, 2008– June 30, 2009

e.2 Through June 30, 2009, EDCPHD Alcohol/Drug Programs Division (ADP), will continue to support the health page and health advertising in the SGMN newsletter through the following means: production and distribution of paper copies of the newsletter; the SGMN web site which includes newsletter archives, message boards, and chat rooms; and other future e-based or printed communications to gay/bisexual/MSM in El Dorado County (EDC). HEC will assist in providing news and education, prevention information, and linkages.

e.3 Through June 30, 2009, the HEC will continue to 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 unsafe sex, HIV and other STD infections, other health and mental health issues.

e.4 Through June 30, 2009, upcoming gatherings for recreation and socialization for gay/bisexual/MSM will be advertised via newsletters, website, private email lists, chat rooms, message boards, and phone calls utilizing key contact people.

e.5 Through June 30, 2009, the HEC will continue to work with the SGMN volunteer to advertise both the L.I.F.E. Program workshops and the L.I.F.E. Program Online www.lifeprogramonline.net

f. Process Evaluation:

f.1 Subscription size will be monitored and reported in semiannual reports.

f.2 HC/PI reports will be entered into LEO monthly.

f.3 Responses to the editor by email, letters, phone calls, and face-to-face conversations, will be recorded and documented in the semiannual report.

f.4 People will be asked where they learned of the social and recreational gatherings, and the results will be summarized in the semiannual reports.

GOAL # 2: Prevention with Positives

Implement the first year of the “ L.I.F.E. in the Country Pilot Program” in order to decrease HIV transmission from local residents of EDC who know they are HIV-positive, using the documented benefits of the Learning Immune Function Enhancement (L.I.F.E.) Program.

Exhibit A
Scope of Work Year 2
July 1, 2008– June 30, 2009

Objective #2A: By June 30, 2009, the HEC, working with the L.I.F.E. Institute staff, will develop a pilot rural model of the 16 week workshop of the L.I.F.E. Program. At least one group of eight to ten EDC residents, coordinated by one facilitator (HEC), will complete the workshop by this date.

a. Summary: The L.I.F.E. Program is a 16 week psychological and educational program aimed at increasing health and wellness and supporting safer sex behaviors. The L.I.F.E. Program has operated in metropolitan areas since 1992, but has not offered smaller participant programs tailored to people living in rural areas. The Director of the L.I.F.E. Institute has agreed to work with the HEC to create a pilot program in EDC.

b. Service Provider Collaboration The HEC will coordinate with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators (SC) to identify HIV-positive individuals who might be interested in enrolling in the 16 week cycle of the L.I.F.E. Program conducted locally. SFAF offices in South Lake Tahoe and Diamond Springs will be available for meetings. Advertising for an EDC workshop will also be conducted through CARES in Sacramento, where most Western Slope EDC residents who are HIV-positive go for multiple services. HEC and CS will also communicate with a local Nurse Practitioner (NP), at the Stateline Medical Clinic, so she can advise her HIV-positive patients about the program.

c. Intervention Type: Group Level Intervention

d. Behavior Risk Group/Target Size: HIV-positive / nine

e. Key Activities:

e.1 By August 30, 2008, a series of phone conferences and email exchanges between the HEC, the SFAF Service Coordinators, and the L.I.F.E. Program staff in San Francisco will be utilized for the initial program adaptation. SC needs to understand the program in order to advise clients about it.

e.2 The L.I.F.E. Institute will support the HEC by supplying all the Program materials, as well as a designated L.I.F.E. Health Counselor for weekly technical support by phone and email.

e.3 By December 30, 2008, five monthly newsletters of the Sierra Gay Men's Network will advertise the new L.I.F.E. Program workshops to a target

Exhibit A
Scope of Work Year 2
July 1, 2008– June 30, 2009

population of EDC residents. In addition, continuing advertisements for the L.I.F.E. Program Online will be advertised.

e.4 By December 30, 2008, the details of the modified program will be completed, and perspective clients will have met for an orientation meeting. Self assessments will have been completed by those committed to attending the workshop.

e.5 The projected start date is the first week in January 2009, and continuing for four months of weekly classes. The site will be based on the recruitment of the committed participants.

e.6 By December 30, 2008, HEC will meet with perspective participants and recruit them to attend the orientation meeting to be held in December 2008.

e.7 Contingency Plan: If attendance drops to less than five, the group interaction benefits will be compromised. Program may be terminated. Three consecutive unexcused absences will be considered a drop. The HEC will then coordinate a new plan with Office of AIDS staff to do Individual Level Interventions focused on harm reduction and health enhancement, in cooperation with SFAF SC and clients.

f. Process Evaluation

f.1 The data collection system of the L.I.F.E. Institute is extensive. HEC will input weekly attendance data into LEO. The Group Self Administered Questionnaire will be utilized in one of the sessions.

f.2 The L.I.F.E. Institute will provide client self-assessment profiles at the beginning and end of the group, based on the Cofactor Questionnaire taken by participants pre/post workshop. The HEC will review these results with the group and with individual participants.

f.3 The HEC will review meetings weekly with a designated Health Counselor from the L.I.F.E. Institute.

f.4 The HEC will meet with The L.I.F.E. Institute staff to review the strengths and challenges of the rural pilot program. Modifications will be Conjointly agreed upon for implementation in the next workshop in the next Fiscal Year, subject to available funding.

Exhibit A
 Scope of Work Year 2
 July 1, 2008– June 30, 2009

Table 1 Intervention Type by BRG

| For each targeted BRG, place an X in the column(s) signifying the type(s) of interventions to be provided. Increase table by inserting additional rows. | | | | | | | |
|---|----------|------------------|-------------|------------|-------|------|-------|
| Behavioral Risk Group (Target Population) | Outreach | Individual Level | Group Level | CRCS (PCM) | HC/PI | PCRS | NIGHT |
| MSM | | | | | X | | |
| HIV-positives | | | X | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Exhibit A
 Scope of Work Year 2
 July 1, 2008– June 30, 2009

Table 2 Intervention Type by Contractor

For each contractor, place an "X" in each column signifying the type(s) of intervention(s) they intend to implement.
 If you have yet to determine a contractor, please indicate that with "To Be Determined" in the Contractor Column.
 Increase table by inserting additional rows.

| CONTRACTOR | Targeted Prevention | Individual Level | Group Level | CRCS (PCM) | HC/PI | PCRS | NIGHT |
|------------|---------------------|------------------|-------------|------------|-------|------|-------|
| None | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Exhibit A

Scope of Work Year 3

July 1, 2009 to June 30, 2010

GOAL #1: Sierra Gay Men's Network (SGMN) News and Blog

The goal of the Sierra Gay Men's Network (SGMN) is to promote health, address unsafe sex and methamphetamine use, and reduce the social and psychological isolation of rural men who have sex with men (MSM), whether gay/bisexual identified or not. Research has documented that continued isolation leads to depression and increased high-risk behavior that may result in increased HIV and sexually transmitted infections. Since 2003, the Sierra Gay Men's Network News and Blog have worked with El Dorado County Public Health Department (EDCPHD) in providing multiple means of reaching local MSM.

Objective #1A: By June 30, 2010, the Health Education Coordinator (HEC) will assist the volunteer editor of SGMN newsletter and webmaster of www.sgmnet.org, in publishing and distribution of monthly newsletters, available in both printed form and on the website.

a. Summary: The SGMN monthly newsletter is distributed to 200 to 300 gay identified men and other MSM in and around in El Dorado County (EDC). The SGMN newsletter is distributed in both hardcopy and via the SGMN website. The EDCPHD will have advertisements and a health page within each issue of the SGMN newsletters.

b. Service Provider Collaboration: The HEC will communicate weekly with the editor to develop prevention education campaigns through both mediums. This effort will include continued networking with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators, staff and clients at Center for AIDS Research, Education, and Services (CARES), as well as with gay organizations and businesses in EDC, surrounding rural counties, Sacramento, and Reno.

c. Intervention Type: Health Communication/Public Information (HC/PI)

d. Behavior Risk Group/Target Size: White and Latino gay/bisexual/MSM, including youth and adults/MSM/11 issues

e. Key Activities:

e.1 Through June 30, 2010, the HEC and the volunteer editor will continue to maintain and expand contacts with other metropolitan and rural health professionals and concerned residents. Through networking and combined collaborative efforts, new and improved strategies will be encouraged and implemented to encourage safer sex and harm-reduction messages through the newsletter, chat rooms, and emails with men cruising the web for sex and for relationships.

Exhibit A
Scope of Work Year 3
July 1, 2009 to June 30, 2010

e.2 Through June 30, 2010, EDCPHD Alcohol/Drug Programs Division (ADP), will continue to support the health page and health advertising in the SGMN newsletter through the following means: production and distribution of paper copies of the newsletter; the SGMN web site which includes newsletter archives, message boards, and chat rooms; and other future e-based or printed communications to gay/bisexual/MSM in El Dorado County (EDC). HEC will assist in providing news and education, prevention information, and linkages.

e.3 Through June 30, 2010, the HEC will continue to 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 unsafe sex, HIV and other STD infections, other health and mental health issues.

e.4 Through June 30, 2010, upcoming gatherings for recreation and socialization for gay/bisexual/MSM will be advertised via newsletters, website, private email lists, chat rooms, message boards, and phone calls utilizing key contact people.

e.5 Through June 30, 2010, the HEC will continue to work with the SGMN volunteer to advertise both the L.I.F.E. Program workshops and the L.I.F.E. Program Online www.lifeprogramonline.net

f. Process Evaluation:

f.1 Subscription size will be monitored and reported in semiannual reports.

f.2 HC/PI reports will be entered into LEO monthly.

f.3 Responses to the editor by email, letters, phone calls, and face-to-face conversations, will be recorded and documented in the semiannual report.

f.4 People will be asked where they learned of the social and recreational gatherings, and the results will be summarized in the semiannual reports.

GOAL # 2: Prevention with Positives

Implement the first year of the "L.I.F.E. in the Country Pilot Program" in order to decrease HIV transmission from local residents of EDC who know they are HIV-positive, using the documented benefits of the Learning Immune Function Enhancement (L.I.F.E.) Program.

Exhibit A
Scope of Work Year 3
July 1, 2009 to June 30, 2010

Objective #2A: By June 30, 2010, the HEC, working with the L.I.F.E. Institute staff, will develop a pilot rural model of the 16 week workshop of the L.I.F.E. Program. At least one group of eight to ten EDC residents, coordinated by one facilitator (HEC), will complete the workshop by this date.

a. Summary: The L.I.F.E. Program is a 16 week psychological and educational program aimed at increasing health and wellness and supporting safer sex behaviors. The L.I.F.E. Program has operated in metropolitan areas since 1992, but has not offered smaller participant programs tailored to people living in rural areas. The Director of the L.I.F.E. Institute has agreed to work with the HEC to create a pilot program in EDC.

b. Service Provider Collaboration The HEC will coordinate with Sierra Foothills AIDS Foundation (SFAF) Service Coordinators (SC) to identify HIV-positive individuals who might be interested in enrolling in the 16 week cycle of the L.I.F.E. Program conducted locally. SFAF offices in South Lake Tahoe and Diamond Springs will be available for meetings. Advertising for an EDC workshop will also be conducted through CARES in Sacramento, where most Western Slope EDC residents who are HIV-positive go for multiple services. HEC and CS will also communicate with a local Nurse Practitioner (NP), at the Stateline Medical Clinic, so she can advise her HIV-positive patients about the program.

c. Intervention Type: Group Level Intervention

d. Behavior Risk Group/Target Size: HIV-positive / nine

e. Key Activities:

e.1 By August 30, 2009, a series of phone conferences and email exchanges between the HEC, the SFAF Service Coordinators, and the L.I.F.E. Program staff in San Francisco will be utilized for the initial program adaptation. SC needs to understand the program in order to advise clients about it.

e.2 The L.I.F.E. Institute will support the HEC by supplying all the Program materials, as well as a designated L.I.F.E. Health Counselor for weekly technical support by phone and email.

e.3 By December 30, 2009, five monthly newsletters of the Sierra Gay Men's Network will advertise the new L.I.F.E. Program workshops to a target

Exhibit A
Scope of Work Year 3
July 1, 2009 to June 30, 2010

population of EDC residents. In addition, continuing advertisements for the L.I.F.E. Program Online will be advertised.

e.4 By December 30, 2009, the details of the modified program will be completed, and perspective clients will have met for an orientation meeting. Self assessments will have been completed by those committed to attending the workshop.

e.5 The projected start date is the first week in January 2010, and continuing for four months of weekly classes. The site will be based on the recruitment of the committed participants.

e.6 By December 30, 2009, HEC will meet with perspective participants and recruit them to attend the orientation meeting to be held in December 2010.

e.7 Contingency Plan: If attendance drops to less than five, the group interaction benefits will be compromised. Program may be terminated. Three consecutive unexcused absences will be considered a drop. The HEC will then coordinate a new plan with Office of AIDS staff to do Individual Level Interventions focused on harm reduction and health enhancement, in cooperation with SFAF SC and clients.

f. Process Evaluation

f.1 The data collection system of the L.I.F.E. Institute is extensive. HEC will input weekly attendance data into LEO. The Group Self Administered Questionnaire will be utilized in one of the sessions.

f.2 The L.I.F.E. Institute will provide client self-assessment profiles at the beginning and end of the group, based on the Cofactor Questionnaire taken by participants pre/post workshop. The HEC will review these results with the group and with individual participants.

f.3 The HEC will review meetings weekly with a designated Health Counselor from the L.I.F.E. Institute.

f.4 The HEC will meet with The L.I.F.E. Institute staff to review the strengths and challenges of the rural pilot program. Modifications will be Conjointly agreed upon for implementation in the next workshop in the next Fiscal Year, subject to available funding.

Exhibit A
 Scope of Work Year 3
 July 1, 2009 to June 30, 2010

Table 1 Intervention Type by BRG

For each targeted BRG, place an X in the column(s) signifying the type(s) of interventions to be provided. Increase table by inserting additional rows.

| Behavioral Risk Group (Target Population) | Outreach | Individual Level | Group Level | CRCS (PCM) | HC/PI | PCRS | NIGHT |
|---|----------|------------------|-------------|------------|-------|------|-------|
| MSM | | | | | X | | |
| HIV-positives | | | X | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Exhibit A
 Scope of Work Year 3
 July 1, 2009 to June 30, 2010

Table 2 Intervention Type by Contractor

For each contractor, place an "X" in each column signifying the type(s) of intervention(s) they intend to implement.
 If you have yet to determine a contractor, please indicate that with "To Be Determined" in the Contractor Column.
 Increase table by inserting additional rows.

| CONTRACTOR | Targeted Prevention | Individual Level | Group Level | CRCS (PCM) | HC/PI | PCRS | NIGHT |
|------------|---------------------|------------------|-------------|------------|-------|------|-------|
| None | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Exhibit B
BUDGET

Year 1

July 1, 2007 to June 30, 2008

| | |
|-------------------------|-----------------|
| A. PERSONNEL | \$18,990 |
| B. OPERATING EXPENSES | \$400 |
| C. CAPITAL EXPENDITURES | \$0 |
| D. OTHER COSTS | \$1,000 |
| E. INDIRECT COSTS | \$1,269 |
| TOTALS | \$21,659 |

Exhibit B
BUDGET

Year 2

July 1, 2008 to June 30, 2009

| | |
|-------------------------|-----------------|
| A. PERSONNEL | \$18,990 |
| B. OPERATING EXPENSES | \$400 |
| C. CAPITAL EXPENDITURES | \$0 |
| D. OTHER COSTS | \$1,000 |
| E. INDIRECT COSTS | \$1,269 |
| TOTALS | \$21,659 |

Exhibit B

BUDGET

Year 3

July 1, 2009 to June 30, 2010

| | |
|-------------------------|-----------------|
| A. PERSONNEL | \$18,990 |
| B. OPERATING EXPENSES | \$400 |
| C. CAPITAL EXPENDITURES | \$0 |
| D. OTHER COSTS | \$1,000 |
| E. INDIRECT COSTS | \$1,269 |
| TOTALS | \$21,659 |